





**Massachusetts Department of Environmental Protection**  
 Bureau of Waste Prevention – Solid Waste Management  
**BWP SW 36 Post-Closure Use – Major**  
**BWP SW 37 Post-Closure Use – Minor**  
 Application for Post-Closure Use Permit

Transmittal Number \_\_\_\_\_

Facility ID# (if known) \_\_\_\_\_

**B. Project Information (cont.)**

	Plan/Report #	Page #	DEP Use Only
2. Additional plan/reports for constructing permanent structures on filled areas:			
a. settlement analysis			
(1) waste characteristic - refuse, depth, age composition, etc.	_____	_____	
(2) settlement monitoring - preloading, test fills surveys, etc.	_____	_____	
b. design considerations			
(1) differential settlement	_____	_____	
(2) gas control/monitoring in structures	_____	_____	
(3) final cover penetrations/integrity	_____	_____	
(4) utility connections	_____	_____	

**C. Permit Review Documentation and Criteria**

**Note:** Complete all sections applicable to requested post closure use. Refer to referenced regulation citation for applicability. Enter NA if not applicable.

	Plan/Report #	Page #	
1. Documentation:			
a. wetlands order of conditions	_____	_____	
b. financial assurance estimate and mechanism (310 CMR 19.051)	_____	_____	
2. Permit criteria:			
a. (310 CMR 19.038(1)(d)) (all facilities)			
(1) MEPA compliance	_____	_____	
(2) site assignment limits	_____	_____	
(3) compliance with facility specific regulations	_____	_____	
(4) health & environmental impact assessment	_____	_____	



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**C. Permit Review Documentation and Criteria (cont.)**

	Plan/Report #	Page #	DEP Use Only
(5) compliance with other applicable laws and regulations	_____	_____	
(6) enforcement status	_____	_____	
(7) structural support	_____	_____	
b. 310 CMR 19.143(3) (landfills only)			
(1) final contour changes	_____	_____	
a. no adverse impacts	_____	_____	
b. reduce threats	_____	_____	
(2) integrity of final cover	_____	_____	
(3) drainage/erosion controls	_____	_____	

**D. Certification & Engineer’s Supervision: 310 CMR 19.011**

**Engineer’s Supervision:**

All papers pertaining to design, operation, or engineering of this site or facility shall be completed under the supervision of a Massachusetts registered professional engineer knowledgeable in solid waste facility design, construction and operation, and shall bear the seal, signature and discipline of said engineer. The soils, geology, air monitoring and groundwater sections of the application or monitoring report shall be completed by competent professionals experienced in the fields of soil science and soil engineering, geology, air monitoring and groundwater, respectively, under the supervision of a Massachusetts registered professional engineer. All mapping and surveying shall be completed by a registered surveyor.

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Position/Title

\_\_\_\_\_  
 Company

\_\_\_\_\_  
 P.E. #

\_\_\_\_\_  
 Date (MM/DD/YYYY)

**Complete Responsible Official Certification on Next Page ►**



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**D. Certification & Engineer’s Supervision: 310 CMR 19.011 (cont.)**

**Responsible Official Certification**

I attest under the pains and penalties of perjury that:

- a) I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification statement;
- b) Based on my inquiry of those persons responsible for obtaining the information, the information contained in this submittal is, to the best of my knowledge, true, accurate and complete;
- c) I am fully authorized to bind the entity required to submit these documents and to make this attestation on behalf of such entity; and
- d) I am aware that there are significant penalties including, but not limited to, administrative and civil penalties for submitting false, inaccurate or incomplete information, and possible fines and imprisonment for knowingly submitting false, inaccurate or incomplete information.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Date (MM/DD/YYYY)