

### PERMIT APPLICATION REVIEW FORM

Review Requested by:	<u>Pat Backus</u>	Date Requested:	<u>July 16, 2012</u>
----------------------	-------------------	-----------------	----------------------

Facility Name and Permit ID	<u>4119-TP-TIRETP- Guildford Cty Scrap Tire And White Goods Collection Facility</u>
Applicant (Owner) Name	<u>Guilford 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 ( <b>No CHR</b> ) <input type="checkbox"/> (3)b. Modification – Subsequent Permit to Operate ( <b>No CHR</b> )
Permit Fee	<u>\$ 1,250</u>
Date Application Received	<u>July 11, 2012</u>
Contact Name, Title & Phone #	<u>Susan Heim, Coordinator Office (336) 641-3792</u>
Company	<u>Guilford County Environmental Services</u>
911 Address	<u>2132 Bishop Road, Greensboro, NC 27406</u>
Mailing Address	<u>Guilford County Planning and Development, Independence Center 5<sup>th</sup> Floor, 400 West Market Street</u>
City/State/Zip	<u>Greensboro, NC 27401</u>
Parent Company	_____
Known Subsidiaries	_____
Other known names business has operated under	_____
Known Counties of Operation	<u>Guilford</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: _____ Permit #: <u>4119</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 type="checkbox"/> No <input type="checkbox"/> N/a <input type="checkbox"/> Not Needed <input checked="" type="checkbox"/>
Are the cost estimates sufficient?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/a <input checked="" type="checkbox"/>
Other notes	_____