



PHOSPHOGYPSUM STACK SYSTEM CLOSURE PERMIT APPLICATION

PART I - INSTRUCTIONS

Phosphogypsum stack systems must be permitted pursuant to Section 403.707, Florida Statutes, and in accordance with Chapter 62-673, Florida Administrative Code (F.A.C.). A minimum of four copies of the application shall be submitted to the appropriate District office of the Department of Environmental Protection. Complete applicable sections of the application for the type of facility involved.

The permit application shall include all information necessary to evaluate the proposed closure plan to insure the phosphogypsum stack system will pose no significant threat to public health or the environment. All entries should be typed or printed in black ink. If additional space is needed, separate, properly identified sheets of paper may be attached. All blanks shall be filled or marked N/A (not applicable).

PART II - GENERAL INFORMATION

- (1) Application for permit to close: phosphogypsum stack ; cooling or surge ponds ; other _____
- (2) Facility name: _____
- (3) Facility DEP ID No.: _____
- (4) Facility location (main entrance): _____
- (5) Location coordinates: Latitude _____ ° _____ ' _____ " Longitude _____ ° _____ ' _____ "
Section _____ Township _____ Range _____ UTM's: Zone _____ km E _____ km N
- (6) Applicant Name (Operating Authority): _____
Street Address & P. O. Box: _____
City: _____ County: _____ Zip: _____
Contact Person: Name _____ Phone: _____
- (7) Authorized Agent/Consultant Name: _____
Contact Person Name: _____ Phone: _____
Street Address & P. O. Box: _____
City: _____ County: _____ Zip: _____
Land Owner (if different from applicant): _____
Address of Landowner: Street & P. O. Box: _____
City: _____ County: _____ Zip: _____

PART III - CLOSURE PERMIT GENERAL REQUIREMENTS

PERMIT APPLICATIONS AND SUPPORTING INFORMATION SHALL INCLUDE THE FOLLOWING:

	Completeness Check	Location
(1) Four copies of the completed application form, all supporting data and reports [62-673.320(2)]	<input type="checkbox"/>	_____
(2) A letter of transmittal to the Department [62-673.320(3)(a)]	<input type="checkbox"/>	_____
(3) A table of contents listing the main section of the application [62-673.320(3)(b)]	<input type="checkbox"/>	_____
(4) The permit fee specified in Rule 62-4.05, F.A.C., in check or money order payable to the Department [62-673.320(3)(c)]	<input type="checkbox"/>	_____
(5) Engineer certification [62-673.320(3)(d)]	<input type="checkbox"/>	_____
(6) Engineer's letter of appointment if applicable [62-673.610(8)]	<input type="checkbox"/>	_____
(7) Closure plan [62-673.610]	<input type="checkbox"/>	_____
(8) Copy of any lease agreement, transfer of property agreement with right of entry for long-term care, or any other agreement between operator and property owner by which the closing and long-term care of the facility may be affected [62-673.630(3) & (4)]	<input type="checkbox"/>	_____

PART IV - CLOSURE PLAN REQUIREMENTS

The following information items must be included in the application or on explanation given if they are not applicable. [62-673.610]

	Completeness Check	Location
(1) General Information Report [62-673.610(1)]	<input type="checkbox"/>	_____
(a) Characterization of the phosphogypsum stack system	<input type="checkbox"/>	_____
(b) Name, address, and phone number of primary contact person	<input type="checkbox"/>	_____
(c) Name of person or consultants preparing closure plan	<input type="checkbox"/>	_____
(d) Name of phosphogypsum property owners and operator	<input type="checkbox"/>	_____
(e) Locations of main entrance or operators office of the phosphogypsum stack system by: township, range, and section; and latitude and longitude	<input type="checkbox"/>	_____
(f) Total acreage of phosphogypsum stack system	<input type="checkbox"/>	_____
(g) Legal description of phosphogypsum stack system	<input type="checkbox"/>	_____
(h) History of phosphogypsum stack system construction and operations	<input type="checkbox"/>	_____
(2) Area Information Report [62-673.610(2)]	<input type="checkbox"/>	_____
(a) Topography	<input type="checkbox"/>	_____
(b) Hydrology	<input type="checkbox"/>	_____

