



Illinois Environmental Protection Agency

Bureau of Land • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois 62774-1926

FILED

Notice of Application for Permit to Manage Waste (LPC-PA16)

MAY 29 2018

Cathy Johnson
COUNTY CLERK
VERMILION CO. IL.

Vermilion County Clerk
6 N. Vermilion Street
Danville, IL 61832

Date: May 23, 2018

To Elected Officials and Concerned Citizens:

The purpose of this notice is to inform you that a permit application has been submitted to the Illinois EPA, Bureau of Land, for a solid waste project described below. You are not obligated to respond to this notice, however, if you have any comments, please submit them in writing to the Bureau of Land, Attn: Permit Section, at the above address, or contact the Permit Section at 217/524-3300 within 21 days.

The permit application, which is identified below, is for a project described at the bottom of this page.

Site Identification:

Site Name: Illinois Landfill, Inc IEPA ID Number: 1830450009

Street Address: 16310 East 4000 North Road P.O. Box: _____

City: Hoopeston State: IL Zip Code: 60942 County: Vermilion

TYPE OF PERMIT SUBMISSIONS:

TYPE OF FACILITY:

TYPE OF WASTE:

- | | | |
|--|--|---|
| <input type="checkbox"/> New Landfill | <input checked="" type="checkbox"/> Landfill | <input checked="" type="checkbox"/> General Municipal Refuse |
| <input type="checkbox"/> Landfill Expansion | <input type="checkbox"/> Land Treatment | <input type="checkbox"/> Hazardous |
| <input type="checkbox"/> First Significant Modification | <input type="checkbox"/> Transfer Station | <input checked="" type="checkbox"/> Special (Non-Hazardous) |
| <input type="checkbox"/> Significant Modification to Operate | <input type="checkbox"/> Treatment Facility | <input type="checkbox"/> Chemical Only (exec. putrescible) |
| <input checked="" type="checkbox"/> Other Significant Modification | <input type="checkbox"/> Storage | <input type="checkbox"/> Inert Only (exec. chem. & putrescible) |
| <input type="checkbox"/> Renewal of Landfill | <input type="checkbox"/> Incinerator | <input type="checkbox"/> Used Oil |
| <input type="checkbox"/> Development | <input type="checkbox"/> Composting | <input type="checkbox"/> Solvents |
| <input type="checkbox"/> Operating | <input type="checkbox"/> Recycling/Reclamation | <input type="checkbox"/> Landscape/Yard Waste |
| <input type="checkbox"/> Supplemental | <input type="checkbox"/> Other (Specify) | <input type="checkbox"/> Other (Specify) |
| <input type="checkbox"/> Transfer | _____ | _____ |
| <input type="checkbox"/> Name Change | _____ | _____ |
| <input type="checkbox"/> Generic | _____ | _____ |

Description of Project:

Annual closure and post-closure care cost update in accordance with Condition X.8 of Permit Modification No. 68.

