

PERMIT APPLICATION REVIEW FORM

Review Requested by: Allen Gaither	Date Requested: 11/26/2012
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Facility Name and Permit ID	<u>Graham County Transfer Facility, 38XX-TRANSFER-20XX</u>
Applicant (Owner) Name	<u>Graham 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 – 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>\$5000.00</u>
Date Application Received	<u>11/7/2012</u>
Contact Name, Title & Phone No.	<u>Mr. Gregory Cable, County Manager, (828)-479-7960</u>
Contact Email Address	<u>greg.cable@grahamcounty.org</u>
Company Name	<u>Graham County</u>
911 Address	<u>Not yet known</u>
Mailing Address	<u>12 North Main Street</u>
City/State/Zip	<u>Robbinsville, NC 28771</u>
Parent Company	<u>N/A</u>
Known Subsidiaries	<u>None</u>
Other Known Related or Associated Business Names	<u>None</u>
Known Counties of Operation	<u>Graham</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.: 38-01, 02, 03
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>This is a proposed new facility at a new location</u>