

LAND TREATMENT FACILITY PERMIT ANNUAL REPORTING FORM

This form may be used to track information submitted to satisfy the annual reporting requirements of a **Land Treatment Facility Permit**. The same information can also be submitted without using this form. Whether or not you use this form, please submit the entire report at one time.

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Permittee:							
Permit num	nber:				_ Repo	rting year:	
1. Summa	ry of soil volu	imes					
Status of	soil						Volume of soil (m ²
Total volur	me in the faci	lity at the be	eginning of	the reporting year			
Added during the reporting year							+
	volume in the facility at the end of the reporting year =						-
Total volur	me in the faci	lity at the er	nd of the rep	porting year			=
2. Summa	ry of water vo	olumes					
Status of	water						Volume of water (L
Total volur	me in the faci	lity at the be	eginning of	the reporting year			
Added du	ring the repor	ting year					+
Removed	moved during the reporting year					-	
Applied to	soil during th	ne reporting	year				-
Total volur	Total volume in the facility at the end of the reporting year						=
Discrepan	cies (estimate	ed loss due	to evapora	tion/infiltration)			
3. List all s	soil and wate	that was p	resent in th	e facility at any po	int during th	ne reporting year:	
Year Accepted	Relocation Permit #	Volume (m³)	Status Notes	Date(s) of Tillage/Turning	Samples Taken*	Date removed from LTF	Receiving Site Location and Land Use
				YYYY/MM/DD		YYYY/MM/DD	
				YYYY/MM/DD		YYYY/MM/DD	
				YYYY/MM/DD		YYYY/MM/DD	
				YYYY/MM/DD		YYYY/MM/DD	
				YYYY/MM/DD		YYYY/MM/DD	
				YYYY/MM/DD		YYYY/MM/DD	
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				YYYY/MM/DD		YYYY/MM/DD	
				YYYY/MM/DD		YYYY/MM/DD	
				YYYY/MM/DD		YYYY/MM/DD	
				YYYY/MM/DD		YYYY/MM/DD	
* Samples ta	ken during the re	eporting year: N	None, Initial, In	terim, or Final.			
□ No □ Yes – each	identify each stockpile (e.g	n highly con	taminated s		tion permit	number, and indic	nated material criteria? cate what was done with
Relo	ocation Perm	nit # Act	ion				

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5. Details on tillage/turning		
Equipment used:		
Depths and areas tilled (only required if partial piles were tilled):		
6. Were any nutrients added during the reporting year? ☐ No ☐ Yes – provide details, including nutrient types, dates, and quantities:		
DOCUMENTS ATTACHED		
7. A figure showing the entire facility, including the location within the facility of contaminated material from each source. (Note: the figure should show all major features of the facility, such as berms, ramps, and sumps, and should label each stockpile of contaminated material by relocation permit number)	☐ Attached	
8. Laboratory reports for samples taken to characterize any soil or water accepted for treatment during the reporting year. (Note: sample results need not be attached if they have been submitted in support of a relocation permit)	☐ Attached ☐ Submitted under relocation permit(s) ☐ No materials accepted	
9. Laboratory reports for any interim or confirmatory samples taken to assess remediation progress during the reporting year. (Note: sample results need not be attached if they have been submitted in support of a request to remove material from the facility)	☐ Attached ☐ Submitted with removal request(s) ☐ No samples taken	
10. Laboratory reports for samples taken to characterize runoff from the facility during the reporting year.	☐ Attached ☐ No samples taken	
11. For facilities with natural liners, laboratory reports for samples collected from the natural liner underneath each stockpile upon removal from the facility.	Attached	
12. Groundwater elevations for all wells at the facility.	☐ Attached ☐ No groundwater wells	
13. Results of all groundwater analyses conducted.	☐ Attached ☐ No groundwater analyses conducted	
14. Other attachments:		
15. Sampling, monitoring, and work plan for the entire facility for the current caler ☐ Attached ☐ As described below	ndar year (i.e. the year following the reporting year):	
10. A the restingent information regarding activities undertaken at the facility	- during the concepting years	
6. Any other pertinent information regarding activities undertaken at the facility	y during the reporting year:	
PRINT NAME CLEARLY	_, am the authorized representative	
of	_, and I certify that the information	
,		
Signature of applicant Date	No. of attachments	