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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: |
| ☐ New Permit ☐ Major Modification to Existing Permit ☐ Transfer of Permit ☐ Other |
| IV. CCR UNITS: List all CCR units covered under this application |
|  |
| V. 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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| VI. signature |
| Authorized Official’s Signature:Date: |
| Sworn to and subscribed before me this \_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.Notary Public: My commission expires:  |