

**PERMIT APPLICATION REVIEW FORM**

Review Requested by:	<u>Allen Gaither</u>
Date Requested:	<u>11/7/2014</u>
Facility Name and Permit ID	<u>Watauga County Permanent HHW Facility, Permit ID TBD</u>
Applicant (Owner) Name	<u>Watauga County</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 – Renewal/Review <input 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 ( <b>No CHR</b> ) <input type="checkbox"/> (3)b. Modification – Subsequent Permit to Operate ( <b>No CHR</b> ) <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>\$1750</u>
Date Application Received	<u>10/29/2014</u>
Contact Name, Title & Phone #	<u>Ms. Donna Watson, Administrative Assistant, (828) 264-5305</u>
Email Address	<u>donna.watson@watgov.org</u>
Company	<u>Watauga County</u>
911 Address	<u>336 Landfill Road</u>
Mailing Address	<u>Same as above</u>
City/State/Zip	<u>Boone, NC 28607</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>Watauga</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, CD, TS, T&amp;P</u> Permit #: <u>95-02 &amp; 03</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	<u>Permit ID will probably be 9502-HHW-20##</u>

**PERMIT APPLICATION REVIEW TRACKING**

**Clock Start**

Date Application Received	10/29/14
Application ID #	SW014-0097

**Review Form Submission**

Date Application Review Form Submitted	11/7/14
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	11/13/14	# of Days
Deposit Date	3/9/15	116

**CHR Clock**

CHR Complete	Yes <input checked="" type="checkbox"/>	5/27/15
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**Application Review Clock**

Completeness Determination Letter	2/25/14	119
Engineering Technical Review Letter #1		# of Days
Engineering Technical Review Response #1		
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	5/29/15	197