

3005-Compost-2014
P1274

PERMIT APPLICATION REVIEW FORM

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| Review Requested by: | <u>Tony Gallagher</u> | Date Requested: | <u>5/20/2014</u> |
| Facility Name and Permit ID | <u>Gallins Family Farm</u> ^{SWCD} <u>SWDC 30-02</u> | | |
| Applicant (Owner) Name | <u>Peter Gallins</u> | | |
| Description of Permit Request [This is the action the applicant is requesting in accordance with NCGS 130A-295.8(b)] | <input checked="" 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 type="checkbox"/> (2)b. Amendment – Five-year Renewal <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) | | |
| Permit Fee | <u>N/A</u> | | |
| Date Application Received | <u>12/12/2013</u> | | |
| Contact Name, Title & Phone # | <u>Peter Gallins (336) 407-0961</u> | | |
| Email Address | <u>petergallins@gmail.com</u> | | |
| Company | <u>Gallins Family Farm</u> | | |
| 911 Address | <u>222 Rocky Dale Lane</u> | | |
| Mailing Address | <u>222 Rocky Dale Lane</u> | | |
| City/State/Zip | <u>Mocksville, NC 27028</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>Davie</u> | | |
| Does the applicant have a past or current solid waste permit? | Yes No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Facility Type: <u>Demo compost facility</u> Permit #: <u>SWCD 30-02</u> | | |
| Did the permit applicant submit Financial Assurance cost estimates? | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Not Needed | | |
| Other notes | _____ | | |

APPLICATION FOR NEW PERMIT DATA SHEET (Revised March 2012)

| Data Field | Description | Data |
|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| Site Name | M: name given to the facility. Name can permit name, but does not have to. | Gallins Family Farm |
| Address1 | M: first line of physical address assigned by local 911 service, may be different than mailing address. | 222 Rocky Dale Lane |
| Address2 | M: second line of physical address, used when necessary. | |
| City | M: city, town or locality where facility is located. | Mocksville |
| State | M: two letter US postal service abbreviation for the state where the facility is located. | NC |
| Zip | M: zip code for the location address. | 27028 |
| County | M: county name where facility is located. | Davie |
| Latitude | M: decimal degrees, should be between 33 and 37. | 35.97526 |
| Longitude | M: decimal degrees, should be between -75 and -85. | -80.54005 |
| Horiz_Collection_Method | O: applies to how the coordinates were collected: 001=GPS or 002=geocode or 003=from map | 1 |
| Supplemental_Location | O: descriptive text for locating a facility when address is not practical. | |
| Geometric_Type | M: 001=Fixed or 002=Mobile, e.g. Facility is Fixed, a septage pumper is Mobile | 2 |
| Reference_Point | O: description of point where coordinates were collected at the facility, 001=front door, 002=permitted feature, 003=for mobile, 004=undefined point on facility | 2 |
| Status | M: description of the overall facility; Open or Closed. | open |
| Owner | M: classification of the owner of the facility as either Public or Private entities. | Private |
| Start_Date | M: date on which the facility began to be of interest to the program, Facility Registration Date; Facility's Original Permit Issue Date; Facility's First Inspection Date; Program's Start Date; Department's Creation Date (07/01/1989) | 4/4/2011 |
| Start_Date_Qualifier | O: description of event represented by Start_Date field, e.g. Facility's Original Permit Issue Date. | |
| End_Date | O: date on which the facility ceased to be of interest to the program. | |
| End_Date_Qualifier | O: description of event represented by End_Date field, e.g. Date of Final Closure. | |
| PermitID | M: unique id number used for permit | |
| LocationID | M: id number used in location table to identify the facility or environmental interest subject to this permit. This number is assigned and is only needed if permit relates to an existing site. | |
| Permit_Name | M: Common Name used for this permit | |
| Orig_PermitIssueDate | M: Date when first permit issued. | |
| PermitIssueDate | M: Date MOST recent permit issued. | |
| PermitExpDate | M: Date when current permit expires. | |
| PermitStatus | M: Active=Accepting/handling waste; Inactive=Not accepting waste; Proposed=Application in-house for NEW permit; Expired=Past Expiration date but not officially closed; Post-Closure=Not taking waste but monitoring; Closed=Not accepting waste and 'official' closure letter sent; Post-Closure Complete=Not taking waste and monitoring complete; County=Non-facility within a county | |
| Rule | M: block of rules governing site e.g. .1600, .0500, .1100, .0800, etc. | 0.14 |
| EnvMonitoring | M: environmental monitoring required, yes is required or no is not required. | Yes |
| PrimaryWaste_Type | M: primary waste type handled under this permit: MSW, CD, Indus, Tire, LCID, Medical, YW, Septage, HHW, WG | FoodWaste |
| PrimaryOperation_Type | M: primary operation when dealing with waste: LF, Trans, LandAp, TP, Compost, MatRecovery, Incin, Hauler, WasteToEnergy, Authorization, Notification, Collection, Detention | Compost |
| Owner_Name | M: name of owner as appears on the permit. | Peter M. Gallins & Lyndsy Soltau Gallins |
| Operator_Name | M: name of operator/facility manager. | Peter M. Gallins |