

PERMIT APPLICATION REVIEW FORM

Review Requested by:	<u>Allen Gaither</u>
Date Requested:	<u>4/8/2014</u>
Facility Name and Permit ID	<u>0502TP-HHW-, Ashe County HHW Facility</u>
Applicant (Owner) Name	<u>Ashe County</u>
Description of Permit Request [This is the action the applicant is requesting in accordance with NCGS 130A-295.8(b)]	<input type="checkbox"/> (1)a. New – New Facility <input type="checkbox"/> (1)b. New – Expand Facility Boundary <input type="checkbox"/> (1)c. New – Expand Waste Boundary <input type="checkbox"/> (1)d. New – Substantial Amendment <input type="checkbox"/> (2)a. Amendment – Next Phase of the Approved Facility Plan <input checked="" type="checkbox"/> (2)b. Amendment – Renewal/Review <input checked="" type="checkbox"/> 5YR <input type="checkbox"/> 10YR <input type="checkbox"/> (2)c. Amendment – Change in Ownership <input type="checkbox"/> (3)a. Modification – Change to Approved Plans (No CHR) <input type="checkbox"/> (3)b. Modification – Subsequent Permit to Operate (No CHR) <input type="checkbox"/> (3)c. Modification – Five-year Limited Review <input type="checkbox"/> (4) Major Permit Modification
Permitted Annual Tonnage	<u>N/A</u>
Permit Fee	<u>\$1250</u>
Date Application Received	<u>4/8/2014</u>
Contact Name, Title & Phone #	<u>Mr. Scott Hurlley, Environmental Services Director, (336) 846-3721</u>
Email Address	<u>scott.hurlley@ashecountygov.com</u>
Company	<u>Ashe County</u>
911 Address	<u>311 Doggett Road</u>
Mailing Address	<u>PO Box 1327</u>
City/State/Zip	<u>West Jefferson, NC 28694</u>
Parent Company	<u>N/A</u>
Known Subsidiaries	<u>N/A</u>
Other known names business has operated under	<u>N/A</u>
Known Counties of Operation	<u>Ashe</u>
Does the applicant have a past or current solid waste permit?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Facility Type: <u>MSW, HHW</u> Permit #: <u>05-01, 02</u>
Did the permit applicant submit Financial Assurance cost estimates?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Needed <input checked="" type="checkbox"/>
Other notes	

PERMIT APPLICATION REVIEW TRACKING

Clock Start

Date Application Received	4/8/14
Application ID #	5W014-0029

Review Form Submission

Date Application Review Form Submitted	4/8/14	
Submitted to Accounting Tech	Yes <input checked="" type="checkbox"/>	
Submitted to Compliance Officer	Yes <input checked="" type="checkbox"/>	Not Needed <input type="checkbox"/>

Accounting Clock

Invoice Date		# of Days
Deposit Date	4/28/14	

CHR Clock

CHR Org Chart Request		# of Days
CHR Org Chart Response	N/A	
CHR Questionnaire Request		# of Days
CHR Questionnaire Response		

Application Review Clock

Completeness Determination Letter	6/3/14	56
Engineering Technical Review Letter #1	6/3/14	# of Days
Engineering Technical Review Response #1	09/03/14	91
Engineering Technical Review Letter #2		# of Days
Engineering Technical Review Response #2		
Hydro Technical Review Letter #1		# of Days
Hydro Technical Review Response #1		
Hydro Technical Review Letter #2		# of Days
Hydro Technical Review Response #2		
Draft Permit		
Permit to Construct Issued		
CQA Received		# of Days
CQA Reviewed		
Permit to Operate Issued	10/7/14	182