


APPENDIX O

PART A PERMIT APPLICATION 1997

For EPA Regional Use Only Date Received: Month: Day: Year:	 United States Environmental Protection Agency Washington, DC 20460 <h2 style="margin: 0;">Hazardous Waste Permit Application</h2> <h3 style="margin: 0;">Part A</h3> <p><i>(Read the Instructions before starting)</i></p>
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I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

<input checked="" type="checkbox"/> A. First Part A Submission	<input type="checkbox"/> B. Part A Amendment
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C. Installation's EPA ID Number: A Z D 9 8 0 6 6 5 8 1 4	D. Secondary ID Number (if applicable): _____
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II. Name of Facility:

P A G E - T R O W B R I D G E R A N C H L A N D F I L L

III. Facility Location (Physical address not P.O. Box or Route Number):

A. Street:

P A G E - T R O W B R I D G E R A N C H

Street (Continued):

City or Town: T 9 S R 1 4 S E C S 2 7 N 3 4	State: A Z	Zip Code: 8 5 6 2 3 -
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Country Code (if known): 0 2 1	Country Name: P I N A L
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B. Land Type (Enter code): S	C. Geographic Location: LATITUDE (Degrees, Minutes, & Seconds): 3 2 3 7 3 0 N LONGITUDE (Degrees, Minutes & Seconds): 1 1 1 2 2 3 0 E	D. Facility Existence Date: Month: Day: Year: _____ 1 9 6 2
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IV. Facility Mailing Address:

Street or P.O. Box:

P O B O X 2 1 0 4 6 0

City or Town: T U C S O N	State: A Z	Zip Code: 8 5 7 2 1 - 0 4 6 0
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V. Facility Contact (Person to be contacted regarding waste activities at facility)

Name (Last): H O L L A N D	(First): S T E V E N
Job Title: D I R E C T O R	Phone Number (Area Code and Number): 5 2 0 - 6 2 1 - 1 7 9 0

VI. Facility Contact Address (See instructions)

A. Contact Address Location: Mailing: Other: <input checked="" type="checkbox"/> <input type="checkbox"/>	B. Street or P.O. Box: _____
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City or Town: _____	State: _____	Zip Code: _____
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Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

VID Number (Enter from page 1) Secondary ID Number (Enter from page 1)
 A Z D 9 8 0 6 6 5 8 1 4

VII Operator Information (See instructions)
 Name of Operator:
 U N I V E R S I T Y O F A R I Z O N A
 Street or P.O. Box:
 P O B O X 2 1 0 4 6 0
 City or Town: T U C S O N State: A Z ZIP Code: 8 5 7 2 1 - 0 4 6 0
 Phone Number (Area Code and Number): 5 2 0 - 6 2 1 - 1 7 9 0
 B: Operator Type C: Change of Operator Indicator: Yes No Date Changed: Month: Day: Year:

VIII Facility Owner (See instructions)
 A: Name of Facility's Legal Owner:
 U N I V E R S I T Y O F A R I Z O N A
 Street or P.O. Box:
 P O B O X 2 1 0 4 6 0
 City or Town: T U C S O N State: A Z ZIP Code: 8 5 7 2 1 - 0 4 6 0
 Phone Number (Area Code and Number): 5 2 0 - 6 2 1 - 1 7 9 0
 B: Owner Type C: Change of Owner Indicator: Yes No Date Changed: Month: Day: Year:

IX SIC Codes (2 digit in order of significance)

Primary	Secondary
(Description)	(Description)
Secondary	Secondary
(Description)	(Description)

X Other Environmental Permits (See instructions)

A: Permit Type (Enter code)	B: Permit Number	C: Description

EPA ID Number (Enter from page 1) A Z D 9 8 0 6 6 5 8 1 4 Secondary ID Number (Enter from page 1)

XI. Nature of Business (Provide a brief description)

Hazardous waste landfill closed in accordance with an approved Final Closure Plan and its modifications.

XII. Process Codes and Design Capacities

EXAMPLE FOR COMPLETING ITEM XII (Shown in line number X-1 below). A facility has a storage tank which can hold 533,788 gallons.

Table with columns: Line Number, A-Process Code, B-PROCESS DESIGN CAPACITY (Amount, Unit of Measure), C-Process Total Number Of Units, For Official Use Only. Row X-1 contains example data.

NOTE: If you need to list more than 13 process codes, attach an additional sheet(s) with the information in the same format as above. Number the lines sequentially, taking into account any lines that will be used for other processes (i.e., D99, S99, T04 and X99) in item XIII.

XIII. Other Processes (Follow instructions from item XII for D99, S99, T04 and X99 process codes)

Table with columns: Line Number, A-Process Code, B-PROCESS DESIGN CAPACITY (Amount, Unit of Measure), C-Process Total Number Of Units, D-Description Of Process. Row X-1 contains example data.

EPA ID Number (Enter from page 1)

Secondary ID Number (Enter from page 1)

Z D 9 8 0 6 6 5 8 1 4

XIV: Description of Hazardous Wastes

Line Number	A. EPA HAZARDOUS WASTE NO. (Enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (Enter code)	D. PROCESSES	
				(1) PROCESS CODES (Enter code)	(2) PROCESS DESCRIPTION (If a code is not entered in D(1))
1	Information	provided	in Appendix A and	Appendix N.	
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33					

EPA I.D. Number (Enter from page 1)

Secondary ID Number (Enter from page 1)

A Z D 9 8 0 6 6 5 8 1 4

XV: Map

Attach to this application a topographic map, or other equivalent map, of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in this map area. See instructions for precise requirements. See Figure 1

XVI: Facility Drawing

All existing facilities must include a scale drawing of the facility (see instructions for more detail).

See Figure 1 in Appendix J.

XVII: Photographs

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

See Item XIX below.

XVIII: Certification(s)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Owner Signature

Date Signed

12/18/97

Name and Official Title (Type or print)

Steven C. Holland, Director of Risk Management & Safety

Owner Signature

Date Signed

Name and Official Title (Type or print)

Operator Signature

Date Signed

Name and Official Title (Type or print)

Operator Signature

Date Signed

Name and Official Title (Type or print)

XIX: Comments

Item XVII above: Photographs are included in Appendix H of the Page-Trowbridge Ranch Landfill, EPA I.D. No. AZD980665814, Construction Documentation Report for Final Cover System for Cells A and B, February 5, 1998, prepared by SCS Engineers. (Rev. 06/05/98)

Note: Mail completed form to the appropriate EPA Regional or State Office. (Refer to instructions for more information)