

SCHEDULE G: GENERAL CLASS LAWN CARE CONTAINMENT PERMIT

Facility Name _____

Project Location _____
Street Address City County

This information is required for all General Class Lawn Care Containment Permit Applications. Completion of specific parts of this information is required on the back of this form.

- 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 the 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.).
- PLOT PLAN** - Provide a plot plan which clearly illustrates the relative locations of all facility structures, recovery tanks, facility well(s), off-site wells, connections to public water supply systems, storm sewers and drainage tile within property boundaries and use of adjacent property. Identify all containment 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 the facility. The plot plan should be drawn to a reasonable scale or adequately dimensioned.
- 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 containment structure pursuant to 8 Illinois Administrative Code 256.90. Provide a schematic flow diagram of the facility water distribution system between facility well and/or public water supply system connection and all process or operational use points. Identify backflow protection (break-tank, fixed air gap, reduced pressure principle backflow preventer (RPZ) valves) on the diagram. Please indicate if the well is potable (for human consumption). If a fixed air gap is utilized, please provide a diagram or drawing of such.

CHOOSE THE CLASSIFICATION WHICH WILL PROVIDE THE APPROPRIATE PROTECTION

CLASS A: Portable containment structures for application devices with a total capacity equal to or less than 100 gallons liquid and/or 100 pounds of dry product

In the spaces provided, please indicate the volume and dimensions of the application device and the proposed portable containment structure. Please provide the material of construction of the structure. For synthetic materials, please provide the manufacturer's statement of compatibility and the life expectancy of the structure.

CLASS B: Non-portable containment structures for application devices with a total capacity equal to or less than 100 gallons liquid and/or 100 pounds of dry product

In the spaces provided, please indicate the volume and dimensions of the application device, the proposed permanent containment structure, and the sump well. Please provide the materials of construction. For synthetic materials, please provide the manufacturer's statement of compatibility and life expectancy for the structure. Indicate if the structure is exposed to precipitation and if an automatic transfer system is proposed.

CLASS C: Non-portable containment structures for application devices of more than 100 gallons or more than 100 pounds of dry product

In the spaces provided, please indicate the volume and dimensions of the application device, the proposed permanent containment structure, and the sump well. Please provide the materials of construction. If synthetic materials are employed, please provide the manufacturer's statement of compatibility and life expectancy for the structure. Indicate if the structure is exposed to precipitation and if an automatic transfer system is proposed.

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

GENERAL CLASS LAWN CARE CONTAINMENT PERMIT
(APPLICANTS MUST COMPLETE ALL ITEMS)

1. LOCATION AREA MAPIs Location Area Map attached? () Yes () No

Please submit the exact distance from the 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.

Nearest down gradient surface water - Name of lake or stream and approximate distance: _____

2. PLOT PLANIs Plot Plan attached? () Yes () No

Please provide the approximate size of facility: _____ x _____ feet

Are 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 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. CHOOSE THE APPROPRIATE CLASS

___ **CLASS A:** Capacity of largest application device: _____

Capacity of structure: _____ gallons

*Greatest dimensions of application device: _____ x _____

Inside dimensions of structure: _____ x _____ x _____

Material of construction of the containment structure: _____

Is the manufacturer's statement of compatibility and life expectancy attached? ___ yes ___ not applicable

___ **CLASS B:** Capacity of largest application device: _____

Capacity of structure: _____ 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 ___ not applicable

Is the containment structure exposed to precipitation? ___ yes ___ no; Volume of a 6" rain: _____

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)

___ **CLASS C:** Capacity of largest application device: _____

Capacity of structure: _____ 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 ___ not applicable

Is the containment structure exposed to precipitation? ___ yes ___ no; Volume of a 6" rain: _____

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)

*NOTE: If the tank is mounted on a vehicle, then provide the vehicle dimensions or the tank dimensions, whichever is