



Illinois Environmental Protection Agency

2520 West Iles Avenue • P.O. Box 19276 • Springfield • Illinois • 62794-9276 • (217) 782-3397

Affidavit for Certification of Post-Closure Care for Non-Hazardous Waste Facilities

NOTE: Please complete this form online, save a copy locally, print and enter the required signatures. Submit the original, with original signatures, and two (2) photocopies (or three (3) if applicable) of all application forms and supporting documentation*, including plan sheets and maps, requested in the application to:

Illinois Environmental Protection Agency
Bureau of Land
Permit Section #33
2520 West Iles Avenue
P.O. Box 19276
Springfield, IL 62794-9276

This form shall be used for sites which "closed" after January 29, 1985 and have completed post-closure care requirements.

1. Site Identification:

Site Name: _____ IEPA ID Number: _____
Street Address: _____ P.O. Box: _____
City: _____ State: IL Zip Code: _____ County: _____

2. Facility Type:

Indicate the type of facility. Also indicate the permit number, and date of issuance in which the latest post-closure plan was approved and when the post-closure care period began as identified by the Agency in approval of closure.

- ☐ Disposal Unit(s) ☐ Treatment Unit(s)
☐ Indefinite Storage Unit(s) ☐ Storage Unit(s)

Permit No. _____ Date Issued: _____
Date Post-Closure Care Began: _____ Date of Approval of Closure: _____

3. Required Information:

To certify the post-closure care period is completed, submit this completed form and post-closure information consisting of the following to the Permit Section, Division of Land Pollution Control, at the above address. Submit an original and two copies of all documents* (for plan sheets, submit three copies only).

- a. Attach a written summary of the data from all groundwater monitoring at the site. The narrative must indicate whether the site is having an impact on groundwater in the area immediately surrounding the site.

Do **NOT** submit copies of Chemical Analysis Forms.

- b. Provide a summary of post-closure maintenance performed, including but not limited to, mowing, regrading reseeding, and gas monitoring. The summary must assure that the site will not cause future violations of the Illinois Environmental Protection Act or Subtitle G.

- c. Date Post-Closure Care Started: _____
Date Post-Closure Care Completed: _____

Failure to provide any of the items described above will result in rejection of the closure notice.

* "Documentation" means items, in any tangible form, whether directly legible or legible with the aid of any machine or device, including but not limited to affidavits, certificates, deeds, leases, contracts or other binding agreements, licenses, permits, photographs, audio or video recordings, maps, geographic surveys, chemical and mathematical formulas or equations, mathematical and statistical calculations and assumptions, research papers, technical reports, technical designs and design drawings, stocks, bonds, and financial records, that are used to support facts or hypotheses (35 Ill. Adm. Code 1100.103).

4. Operator/Engineer Identification:

Operator

Name: _____
Street Address: _____
PO Box: _____
City: _____ State: _____
Zip Code: _____ Phone: _____
Contact: _____
Email Address: _____

Engineer

Name: _____
Street Address: _____
PO Box: _____
City: _____ State: _____
Zip Code: _____ Phone: _____
Contact: _____
Email Address: _____

5. Signatures:

Original signatures are required. Signature stamps or applications transmitted electronically or by FAX are not acceptable.

I hereby affirm that post-closure care has been provided for the referenced site in accordance with the approved post-closure care plan, and that all information contained in this submission is true and accurate to the best of my knowledge and belief.

I do hereby swear that I am a duly authorized representative of the operator and I am authorized to sign this affidavit.

Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))

Operator Signature

Printed Name

Date

Title

Engineer Signature

Printed Name

Date

Engineer's Title

Registration Number: _____

Professional Engineer's Seal