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Agency _____ Phone _____
Address _____ Fax _____
City _____ State _____ Zip _____

Public Entity Application Landfill/Dump/Refuse Site/Incinerator Questionnaire D

Please complete a separate questionnaire for each site.

Pollution Exclusion Applies.

Legal Name of Public Entity: _____ Effective Date: _____

1. Type of facility: Landfill Dump Transfer station
2. Advise if the site is: owned by the Public Entity, or operated by the Public Entity.
3. Has the site been designated as either a hazardous waste or superfund site by the EPA? Yes No
4. a. Describe the site as specifically as possible: _____

- b. What is immediately adjacent to landfill site? _____
- c. What is nearest body of water? _____ How far away from site? _____
- d. What is nearest building? _____ How far away from site? _____
5. a. Total number of acres: _____
- b. Number of acres in use: _____
- c. Number of years operated: _____
- d. What is remaining useful life? _____
- e. Is the landfill licensed or certified? Yes No
If "yes," by what agency? _____
6. Security provisions:
 - a. Fenced? Yes No
Height? _____
 - b. Attendant? Yes No
Hours? _____
 - c. Locked? Yes No
Describe lock policy: _____
7. Describe waste accepted:
 - a. Type (residential, commercial, etc.): _____
 - b. Form (solid, liquid, sludge, etc.): _____
 - c. Hazardous waste? Yes No

If "yes," explain: _____

8. Any record of violation or citations outstanding? Yes No

If "yes," explain: _____

9. How are leachate and methane exposures evaluated and controlled? _____

10. Number of inactive landfills: _____ Locations: _____ No. of acres: _____

11. Are monitoring wells installed? Yes No

If "yes," describe any protection surrounding: _____

12. a. Describe closure plans for landfill: _____ (Cite time frame)

b. Were EPA guidelines followed? Yes No

13. If transfer station:

a. Are dumpsters used? Yes No

b. Is there an open pit? Yes No

c. Is entity responsible for transportation to landfill? Yes No

If "no," is it contracted? (Provide certificate of insurance.) Yes No