



# LANDFILL SITE QUESTIONNAIRE

Email: Underwriting@SuretyOne.org | Facsimile: 919-834-7039 | Mail: P.O. Box 37284, Raleigh, NC 27627

Operator/Principal Name:					
Name of Landfill:					
Address of Landfill:					
City/County/State/Zip:					
Phone number:		Fax number:			
How many years has the landfill been in operation					
Landfill Permit Number:					
State DEP/DNR/DEQ Inspectors Name & Phone Number:					
<b>BOND INFORMATION</b>					
Please complete the following:		Closure		Post-Closure	
Amount of Bond Required:		\$		\$	
Do you currently have a fund set up:		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, amount on deposit in the fund:		\$		\$	
		Acres	Available Air Space (Cu Yds)	Fill Rate per year	Closure Date
Permitted and Operating					
Permitted and Not Operating					
Permitted and Closed					
Expansion (not permitted)					
Percentage and Type of Waste:		Residential:			
		Commercial:			
		Other:			
Who owns the property on which the Landfill is located?					
Is the landfill located in a sand or gravel pit?		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Is the landfill located in a limestone or sandstone quarry?		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Is the landfill facility located above an aquifer?		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
If yes, is there aquifer declared by the Federal Government under the "safe Drinking Water Act" to be a sole source aquifer?		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Is the landfill located within two hundred feet of a stream, lake or natural wetland?		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Has the landfill ever been cited for receiving hazardous waste?		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Is the landfill authorized to receive hazardous waste?		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Do you have a written procedure to prevent the receipt of hazardous waste?		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
		If yes, please provide a copy by attachment.			
Is the landfill located within two hundred feet of a fault that has had displacement?		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Is the landfill located within an area of potential subsidence due to an underground mine in existence?		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Is the landfill or leachate management system located in a regulatory floodplain?		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Does the ground water monitoring program meet all existing state and Federal regulations?		<input type="checkbox"/> YES	<input type="checkbox"/> NO		

Is there any action being taken by any regulating authority to cancel or in any way limit the current or permitted uses of the landfill?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Is there any existing contamination of soil or water?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If yes, please describe by attachment.	
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Have you received any notices of violations from the state or Federal government?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If yes, please list such violations on a separate attachment indicating date, agency, nature of violation, disposition and date of disposition, including fines, if any and status of outstanding violations.	
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Indicate below the values shown on your most current financial statement for the particular site in question

Book Value per Statement

Land Acquisition	\$	Closure Reserve	
+ Development Cost	\$	+ Post-Closure Reserve	
-Accumulated Depreciation	\$	-Total Reserve	
Book Value	\$	Net Stated Value	

OWNERSHIP BREAKDOWN

Name:	Title:
Percentage of Ownership:	Social Security Number (SSN):
Spouse Name:	Spouse SSN:
Name:	Title:
Percentage of Ownership:	Social Security Number (SSN):
Spouse Name:	Spouse SSN:
Name:	Title:
Percentage of Ownership:	Social Security Number (SSN):
Spouse Name:	Spouse SSN:
Name:	Title:
Percentage of Ownership:	Social Security Number (SSN):
Spouse Name:	Spouse SSN:

The statements made in this questionnaire are in all respects true and accurate under penalty of fraud

By:	By:
Name:	Name:
Date:	Date:

By:	By:
Name:	Name:
Date:	Date:

Comments:	
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Agency Name:	Agency Code:	
Producer:	Email:	
	Phone:	