

**STATE OF WEST VIRGINIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
Application for Beneficial Use of Filtrate**

<b>TYPE OF APPLICATION</b>			
<input type="checkbox"/> Permit Renewal <input type="checkbox"/> Modification of Existing Permit <input type="checkbox"/> New Permit Permit or Registration No.:			
<b>NAME OF FACILITY</b>			
<b>NAME OF CONTACT</b>			
Name and Title		Phone	
<b>MAILING ADDRESS</b>			
Street or Box Number			
City		State	Zip Code
<b>SPECIFIC LOCATION</b>			
Street, Route Number, or Specific Location			
City		State	County                      Zip Code
<b>OWNER INFORMATION</b>			
Owner Name			
Street or Box Number			
City		State	Zip Code
<b>DESCRIPTION</b>			
Mark One (X)  <input type="checkbox"/> Municipality <input type="checkbox"/> Public Service District <input type="checkbox"/> Other (specify)			

## SOURCE OF FILTRATE

Complete this page for each facility contributing filtrate to the permitted facility.

FACILITY INFORMATION			
Facility Name		NPDES Number:	
Mailing Address			
Street or Route No., or specific location			
City	County	State	Zip Code
QUANTITY			
Amount of filtrate generated (dry tons per year)			
QUALITY			
Enter results of last three filtrate analyses (mg/kg)			
Sample Date			
Arsenic			
Cadmium			
Chromium			
Copper			
Lead			
Mercury			
Molybdenum			
Nickel			
Selenium			
Zinc			
Organic - Nitrogen			
Ammonia - Nitrogen			
Potassium			
Phosphorus			
Calcium			
Magnesium			
Percent Solids			
Fecal Coliform			
pH			

## LAND APPLICATION SITE INFORMATION

**Complete one page per application site. Provide as attachments:**

**Topographical map, farm map with fields clearly marked, and a signed copy of landowner agreement.**

GENERAL INFORMATION					
Site or Farm Name			Phone:		
Mailing Address					
Street or Route No., or specific location					
City		County		State	Zip Code
CATEGORY		<input type="checkbox"/> Farm	<input type="checkbox"/> Mine	<input type="checkbox"/> Other	
SITE INFORMATION (Attach nutrient analysis (N-P-K) for each field)					
Field ID	Acres	pH	Crop Type	Soil Type	Filtrate or fertilizer applied previously
BACKGROUND METALS					
Sample Date					
Arsenic		Mercury			
Cadmium		Molybdenum			
Chromium		Nickel			
Copper		Selenium			
Lead		Zinc			
Site Approval by:		<input type="checkbox"/> County Extension Agent	<input type="checkbox"/> DEP Inspector		
		<input type="checkbox"/> WVU Extension Specialist	<input type="checkbox"/> County Sanitarian		
Describe how soil pH will be maintained above 6.2 for 5 years after the filtrate application					
Describe method of transporting filtrate to land application site					
Describe method of spreading filtrate					
If filtrate is stored more than one week at the application site, describe how leachate and stormwater runoff from the pile will be controlled					

**OTHER PERMITS, LICENCES, AND APPLICATIONS**

Issuing Agency	Type of Permit	Permit Number	Effective/Expiration Dates

**METHOD OF DISPOSAL**

Mark All That Apply (X)

Land Application

Landfill(s) (specify) \_\_\_\_\_

Other (specify) \_\_\_\_\_

**CERTIFICATION**

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 upon 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.

Name and Official Title

Signature \_\_\_\_\_ Date \_\_\_\_\_