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| **Local Government Scrap Tire Abatement Reimbursement Application** | | | | | | | | |
| **I. Applicant Information** | | | | | | | | |
| County/Municipality: | | | | | Federal Tax ID#: | | | |
| Project Manager: | | | | | | Total # of Sites: | | |
| Title: | Phone: | | | | | Email: | | |
| **II. SITE INFORMATION** (If more than two sites, please attach additional pages.) | | | | | | | | |
| **A.** Site Name: | | | | Estimated # of scrap tires: | | | | |
| Address: | | | | Estimated cleanup cost: $ | | | | |
| City: | | | | State: GA | | | ZIP: | |
| Is the property owner known?  Yes  No\*  \*If no, briefly describe steps taken to identify the owner: | | | | | | | | |
| Did the property owner place the tires (or allow them to be placed) on the property?  Yes  No | | | | | | | | |
| Is the property owner financially able to remove and properly dispose of the tires?  Yes  No\*  \*If no, please attach a letter from the property owner stating his or her financial inability to remove the tires. | | | | | | | | |
| Please attach (or upload if submitting electronically) appropriate documentation of enforcement actions (e.g., letter from innocent property owner). | | | | | | | | |
| If the site is located on private property, briefly describe how legal access to the site will be obtained: | | | | | | | | |
| Provide details about the difficulty of the project (e.g., steep ravines, thick vegetation, no access road, wetlands), how issues will be addressed and how this may affect the cost: | | | | | | | | |
|  | | | | | | | | |
| **B.** Site Name: | | | | Estimated # of scrap tires: | | | | |
| Address: | | | | Estimated cleanup cost: $ | | | | |
| City: | | | | State: GA | | | ZIP: | |
| Is the property owner known?  Yes  No\*  \*If no, briefly describe steps taken to identify the owner: | | | | | | | | |
| Did the property owner place the tires (or allow them to be placed) on the property?  Yes  No | | | | | | | | |
| Is the property owner financially able to remove and properly dispose of the tires?  Yes  No\*  \*If no, please attach a letter from the property owner stating his or her financial inability to remove the tires. | | | | | | | | |
| Please attach (or upload if submitting electronically) appropriate documentation of enforcement actions (e.g., letter from innocent property owner). | | | | | | | | |
| If the site is located on private property, briefly describe how legal access to the site will be obtained: | | | | | | | | |
| Provide details about the difficulty of the project (e.g., steep ravines, thick vegetation, no access road, wetlands), how issues will be addressed and how this may affect the cost: | | | | | | | | |
| **III. ABATEMENT PROJECT DETAILS** | | | | | | | | |
| Estimated cost of total project: $ Please submit a completed Estimated Budget Worksheet with your application.  *Note: If it is determined that the project’s cost will exceed the approved amount of funding, the applicant must submit a written request to EPD for additional funds, not to exceed 10% of the approved budget.* | | | | | | | | |
| Estimated start date: | | Estimated end date: | | | | | | |
| To find lists of permitted tire carriers and permitted/approved approved processors, visit [epd.georgia.gov/scrap-tires](http://www.epd.georgia.gov/scrap-tires).  Permitted tire carrier(s) to be used:  Name: Permit#:  Name: Permit#:  Permitted/approved scrap tire processor(s) to be used:  Name: Processor ID#:  Name: Processor ID#: | | | | | | | | |
| **IV. aCKNOWLEDGEMENTS** | | | | | | | | |
| Applicant agrees to use permitted tire carriers and permitted/approved processors.  Yes  No    Procurement of contractors used on the project will follow the current city or county procurement policy.  Yes  No  Appropriate safety measures will be undertaken while performing scrap tire abatement.  Yes  No  Liability waivers will be completed, if applicable.  Yes  No  N/A  Applicant agrees to submit a request for reimbursement to EPD within 30 days of project completion.  Yes  No | | | | | | | | |
| **V. Authorization** | | | | | | | | |
| *I, the undersigned authorized representative, certify that to the best of my knowledge, the information contained herein is true and correct.* | | | | | | | | |
| Signature: | | | Date: | | | | | |
| Print Name: | | | Title: | | | | | |
| Address: | | | | | | | | |
| City: | | | State: GA | | | | | Zip: |

**Send completed form to:** Environmental Protection Division, Waste Reduction Unit, Local Government Reimbursement Program

4244 International Parkway, Suite 104, Atlanta, GA 30354-3902

**PLEASE ALLOW 30 DAYS FOR PROCESSING. Questions?** Call EPD at 404-363-7027