LANDFILL GAS CONTROL SYSTEMS

Company Name: 

Equipment Address: 

1. LANDFILL DESCRIPTION

Landfill Owner: 

Landfill Operator: 

Operation Status: □ Accepting Waste □ Closed

Date waste was first accepted: ________________ Closure date: ________________

Describe the type of waste: ____________________________

Estimate the volume of landfilled waste: _______ cu. yds.

Type of cover used (i.e., clay, membrane, etc.): ____________________________

Cover Depths: Max. ________ ft Min. ________ ft Avg. ________ ft

Has the landfill been tested pursuant to the requirements of AD 3323 (Calderon)? □ Yes □ No

Is the gas collection system being installed to satisfy requirements of AD 3525 (Calderon)? □ Yes □ No

What will be the end use of collected landfill gas? ____________________________

Provide the results of any landfill gas testing and ambient monitoring including documentation of sampling and analysis methodology. Also attach a landfill site plan that clearly shows fill boundaries and estimated depths.

2. LANDFILL GAS COLLECTION AND EMISSION CONTROL EQUIPMENT

Number of gas collection wells: _______

Collection well materials of construction: ____________________________

Well Depths: Max. ________ ft Min. ________ ft Avg. ________ ft

Will each well be equipped with a shutoff valve? □ Yes □ No
Describe the materials to be used as packing at the well head/landfill cover interface: ____________________________________________

______________________________________________________

Estimated volume of landfill gas to be collected each day: ________ cu. ft.

Describe the method of condensate and leachate collection and disposal: ________________________________________

______________________________________________________

Estimated landfill gas heat content: ________ BTU/SCF

Describe any safety or monitoring devices for ensuring the collection system integrity: ________________________________

______________________________________________________

Describe the equipment that will condition or process collected landfill gas: (i.e., flare, engine, etc)

______________________________________________________

Equip. Mfr.: ___________________________ Model: __________________________ S/N: __________________________

Describe any backup landfill gas processing equipment: ________________________________________________________

______________________________________________________

Attach a drawing showing well locations, depths, transfer piping, and process equipment. Also provide a schematic of gas collection well construction and completions and a narrative about maintenance of the collection and processing equipment.

Name of Preparer: ________________________________ Title: ________________________________

Phone No.: (________) __________________________ Date: ________________________________

NOTE TO APPLICANT:

Before acting on an application for Authority to Construct or Permit to Operate, the District may require further information, plans, or specifications. Forms with insufficient information may be returned to the applicant for completion, which will cause a delay in application processing and may increase processing fees. The applicant should correspond with equipment and material manufacturers to obtain the information requested on this supplemental form.