

**SCHEDULE SE: SPECIAL OR EXPERIMENTAL LAWN CARE CONTAINMENT PERMIT**

\_\_\_\_\_ **Special Lawn Care Permit**

\_\_\_\_\_ **Experimental Lawn Care Permit**

Facility Name \_\_\_\_\_

Project Location \_\_\_\_\_

Street Address

City

County

This information is required for each Special or Experimental Lawn Care Containment Permit Application. Completion of specific parts of this information is required on the back of this form.

1. **LOCATION AREA MAP** - Provide a location map of the area surrounding the facility. Identify the relative locations of the following on the map, or by notations, the distance and direction: a) All community wells within 1,000 feet and all water- supply wells within 200 feet of the facility boundary; b) Surface water flow path to area lakes, streams, or storm water drains; c) Residences, institutions, commercial businesses, and nearest city boundary; d) Notation of soil type and approximate groundwater depth at facility location. Preferably, this location map should be done on a copy from the U.S. Geological Survey Quadrangle Map, or a County Plat Book Map with adequate scale to show required details. NOTE: Setback requirements can be found in Section 14.2 of the Illinois Environmental Protection Act (415 ILCS 5/1 et seq.).
2. **PLOT PLAN** - Provide a plot plan which clearly illustrates the relative locations of all facility structures, recovery tanks, facility wells, off-site wells, connections to public water supply systems, storm sewers and drainage tile within property boundaries and use of adjacent property. Identify all wash water containment area structures, pesticide storage areas, and operational areas, including loading, mixing, and equipment washing. Topography of property can be shown by contour lines or notation and arrows depicting surface water flow across and from facility. The plot plan should be drawn to a reasonable scale or adequately dimensioned.
3. **WATER SUPPLY/WELL PROTECTION** - Provide, in the spaces on the reverse side of this sheet, the required information describing all water distribution points (filling and washing) and the required backflow protection provided as indicated on the form. Backflow protection is required for all water distribution points at the wash water containment structure pursuant to 8 Illinois Administrative Code 256.90. Provide a schematic flow diagram of the facility water distribution system between facility well(s) and/or public water system connection and all process or operational use points. Identify backflow protection (break-tank, fixed air gap, reduced pressure principle backflow valves) on the diagram. Please identify if the well is potable (for human consumption) or not. If a fixed air gap is utilized, please provide a diagram or drawing of such.
4. **OPERATIONAL AND MANAGEMENT PRACTICES PLAN** - Please provide a narrative description of the practices that will be employed at the facility for handling recovered materials, accumulated precipitation, and to minimize the volume of recovered materials generated. Please include the following:
  - a) List types and amounts of agrichemicals handled and stored at facility.
  - b) Please provide the methods of storage, reuse, or disposal and estimated quantity of solutions and solids recovered in the containment structure. Please provide a schematic flow diagram of the collection and recovery system from the containment collection sump to recovery storage tanks and to final reuse through the loading or mixing operation and indicate any provisions for storm water by-pass. Please show and label all components indicating pertinent features, sizes, capacities, and flow rates of the tanks, pumps, and piping.
  - c) Please submit the methods employed for handling storm water collected in the containment structure. This may include practices to keep containment systems clean, to prevent storm water contamination, and any special precautions taken to ensure contaminated storm water is not discharged as surface runoff. Please define differences in operational practices employed in the off-season such as by-pass of wash water collection systems.
  - d) If an automatic recovery system is submitted to meet the proposed capacity requirements for the containment structure, please describe the operation of each component of the system and indicate if the system is activated by a pump or a gravity drain system.
  - e) Please submit a narrative description of the inspection and maintenance practices to be employed by the facility for monitoring all underground structures (i.e. pits, piping, etc.) used for the storage or transport of rinsates, wash water, or recycled liquid to ensure the structural integrity of these structures.
5. **ENGINEERING PLANS AND SPECIFICATIONS** - Please submit plan and elevation drawings of the containment structure and the collection and recovery system with overall and component dimensions and elevations referenced to a single facility benchmark. Cross-sections must indicate construction details, elevations, and dimensions of the containment structure floor ramps, curbs, sumps, catchment basins, and all transfer structures and piping. Please identify all construction materials and specifications.
6. **EXPERIMENTAL PERMITS** - Please provide the proof (i.e. quality control, quality assurance) and supporting analytical data to indicate that the proposed structure or method has a reasonably substantial chance for success. Please include all pertinent drawings, testimony, and verification to support the proposal.