	Completeness Check	Location
(c) Geology	<input type="checkbox"/>	_____
(d) Hydrogeology	<input type="checkbox"/>	_____
(e) Ground and surface water quality	<input type="checkbox"/>	_____
(f) Land use information	<input type="checkbox"/>	_____
(3) Ground water monitoring plan containing site specific information [62-673.610(3)]	<input type="checkbox"/>	_____
(4) Assessment of the effectiveness of existing phosphogypsum system and operation [62-673.610(4)]	<input type="checkbox"/>	_____
(a) Effectiveness and results of ground water investigation	<input type="checkbox"/>	_____
(b) Effects of surface water runoff, drainage pattern and existing stormwater control	<input type="checkbox"/>	_____
(c) Type and condition of existing cover and effectiveness of leachate control mechanism	<input type="checkbox"/>	_____
(5) Closure plan performance standards [62-673.610(5)]	<input type="checkbox"/>	_____
(6) Closure design plant [62-673.610(6)]	<input type="checkbox"/>	_____
(a) Phasing of site closing	<input type="checkbox"/>	_____
(b) Existing topography and proposed final grades	<input type="checkbox"/>	_____
(c) Final cover installation plans	<input type="checkbox"/>	_____
(d) Proposed method of leachate control	<input type="checkbox"/>	_____
(e) Compliance with ground water protection requirements of Rules 62-25, 62-302, 62-520, and 62-522	<input type="checkbox"/>	_____
(f) Proposed method of stormwater control	<input type="checkbox"/>	_____
(g) Proposed method of access control	<input type="checkbox"/>	_____
(h) Proposed final use of phosphogypsum stack system property	<input type="checkbox"/>	_____
(i) Closure construction quality assurance plan	<input type="checkbox"/>	_____
(7) Closure operation plant [62-673.610(7)]	<input type="checkbox"/>	_____
(a) Describe actions which will be taken to close the phosphogypsum stack system	<input type="checkbox"/>	_____
(b) Time schedule for completion of closure and long term care	<input type="checkbox"/>	_____
(c) Proposed method of demonstrating financial responsibility for long-term monitoring and maintenance	<input type="checkbox"/>	_____
(d) Equipment and personnel needs to complete closure	<input type="checkbox"/>	_____
(8) Engineer certification [62-673.610(8)]	<input type="checkbox"/>	_____
(9) Closure procedures [62-673.620]	<input type="checkbox"/>	_____
(a) Closure inspections	<input type="checkbox"/>	_____

	Completeness Check	Location
(b) Final survey and record drawings	<input type="checkbox"/>	_____
(c) Official date of closure	<input type="checkbox"/>	_____
(d) Use of closed phosphogypsum stack system	<input type="checkbox"/>	_____
(10) Requirements for long term care [62-673.630]	<input type="checkbox"/>	_____
(a) Establish long term care period from date of closing	<input type="checkbox"/>	_____
(b) Acquire right of access agreement between operator and property owner for closing and long term care	<input type="checkbox"/>	_____
(11) Requirements for proof of financial responsibility [62-673.640]	<input type="checkbox"/>	_____
(a) Post bond	<input type="checkbox"/>	_____
(b) Cost estimates	<input type="checkbox"/>	_____
(c) Cost adjustments	<input type="checkbox"/>	_____
(d) Alternative proof of financial responsibility	<input type="checkbox"/>	_____

PART V - CERTIFICATION BY APPLICANT AND ENGINEER

(1) Applicant

The undersigned applicant or authorized representative* of _____ is aware that statements made in this form and the attached information are an application for a permit from the Florida Department of Environmental Protection and certifies that the information in this application is true, correct and complete to the best of his knowledge and belief. Furthermore, the undersigned agrees to comply with the provision of Chapter 403, Florida Statutes, and all rules of the Department. It is understood that the permit is not transferable, and the Department will be notified prior to the sole or legal transfer of the permitted facility.

*Attach letter of authorization if representative is not the owner or a corporate officer.

Signature of Applicant or Authorized Representative

Name and Title

Date Signed: _____

(2) Professional Engineer, registered in Florida or Public Officer as required in Section 403.707 and 403.07075, Florida Statutes

This is to certify that the engineering features of this facility have been designed/examined by me and found to conform to engineering principles applicable to such facilities. In my professional judgment, this facility, when properly maintained and operated, will substantially comply with all applicable statutes of the State of Florida and rules of the Department. It is agreed that the undersigned will provide the applicant with a set of instructions of proper maintenance and operation of the facility.

_____ Signature	_____ Mailing Address
_____ Name and Title (Please type)	_____ City, State, Zip Code
_____ Florida Registration Number (Please affix seal)	_____ Telephone Number (including area code)
	_____ Date Signed