

Scanned By	Date	DOC ID	Permit
Adupoku	6/19/2009	7834	92-38

**SOLID WASTE SECTION PERMIT APPLICATION  
COMPLIANCE REVIEW REQUEST  
AND PERMIT FEE INVOICE REQUEST**

**Submit to the Field Operations Branch Head (or Compliance Officer) and to Jeff Skabo**

Review Requested by:	<u>Agyemang Adu-Poku</u>	Date Requested:	<u>6/19/09</u>
----------------------	--------------------------	-----------------	----------------

Name of facility and permit number	<u>Killy's Tires</u>
Applicant (Owner) Name	<u>Jesus Fernandez</u>
Description of Permit Request	<u>Scrap Tire Collection Permit</u>
Permit Fee Action	<u>\$250</u>
Date Application Received	<u>6/14/09</u>
Contact Name and Title	<u>Jesus Fernandez, Owner</u>
Company	<u>Killy's Tires</u>
911 Address	<u>716 Broad Street Fuquay Varina NC 27526</u>
Mailing Address	<u>165 River Hills Dr</u>
City/State/Zip	<u>Clayton NC 27527</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>n/a</u>
Does the applicant have a past or current solid waste permit? If Yes:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> Facility Type: _____ Permit #: _____
Does the applicant have other DENR permits? If Yes:	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 type="checkbox"/> No <input checked="" type="checkbox"/> N/a <input type="checkbox"/> Not Needed <input type="checkbox"/>
Are the cost estimates sufficient?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/a <input checked="" type="checkbox"/>
Other notes	<u>n/a</u>

Please confirm that the compliance review requirements for this application have been satisfied.