



# Coal Combustion Residual Surface Impoundment Permitting Program

## Application Form CCR 20I:

### Initial Operating Permit for Inactive Closed CCR Surface Impoundments

The owner or operator must place in the facility's operating record all permit applications submitted to the Agency and all permits issued under 35 Ill. Adm. Code 845, as required by 35 Ill. Adm. Code 845.800(d)(1).

#### FORM CCR 20I – GENERAL INSTRUCTIONS

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##### Who must complete Form CCR 20I?

The owner or operator of inactive closed Coal Combustion Residual (CCR) surface impoundments.

##### What is an inactive closed CCR surface impoundment?

An inactive closed CCR surface impoundment is an inactive CCR surface impoundment that completed closure before October 19, 2015 with an Agency-approved closure plan.

#### FORM CCR 20I – LINE-BY-LINE INSTRUCTIONS

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##### Section 1 Information

**Item 1.1** Enter the CCR's official or legal name. Do not use a colloquial name.

**Item 1.2** If an identification number has been assigned to the CCR surface impoundment, enter it here. If a number has not been assigned, write "N/A".

**Item 1.3** Provide the legal description of the CCR surface impoundment's boundary.

**Item 1.4** Check the corresponding boxes to indicate you have attached each of the listed submittal requirements.

**Item 1.5** Select Yes or No to indicate the answer.

## Section 2 Groundwater Monitoring

Check the corresponding boxes to indicate you have attached each of the listed groundwater monitoring submittal requirements.



**Illinois Environmental Protection Agency**  
**Application for CCR Surface Impoundment Permit**  
**Form CCR 2OI: Initial Operating Permit for Inactive Closed**  
**CCR Surface Impoundments**

**Bureau of Land ID Number:**

For IEPA Use Only

**CCR Permit Log Number:**

**Facility Name:**

**SECTION 1: INFORMATION**

<b>Information</b>	1.1	CCR surface impoundment name.		
	1.2	Identification number of the CCR surface impoundment (if one has been assigned by the Agency).		
	1.3	Description of the boundaries of the CCR surface impoundment.		
	1.4	Check the corresponding box to indicate that you have attached the following:		
		<input type="checkbox"/>	Evidence that the permanent markers required by 35 Ill. Adm. Code 845.130 have been installed.	
		<input type="checkbox"/>	Written post-closure care plan, as specified in 35 Ill. Adm. Code 845.780(d).	
		<input type="checkbox"/>	History of known exceedances of the groundwater quality standard in 35 Ill. Adm. Code 620.	
	<input type="checkbox"/>	Corrective action(s) taken to remediate groundwater.		
1.5	Has the owner or operator obtained a groundwater management zone?			
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

## SECTION 2: GROUNDWATER MONITORING

	2.1	Indicate that you have attached the following groundwater monitoring information by checking the corresponding box:
		<input type="checkbox"/> Proposed groundwater monitoring program that includes a minimum of eight independent samples for each background and downgradient well, required by 35 Ill. Adm. Code 845.650(b).