

PERMIT APPLICATION REVIEW FORM

Review Requested by: Allen Gaither	Date Requested: 11/6/2012
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Facility Name and Permit ID	<u>Alleghany County Transfer Facility, 0303T-TRANSFER-1994</u>
Applicant (Owner) Name	<u>Alleghany 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 type="checkbox"/> (1)d. New – Substantial Amendment <input 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 (No CHR) <input type="checkbox"/> (3)b. Modification – Subsequent Permit to Operate (No CHR)
Permit Fee	<u>\$3000.00</u>
Date Application Received	<u>11/5/2012</u>
Contact Name, Title & Phone No.	<u>Mr. Don Adams, County Manager, (336) 372-4179</u>
Contact Email Address	<u>manageralc@skybest.com</u>
Company Name	<u>Alleghany County</u>
911 Address	<u>419 Osborne Road</u>
Mailing Address	<u>PO Box 366</u>
City/State/Zip	<u>Sparta, NC 28675</u>
Parent Company	<u>N/A</u>
Known Subsidiaries	<u>N/A</u>
Other Known Related or Associated Business Names	<u>N/A</u>
Known Counties of Operation	<u>Alleghany</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: MSW, TS Permit No.: 0302, 0303
Did the Permit Applicant Submit Financial Assurance Cost Estimates?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Not Needed <input checked="" type="checkbox"/>
Other Notes	<u>Enter Other Notes</u>