



LAND TREATMENT SITE APPLICATION
 NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY
 DIVISION OF WASTE MANAGEMENT
 SFN 51601 (09-2023)

Telephone: 701-328-5166
 Fax: 701-328-5200
 Email: solidwaste@nd.gov
 Website: <https://deq.nd.gov/wm>

This application is for coverage under General Permit Number GP-LT0000. Please consult the Department and *Guideline 7 – Land Treatment of Petroleum Contaminated Soil: Single Application Sites* before completing the application. Approvals may be granted for a one-time event only. Repeat operations may require a full permit. In addition, applicable portions of the state solid waste management regulations should be referenced in completing the application. The location of a land treatment site shall comply with General Permit Number GP-LT0000 and NDAC 33.1-20-04.1-01., General Location Standards, Subpart 1., and Subpart 2. Applications must be thorough and complete to be considered. A written approval must be received from the Department before any petroleum contaminated soil may be delivered to the proposed treatment site. Please call the Department's Solid Waste Program at (701) 328-5166 to coordinate your application with a Department staff member.

1. Waste Description: Please attach copies of pertinent waste analysis.

Waste Source/Facility Name		Waste Type		Approximate Volume	
How was the waste generated?					
Release Site Legal Description/Street Address					
County	Section/Quarter Section	Township	Range	Latitude-Longitude	
Generator/Owner			Telephone Number		
Street or Mailing Address		City	State	ZIP Code	

2. Proposed Land Treatment Location and Ownership

County	Section/Quarter Section	Township	Range	Latitude-Longitude	
Total Acreage		Property Owner		Telephone Number	
Street or Mailing Address				Telephone Number	
City				State	ZIP Code
Present Land Use			Future Land Use		

3. Maps

Indicate which maps accompany the application (see Instructions in Disposal Site Selection of guideline)

Published Soil Survey Map
 Unpublished Soil Survey Map
 Topographic Map
 Other Map

Exact location must be marked on the soil survey or other map

4. Site and Soil Characteristics and Proposed Operation - attach any assessment of soil nutrients and any additional details of the operation

Site Slope (Percentage)	Distance to Surface Water	Feet	Distance (in feet) to Nearest Building or Residence	Depth (in feet) to Seasonal High-Water Table
		Miles		
Area of Land to be Used	Square Feet		Land Treatment Procedures and Monitoring	
	Acres			
Expected Date(s) of Fertilizer Application (See Guidelines)			Application Thickness (inches)	
Expected Date of Waste Application			Expected Date(s) of Tillage (See Guidelines)	

5. Local Zoning Approval (if required)

Waste disposal must not conflict with local zoning ordinances. Consult with representatives of the applicable zoning jurisdiction (county, township or city) to determine waste disposal compliance with zoning ordinances. A representative of the local zoning jurisdiction must sign the application if local zoning approval is required.

The undersigned acknowledge(s) that the above-described waste management or land treatment activities do not conflict with local zoning ordinances.

Signature of County Official		Printed Name			Date
Address	City	State	ZIP Code	Telephone Number	
Signature of City or Township Official		Printed Name			Date
Address	City	State	ZIP Code	Telephone Number	

6. Signatures

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 will manage this 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. Activities will be conducted in accordance with Departmental procedures and as described herein. I am aware that there are significant penalties for submitting false information.

Applicant's Signature				Date
Printed Name		Official Title		
Address	City	State	ZIP Code	Telephone Number

Operator's Signature				Date
Printed Name		Official Title		
Address	City	State	ZIP Code	Telephone Number

Property Owner's Signature (as listed on page 1)				Date
Printed Name		Official Title		

Engineer's or Consultant's Signature				Date
Printed Name		Registration		

Mail this application and supplemental forms to:

North Dakota Department of Environmental
Quality Division of Waste Management
4201 Normandy Street
Bismarck, ND 58503-1324

Signature of NDDEQ Staff (who performed the on-site visit/pre-check)				Date
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