**IMPORTANT NOTICE:** This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under the Illinois Compiled Statutes, Chapter 415, Act 65. Failure to provide this information shall prevent this form from being processed. This form has been approved by the State Forms Management Center.

**SPECIAL OR EXPERIMENTAL LAWN CARE CONTAINMENT PERMIT**

     Special Lawn Care Permit

     Experimental Lawn Care Permit

**1. LOCATION AREA MAP .....Is a Location Area Map attached? ( ) Yes ( ) No**

Please submit the distance from facility structure to all of the following:

Community wells (if none, so indicate): \_\_\_\_\_ feet; Residence: \_\_\_\_\_ feet  
Off-site water supply wells (if none, so indicate): \_\_\_\_\_ feet; Municipality: \_\_\_\_\_ feet  
On-site wells (if none, so indicate): \_\_\_\_\_ feet; Hospital: \_\_\_\_\_ feet  
Approximate groundwater depth: \_\_\_\_\_ feet; \*Institution: \_\_\_\_\_ feet  
Soil type: \_\_\_\_\_ Commercial Business: \_\_\_\_\_ feet  
\* - i.e. nearest school, church, etc.

Name of lake or stream and approximate distance of nearest down gradient surface water: \_\_\_\_\_  
\_\_\_\_\_

**2. PLOT PLAN .....Is a Plot Plan attached? ( ) Yes ( ) No**

Please provide the approximate size of the facility: \_\_\_\_\_ x \_\_\_\_\_ feet

Drainage tile or storm sewers present?      yes;      no

Please indicate the uses of the surrounding property (check all that apply):      residential;      industrial;  
     agricultural;      commercial;      other (list): \_\_\_\_\_

**3. WATER SYSTEM PROTECTION (check all that apply) ..... Is a Schematic Flow Diagram attached? ( ) Yes ( ) No**

     Surface water supply

     Connection to public water supply

     Facility well - If a facility well is used, please indicate the following:

approximate depth \_\_\_\_\_ (feet); potable \_\_\_\_\_; non-potable \_\_\_\_\_

     Connections to the Water Supply (check all that apply):

     Back-Flow Protection Provided:

     Product pipe or manifold .....      fixed air gap (required)

     Any tank filling use points .....      fixed air gap (required)

     Wash water use points .....      fixed air gap      OR

     Reduced pressure zone valve (RPZ)

Manufacturer \_\_\_\_\_

Model # \_\_\_\_\_

ASSE # \_\_\_\_\_

**4. OPERATIONS & MANAGEMENT PRACTICES PLAN**

Estimate of recovered rinsates is \_\_\_\_\_ gallons per week. Estimate of recovered solids is \_\_\_\_\_ pounds per week.

Number of recovery tanks: \_\_\_\_\_ Capacity of each tank is \_\_\_\_\_ gallons.

Is an automatic transfer system proposed to meet the volume requirements for this structure?

     yes      no Volume of proposed recovery tank: \_\_\_\_\_ (Recovery tank must be located within the containment structure)

Is the containment structure exposed to precipitation?

     yes      no Volume generated by a 6" rain is \_\_\_\_\_ gallons

If exposed to precipitation, is discharge of storm water proposed?      yes      no

Is discharge by: pump transfer:      yes      no gravity drain:      yes      no other (describe): \_\_\_\_\_

Is an underground storage or transfer structure (i.e. pits, piping, or tanks) proposed as part of the containment system?

     yes      no (describe): \_\_\_\_\_

**5. PLANS AND SPECIFICATIONS**

Capacity of largest application device is \_\_\_\_\_ gallons. Capacity of structure is \_\_\_\_\_ gallons

\*Greatest dimensions of application device: \_\_\_\_\_ x \_\_\_\_\_ Inside dimensions of structure: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_

Dimensions of sump well: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_

Width of curb: \_\_\_\_\_

Material of construction of the containment structure: \_\_\_\_\_

Is the manufacturer's statement of compatibility and life expectancy attached?      yes      no      not applicable

Please indicate which operations are to be performed upon the proposed structure (check all that apply):

     mixing      washing      filling application devices;      rinsate storage;      other: \_\_\_\_\_

**6. EXPERIMENTAL PERMIT ONLY**

Is a description of the quality control and quality assurance methods and supportive analytical data for the proposed system included in the application?      yes      no      not applicable

\*If a truck mounted sprayer is used, then the truck represents the greatest dimensions.