

Waste Management - Solid Waste: Notice of Intent to Apply for Permit

Facility Name Test Submittal 06/02/2016
as posted on signage at location

Is facility currently permitted Yes No

If yes, provide permit number 99-99

Facility Description:



Waste type managed Municipal Solid Waste

Activity or Operation Transfer Station

Tonnage Less than 100,000 tons/year

Counties of Operation (Service Area) Durham
only for the facility listed on this form

Hours of Operation 8am - 5pm

24-hour Notification Name and Phone Number Joe Mama

Will the facility be conducting any alternative technology Yes No

Projected use of land after completion of operations Housing Development or Petting Zoo

Facility Location:



Facility Physical Location

Street Address	
123 Landfill Road	
Address Line 2	
City	State / Province / Region
Durham	NC
Postal / Zip Code	Country
27713	USA

County Durham

Facility Longitude decimal degrees, should be between -75 and -85

Facility Latitude decimal degrees, should be between 33 and 37

Source of Coordinates

Driving Directions to Facility I40 to exit 279 then north on Fayetteville street

Land on which the facility is located is described in the deed recorded in:



Deed Book Deed book
Page page number
County Durham
PIN 123-456-7890

Land Owner:



Name City of Durham
Business Name City of Durham
Mailing Address
Street Address
101 City Plaza
Address Line 2
City Durham State / Province / Region NC
Postal / Zip Code 27713 Country USA
Phone Number 919-707-8200
- ### -

E-mail Address

Facility Owner:



Name City of Durham
Business Name City of Durham
Mailing Address
Street Address
101 City Plaza
Address Line 2
City Durham State / Province / Region NC
Postal / Zip Code 27713 Country USA
Phone Number 919-707-8200
- ### -

E-mail Address

Operator:



Name City of Durham

Business Name City of Durham

Mailing Address
Street Address
101 City Plaza
Address Line 2
City
Durham
Postal / Zip Code
27713

State / Province / Region
NC
Country
USA

Phone Number 919-707-8200
- ### -

E-mail Address

Billing Contact:



Name City of Durham

Business Name City of Durham

Mailing Address
Street Address
101 City Plaza
Address Line 2
City
Durham
Postal / Zip Code
27713

State / Province / Region
NC
Country
USA

Phone Number 919-707-8200
- ### -

E-mail Address

Compliance History:



Parent companies, known subsidiaries, joint ventures, and any other financial ties to applicant N/A

Has the applicant or any vested parties had a current or past solid waste management in the continental U.S. Yes No

If yes, where, when, and the name of the entity previous permit

Attachments:



Documents/Files (.pdf only)

Document Type Application

File Upload FY13_14_TipFees_MSWLF.pdf

83KB

Document Type Drawings/Maps

File Upload FY13_14_TipFees_Transfer.pdf

89.75KB

Certification:

by completing this section, I am certifying that all information is true to the best of my knowledge.

Name of person completing this form This is A Test

E-mail ethan.brown@ncdenr.gov

Signature



Date 6/3/2016

Waste Management Use:

Application ID TEST SW016