

EXPLOSIVE GAS MIGRATION MONITORING PLAN APPLICATION FORM  
FACILITY DATA SHEET

Name of Applicant \_\_\_\_\_ Owner \_\_\_\_\_  
Operator \_\_\_\_\_  
Name of Sanitary Landfill Facility \_\_\_\_\_  
Address of Facility \_\_\_\_\_  
(number, street or route, city, zip code)  
County \_\_\_\_\_ Township \_\_\_\_\_  
Exact Location \_\_\_\_\_

Status of Facility:

\_\_\_\_\_ Operating  
\_\_\_\_\_ Closed

Number of occupied structures:

within 200 ft. \_\_\_\_\_  
within 1000 ft. \_\_\_\_\_

Facility Operator (or Licensee): (Person legally responsible for the operation)

Name \_\_\_\_\_ Street, R.D.# or Box# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Any Prior landfill experience? \_\_\_\_\_ yes \_\_\_\_\_ no If yes, explain \_\_\_\_\_

\*Landowner/Lessee/or Person who has control of the land:

Name \_\_\_\_\_ Street, R.D. # or Box# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

\*Designer:

Name \_\_\_\_\_ Street, R.D.# or Box # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Reg. Engr. \_\_\_\_\_ Reg. Surveyor \_\_\_\_\_  
Any prior explosive gas monitoring system design experience?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain \_\_\_\_\_

\* If multiple landowners, lessees, or designers, attach information to this facility data sheet.