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| **Send completed form to:** Environmental Protection Division, Solid Waste Management Program 4244 International Parkway, Suite 104 Atlanta, GA 30354-3902  | **EPD Use Only**County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PBR#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Notification of Permit-by-Rule Operation** |
| I. Applicant Information |
| Facility Name: Click here to enter text. | [ ]  Transfer of Ownership |
| Facility Address/Location: Click here to enter text. |
| City: Click here to enter text. | County: Click here to enter text. | State: Click here to enter text. | ZIP Code: Click here to enter text. |
| Owner/Operator: Click here to enter text. |
| Email: Click here to enter text. | [ ]  New/Updated Contact Information |
| Address: Click here to enter text. | Phone: Click here to enter text. |
| City: Click here to enter text. | State: Click here to enter text. | ZIP Code: Click here to enter text. |
| Authorized Representative: Click here to enter text. | [ ]  New/Updated Contact Information |
| Email: Click here to enter text. | Title: Click here to enter text. |
| Address: Click here to enter text. | Phone: Click here to enter text. |
| City: Click here to enter text. | State: Click here to enter text. | ZIP Code: Click here to enter text. |
| II. operation type: **Only** check boxes for the operation(s) for which you will be responsible. |
| [ ]  Collection [ ]  Transfer Station [ ]  On-site Processing or Thermal Treatment [ ]  Class 2 Composting Facility [ ]  Yard Trimmings Landfill [ ]  Other: Click here to enter text. Facility is: [ ]  Private use only [ ]  Public (open to the general public)  |
| III. SOLID WASTE HANDLED: Check all applicable types. |
| [ ]  Municipal [ ]  Construction & Demolition [ ]  Industrial [ ]  Compost Category A and B Feedstocks [ ]  Inert [ ]  Biomedical [ ]  Yard Trimmings |
| IV. Description of operation: Briefly describe the general nature of the proposed operation and list specific solid waste to be disposed, processed or treated. For yard trimmings landfills **only**, please attach a site survey map that shows the disposal area to be no more than five acres and not located within 200 linear feet of any property line or enclosed structure. |
| Click here to enter text. |
| V. Status of operation |
| [ ] Existing [ ] Proposed Projected start-up date: Click here to enter a date. |
| VI. areas served: List the counties to be served. |
| Click here to enter text. |
| VII. location of operation: If this notification is for a transfer station, on-site processing, thermal treatment, wastewater treatment, class 2 composting facility, thermal treatment plant sludge disposal operation, or yard trimmings landfill, you must attach a street or highway map indicating the location of the site/facility.  |
| Latitude: Click here to enter text. | Longitude: Click here to enter text. |

**PLEASE NOTE: Incomplete notifications will be returned. Operations must meet the conditions in paragraphs 2 and 3**

**of section .06 and paragraph (5)(b) of section .16 for class 2 composting facilities in the Rules for Solid Waste Management in order to operate under the permit-by-rule provision.**

SIGNATURE: DATE: Click here to enter a date.