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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Send completed application to:**  Environmental Protection Division, Solid Waste Management Program  4244 International Parkway, Suite 104  Atlanta, GA 30354-3902 | | | | | | | County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Facility Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **CCR Unit - Application for Solid Waste Handling Permit** (Please type or print) | | | | | | | |
| I. Applicant Information | | | | | | | |
| Owner’s Name or Registered Corporation Name: | | | | | | | |
| Facility Address: | Phone: | | | | | | |
| City: | State: | | | ZIP Code: | | | |
| Authorized Official: | | | | Title: | | | |
| Mailing Address: | Phone: | | | | | | |
| City: | State: | | | ZIP Code: | | | |
| Email Address: | Facility CCR Website(s): | | | | | | |
| II. PROPERTY DETAILS: Complete below **and attach** a street or highway map indicating the site/facility location. Application must be accompanied by written zoning confirmation. | | | | | | | |
| County: | | City: | | | | | |
| Co-ordinates (in decimal degrees, near facility center): | | | | | | | |
| Property for Processing/Disposal is: ☐ Owned ☐ Leased (please complete owner details below) | | | | | | | |
| Property Owner (if leased): | | | | | | | |
| Address: | | | | | Phone: | | |
| City: | | | State: | | | Zip: | |
| III. APPLICATION TYPE: Please check only **one** box. Submit a separate application if more than one type is needed. | | | | | | | |
| 1. New CCR Unit   ☐ New CCR Landfill ☐ New Surface Impoundment     1. Major Modification to Existing Solid Waste Handling Permit:   ☐ Active CCR Landfill ☐ Inactive CCR Landfill   1. Existing Impoundment Subject to Rule 391-3-4-.10   ☐ Active Surface Impoundment ☐ Inactive Surface Impoundment  ☐ NPDES-CCR Surface Impoundment ☐ Dewatered Surface Impoundment   1. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Permit required for:   1. ☐ Construction and/or Operation 2. ☐ Closure (CCR In-Place) 3. ☐ Closure (CCR Removed) | | | | | | | |
| IV. owners: List all owners of the facility (defined as holding a 5% or greater share). All owners listed below must complete the Supplemental Form for O.C.G.A. 12-8-23.1(a)(3)(B) | | | | | | | |
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| V. signature | | | | | | | |
| Authorized Official’s Signature:  Date: | | | | | | | |
| Sworn to and subscribed before me this \_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.  Notary Public: My commission expires: | | | | | | | |