|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Send completed application to:**  Environmental Protection Division, Solid Waste Management Program  4244 International Parkway, Suite 104  Atlanta, GA 30354-3902 | | | | | | **EPD Use Only** County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Application for Solid Waste Handling Permit****Request for Site Suitability**(Please type or print) | | | | | | | | |
| I. Applicant Information | | | | | | | | |
| Name: | | | | | | | | |
| Address: | | | | | Phone: | | | |
| City: | | State: | | | ZIP Code: | | | |
| Authorized Official: | | | | Title: | | | | |
| Mailing Address: | | | | | Phone: | | | |
| City: | | State: | | | ZIP Code: | | | |
| Signature: | | | | | Date: Click here to enter a date. | | | |
| II. operation type: **Only** check boxes for the operation(s) for which you will be responsible | | | | | | | | |
| **A.**  Processing  Baling  Composting  Shredding  Materials Recovery Facility  Other (please list) | | | | | | | | |
| **B.**  Disposal (site suitability request must be accompanied by written zoning confirmation and a site assessment report  prepared in accordance with Chapter 391-3-4-.05)  Municipal Solid Waste Landfill  Construction & Demolition Landfill  Thermal Treatment  Inert Landfill  Commercial Industrial Waste Disposal Facility (describe types of waste on a separate sheet)  Private Industry Solid Waste Disposal Facility (describe types of waste on a separate sheet) | | | | | | | | |
| Property for Processing/Disposal is:  Owned  Leased (please complete owner details below) | | | | | | | | |
| Property Owner (if leased): | | | | | | | | |
| Address: | | | | | Phone: | | | |
| City: | State: | | | | ZIP Code: | | | |
| III. Description of operation: Briefly describe the general nature of the proposed operation | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| IV. TYpe of application | | | | | | | | |
| New Permit  Major Modification to Existing Permit  Transfer of Permit  Special Solid Waste | | | | | | | | |
| V. areas served: If the facility is a regional landfill or a landfill serving multiple counties, list the municipalities and/or counties to be served | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| VI. Other permits: List any other *environmental* permits being applied for in relation to this operation | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| VII. location of operation: Describe below **and attach** a street or highway map indicating the site/facility location | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| Latitude: \_\_\_\_\_\_\_\_**°** \_\_\_\_\_\_\_\_' \_\_\_\_\_\_\_\_" | | | Longitude: \_\_\_\_\_\_\_\_**°** \_\_\_\_\_\_\_\_' \_\_\_\_\_\_\_\_" | | | | | |
| VIII. owners: List all owners of the facility (defined as holding a 5% or greater share) | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| IX. applicant details: This section must be completed by all applicants | | | | | | | | |
| **A.** | | | | | | | **Yes** | **No** |
| (1) Has the applicant, or if the applicant is a corporation, partnership, or association, has any officer, director, manager, or shareholder of five percent or more of stock financial interest in the corporation, partnership, or association intentionally misrepresented or concealed any material fact in the application submitted to the director? | | | | | | |  |  |
| (2) Has the applicant, or if the applicant is a corporation, partnership, or association, has any officer, director, manager, or shareholder of five percent or more of stock financial interest in the corporation, partnership, or association obtained or attempted to obtain the permit by misrepresentation or concealment? | | | | | | |  |  |
| (3) Has the applicant, or if the applicant is a corporation, partnership, or association, has any officer, director, manager, or shareholder of five percent or more of stock financial interest in the corporation, partnership, or association been convicted by final judgment, and all appeals have been exhausted, in the State of Georgia or any federal court of any felony involving moral turpitude within three years immediately preceding the application for a permit? | | | | | | |  |  |
| (4) Has the applicant, or if the applicant is a corporation, partnership, or association, has any officer, director, manager, or shareholder of five percent or more of stock financial interest in the corporation, partnership, or association been convicted of any violations of any laws punishable as a felony in any state or federal court within five years preceding the application for a permit? | | | | | | |  |  |
| (5) Has the applicant, or if the applicant is a corporation, partnership, or association, has any officer, director, manager, or shareholder of five percent or more of stock financial interest in the corporation, partnership, or association knowingly, willfully, and consistently violated the prohibitions specified in Code Section 12-8-30.7? | | | | | | |  |  |
| (6) Has the applicant, or if the applicant is a corporation, partnership, or association, has any officer, director, manager, or shareholder of five percent or more of stock financial interest in the corporation, partnership, or association been adjudicated in contempt of any court order enforcing any federal environmental laws or any environmental laws of the State of Georgia within five years preceding the application for a permit? | | | | | | |  |  |
| **B.** On a separate sheet, please provide detailed explanations for each question above answered "yes." | | | | | | | | |
| **C.** If the owner and/or operator (defined as holding a 5% or greater share) of the facility is other than the applicant, the owner and/or operator must also submit the information required in this section. | | | | | | | | |
| X. signatures | | | | | | | | |
| Applicant Signature: | | | | | | | | |
| Sworn to and subscribed before me this \_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_.  Notary Public: My commission expires: Click here to enter a date. | | | | | | | | |