

**MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
OFFICE OF POLLUTION CONTROL
SOLID WASTE POLICY, PLANNING AND GRANTS BRANCH**

**ELIGIBILITY REQUEST APPLICATION FOR FUNDING ASSISTANCE THROUGH
THE MISSISSIPPI NONHAZARDOUS SOLID WASTE
CORRECTIVE ACTION TRUST FUND (CATF) PROGRAM**

The Mississippi Nonhazardous Solid Waste Corrective Action Trust Fund (CATF) Program is intended to provide financial assistance to the owners of old closed nonhazardous municipal solid waste landfills that may require preventive or corrective action as a result of a real or potential release of contaminants.

The completion of an eligibility application form CATF-1 is necessary to obtain funding assistance through the Mississippi Nonhazardous Solid Waste Corrective Action Trust Fund (CATF) Program. A complete application shall consist of a written narrative justifying the eligibility of the proposed project for funding assistance, appropriate maps and drawings, engineering and remediation work plans, and other requested information. All pages should list the date the submittal was prepared, the revision number and page number. For example:

PREPARED:	11-05-2003
REVISION NO.:	0
PAGE:	1-1

Applications should be sent to the following address:

BY MAIL

Mississippi Department of
Environmental Quality
Solid Waste Policy, Planning and
Grants Branch
P. O. Box 2261
Jackson, MS 39225

BY DELIVERY

Mississippi Department of
Environmental Quality
Solid Waste Policy, Planning and
Grants Branch
515 East Amite Street
Jackson, MS 39201

The MDEQ reserves the right to request additional information as determined necessary. Questions concerning the CATF Program should be directed to the Solid Waste Policy, Planning and Grants Branch at (601) 961-5171.

**MISSISSIPPI SOLID WASTE NONHAZARDOUS CORRECTIVE ACTION TRUST FUND (CAFT)
ELIGIBILITY APPLICATION FORM
PART 1. GENERAL INFORMATION**

A COMPLETE APPLICATION SHOULD CONSIST OF THIS APPLICATION FORM AND THE INFORMATION REQUESTED THEREIN.
THE APPLICATION SHOULD BE TYPED AND SUBMITTED IN A REPORT FORMAT, IN DUPLICATE.

1. Name of applicant _____
2. Address of Applicant _____
City _____ State _____ ZIP _____
3. Telephone Number _____
4. Name of solid waste landfill requiring corrective action: _____
5. Solid Waste Permit No. for the landfill named above: _____
6. Physical address of the facility: _____
City _____ State _____ ZIP _____
7. Location: Section _____ / Township _____ / Range _____ / County _____
8. Contact name and title: _____
9. Contact address (if different than applicant): _____
City _____ State _____ Zip _____
10. Contact telephone number: _____
11. Certification

To the best of my knowledge and belief, I certify that the information provided in this application including attachments are true, accurate, and correct. I further certify that I possess the authority to request this funding assistance on behalf of the applicant.

I also confirm that I or other appropriate representatives of the applicant have received a copy and have read and do understand those sections of the Mississippi Nonhazardous Solid Waste Corrective Action Trust Fund Regulations that are applicable to the proposed project.

Name of authorized representative (Please type/print)

Signature of authorized representative

Title of authorized representative (Please type or print)

Date

9-3-2008 Form CAFT-1

**MISSISSIPPI NONHAZARDOUS SOLID WASTE CORRECTIVE ACTION TRUST FUND (CATF)
ELIGIBILITY APPLICATION FORM
PART II TECHNICAL INFORMATION**

Contingent upon the nature of the preventive or corrective action, provide the following information:

- A. A narrative description of the historical background of the solid waste disposal facility requiring preventive or corrective action;
- B. A written narrative appropriately justifying the eligibility of the proposed project for financial assistance through CATF. Also, include necessary supporting documents with the narrative;
- C. An original U. S. Geological Survey (USGS) Topographical Quadrangle Map of the area. The property boundaries of the proposed site and the used disposal area should be depicted on the map. At a minimum, a 2-mile radius from the facility boundary should be shown on the topo map. Adjacent topo maps may be attached, if necessary.
- D. A clear description of the real or potential conditions at the landfill which require preventive or corrective actions and the goal to be achieved through this project;
- E. A description of the potential sources of contamination including sufficient evidence that a release or substantial threat of a release of contaminants from the proposed facility does exist. Also, include copies of any monitoring or analytical results and other relevant data, thereof;
- F. All engineering and remediation work plans (designed and certified by a professional engineer or engineering company as defined in the Mississippi Nonhazardous Solid Waste Corrective Action Trust Fund Regulations) identifying all preventive or corrective actions that need to be conducted at the proposed site;
- G. Necessary documentation demonstrating that the engineer or engineering company (conducting work described above) complies with Section C.5 of the Mississippi Nonhazardous Solid Waste Corrective Action Trust Fund Regulations;
- H. A description of proposed monitoring plans for the preventive or corrective actions;
- I. The total amount of funds requested for the proposed preventive or corrective actions. Also, include a breakdown of the itemized costs for the funding request proposed. All items should be consistent with the work plan in Item F above.

9-3-2008 Form CAFT-1