

### PERMIT APPLICATION REVIEW FORM

Review Requested by:	<u>Ming Chao</u>	Date Requested:	<u>04/16/2012</u>
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Facility Name and Permit ID	<u>Washington County C&amp;DLF, Permit # 94-04</u>
Applicant (Owner) Name	<u>Washington 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 checked="" type="checkbox"/> (1)d. New – Substantial Amendment <input checked="" type="checkbox"/> (2)a. Amendment – Next Phase of the Approved Facility Plan <input checked="" 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 <b>(No CHR)</b> <input type="checkbox"/> (3)b. Modification – Subsequent Permit to Operate <b>(No CHR)</b>
Permit Fee	<u>\$ 9,000 including \$7,500 paid 4/20/09; \$1,500 paid 11/24/08</u>
Date Application Received	<u>06/20/08 received C&amp;PC plan(comply w/ Rule.0547), 01/22/10 received PTC/substantail amendment/permit renewal application</u>
Contact Name, Title & Phone #	<u>Carl Critcher, Landfill Operator, Phone: 252-793-5615</u>
Company	<u>Washington County Sanitation</u>
911 Address	<u>718 Landfill Road, Roper, NC 27970</u>
Mailing Address	<u>P.O. Box 1007</u>
City/State/Zip	<u>Plymouth, North Carolina 27962</u>
Parent Company	<u>NA</u>
Known Subsidiaries	<u>NA</u>
Other known names business has operated under	<u>NA</u>
Known Counties of Operation	<u>Washington County</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>MSWLF (closed)</u> Permit #: <u>9402-MSWLF-1980</u>
Does the applicant have other DENR permits?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Division: _____ Facility Type: _____ Permit #: _____
Did the permit applicant submit Financial Assurance cost estimates?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/a <input type="checkbox"/> Not Needed <input type="checkbox"/>
Are the cost estimates sufficient?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/a <input type="checkbox"/>
Other notes	<u>NA</u>