



State of New Jersey

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Mail Code: 401-02C

Solid and Hazardous Waste Management Program
Bureau of Transfer Stations and Recycling Facilities

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SANITARY LANDFILL ESCROW ACCOUNTS WITHDRAWAL PROCEDURES

In accordance with N.J.A.C. 7:26-1.4, 2A.9 (g), the disbursement of funds from a Sanitary Landfill Escrow Account must be authorized by the Department in advance and is payable on a reimbursable basis.

The following forms and documents are required for the withdrawal of funds:

1. SFA-004, Request for Escrow Funds. The Owner/Operator of the landfill should sign this form.
2. P.E. Certification Statement. A licensed New Jersey Professional Engineer must sign this form.

The above forms are designed for closure and post-closure activities; however, the language may be changed to reflect environmental improvements.

Requests for the disbursement of escrow funds must be sent in **duplicate** to the attention of the Financial Management Unit at the above address. The first request should be identified as X 10-1. The "X" indicates the name of the landfill. The "10" indicates the calendar year (2010) in which the request is filed. The "1" indicates the first request filed. Subsequent requests should continue in numerical order changing with the calendar year. For example, if the last request in 2009 is ABC Landfill 09-10, then the first request in 2010 is ABC Landfill 10-11.

Upon approval by the Department, the Escrow Agent is provided with written authorization to disburse funds from the Escrow Account. A copy of the Department's authorization is sent to the landfill Owner/Operator.

Requests for the disbursement of escrow funds should be submitted in packages; not as individual invoices nor in very small amounts, but at logical intervals (monthly is suggested) in reasonable amounts. Notwithstanding any deficiencies found with the request, the Department will make every effort to complete processing within sixty days from the date the request is received.

Requests must include the form and certification identified above and must be supported by invoices for the materials, supplies, labor, equipment and related costs referred to therein.

Pursuant to N.J.S.A. 48:3-7.1, costs incurred under contracts between public utilities and corporations, or persons owning or controlling utility stock, shall not be acceptable for reimbursement until the contract is approved in writing by the Department.

Forms SFA-004 and Certification follow:

- 1.
- 2.
- 3.
- 4.

(FACILITY NAME AND NUMBER)
SANITARY LANDFILL CLOSURE
REQUEST FOR CLOSURE/POST CLOSURE FUNDS

5.	PROVISIONS N.J.A.C 7:26-2A-9 (e) &(f)	CLOSURE COSTS	POST-CLOSURE COSTS
6.	i Soil Erosion and Sediment Control Plan	.	NA
7.	ii Final Cover	.	NA
8.	iii Final Cover Vegetation	.	NA
9.	iv Maintenance Program for Final Cover and Final Cover Vegetation	NA	.
10.	v Maintenance Program for Side Slopes	NA	.
11.	vi Run On/Run Off Control Program	.	NA
12.	vii Maintenance Program for Run On/Run Off Control Program	NA	.
13.	viii Groundwater Monitoring Wells	.	NA
14.	ix Maintenance Program for Groundwater Monitoring Wells	NA	.
15.	x Groundwater Monitoring in Accordance with N.J.A.C. 7:14A-1	NA	.
16.	xi Methane Gas Venting or Evacuation System	.	NA
17.	xii Maintenance Program for Methane Gas Venting or Evacuation System	NA	.
18.	xiii Leachate Collection and/or Control System	.	NA
19.	xiv Maintenance Program for Leachate Collection and/or Control System	NA	.
20.	xv Facility Access Control System	.	NA
21.	xvi Maintenance Program for Facility Access Control System	NA	.
22.	xvii Measures to Conform the Site to Surrounding Areas	.	NA
23.	xviii Maintenance Program for Site Conformance Measures	NA	.
24.		.	.
25.		.	.
26.		.	.

27. **TOTAL COSTS** _____ . _____ .

I certify that these expenditures are in accordance with the "Closure and Post Closure Financial Plan" as approved by the Department of Environmental Protection on _____

Date

Date

Authorized Signature

Title

P. E. CERTIFICATION

SANITARY LANDFILL CLOSURE/POST-CLOSURE

I, _____, a Professional Engineer registered in the State of New Jersey, License No. _____, hereby certify that the materials received and /or the services provided in the attached invoices as listed below have been used and or provided at the _____ Sanitary Landfill. I certify that these materials and / or services are required by and are consistent with the Closure and Post-Closure Plan as approved by the Department of Environmental Protection on _____.

I further certify, under penalty of law, that I have personally examined and am familiar with the information submitted in this document and all attachments, and that based on my inquiry of those individuals immediately responsible for obtaining the information the attached invoices are reasonable, true, accurate and complete. I am aware that there are significant penalties for submitting false information.

By: _____

Print Name

Title

Dated:

(SEAL)

Vendor Name

Invoice No

Date

Amount