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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Local Government Scrap Tire Abatement Reimbursement ProgramREPORTING FORM: RIGHT-OF-WAY (ROW) | | | | | | | | |
| I. CONTACT Information | | | | | | | | |
| County/Municipality/Authority: | | | | | | | | |
| EPD project ID#: | | | Federal tax ID# | | | | | |
| Name (who to make check payable to and where to mail): | | | | | | | Title: | |
| Address: | | | | City: | | | | ZIP: |
| Phone: | Email: | | | | | | | |
| II. right-of-way information (If more than one ROW project, please attach additional pages.) | | | | | | | | |
| Project name: | | | | | | Reimbursement requested: $  Partial Payment of Contract  Final Payment of Contract | | |
| Number and/or tons of scrap tires removed by type:   |  |  |  | | --- | --- | --- | | *Type* | *Number* | *Tons* | | Passenger |  |  | | Truck |  |  | | Other |  |  | | *Total* |  |  | | | Tire carriers and scrap tire processors used and their permit/approval numbers, if different from those listed in the application.   |  |  | | --- | --- | | Carrier: | Permit #: | | Carrier: | Permit #: | | Processor: | ID#: | | Processor: | ID#: | | | | | | | |
| Describe any problems encountered and how they were handled. Attach additional sheet if necessary. | | | | | | | | |
| Attach an itemized list of project expenses: | | | | | | | | |
| III. Attachments: The following must be submitted in order to receive reimbursement. | | | | | | | | |
| Digital images at least 300 dpi, no larger than 5 MB, saved as JPG, PNG, or TIF. *Amnesty:* One or more photos taken during event. *Right-of-way:* One or more photos taken during cleanup or at storage site. *Dump sites:* Photos taken before, during, and after cleanup. Email to [mary.talukder@dnr.ga.gov](mailto:mary.talukder@dnr.ga.gov) . Include site name and EPD-assigned Project ID# in the email.  Copies of all checks showing amount paid to each contractor  Copies of all transportation manifests and weight tickets  Copies of all itemized contractor invoices with number/tons of tires removed by type (e.g., passenger, truck, other) | | | | | | | | |
| IV. Total reimbursement requested | | | | | | | | |
| Total amount of reimbursement requested (for all projects/events): $ | | | | | | | | |
| V. certification statement: To be signed by an authorized local government representative. | | | | | | | | |
| *I certify that all abatement activities required in the agreed upon contractual agreement and any amendments thereto contracts for this project have been carried out in accordance with the documented application, as well as all applicable federal, state and local laws, rules and regulations. I am aware that there are significant penalties for knowingly violating these and/or submitting false information, including fines, loss of certification or licensure, and imprisonment.* | | | | | | | | |
| Signature: | | | | | Date: | | | |
| Print Name: | | | | | Title: | | | |

Send completed report and supporting documents to: Email photos to: [mary.talukder@dnr.ga.gov](mailto:mary.talukder@dnr.ga.gov)

Georgia Environmental Protection Division - Land Protection Branch

c/o Lena Chambless, Recovered Materials Unit Manager

4244 International Parkway, Suite 104

Atlanta, GA 30354

Questions? Call EPD at 404-362-2537

PLEASE ALLOW 45 DAYS FOR PROCESSING