

**PERMIT APPLICATION REVIEW FORM**

Review Requested by: Allen Gaither	Date Requested: 1/22/2013
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Facility Name and Permit ID	<u>Jackson County Scott Creek Transfer Station, 5003T-TRANSFER-</u>
Applicant (Owner) Name	<u>Jackson 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>1/8/2013</u>
Contact Name, Title & Phone No.	<u>Mr. Chad Parker, Public Works Director, (828) 586-2437</u>
Contact Email Address	<u>chadparker@jacksonnc.org</u>
Company Name	<u>Jackson County</u>
911 Address	<u>250 Recycle Place</u>
Mailing Address	<u>401 Grindstaff Cove Road</u>
City/State/Zip	<u>Sylva, North Carolina 28779</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>Jackson</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.: 50-02, 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>None</u>

## PERMIT APPLICATION REVIEW TRACKING

### Clock Start

Date Application Received	1/8/13
Application ID #	SW013-0008

### Review Form Submission

Date Application Review Form Submitted	
Submitted to Accounting Tech	Yes <input checked="" type="checkbox"/>
Submitted to Compliance Officer	Yes <input checked="" type="checkbox"/> Not Needed <input type="checkbox"/>

### Accounting Clock

Invoice Date	1/28/13	# of Days
Deposit Date	2/14/13	18

### CHR Clock

CHR Org Chart Request	N/A	# of Days
CHR Org Chart Response		
CHR Questionnaire Request		# of Days
CHR Questionnaire Response		

### Application Review Clock

Completeness Determination Letter	3/5/13	
Engineering Technical Review Letter #1		# of Days
Engineering Technical Review Response #1		
Engineering Technical Review Letter #2		# of Days
Engineering Technical Review Response #2		
Hydro Technical Review Letter #1		# of Days
Hydro Technical Review Response #1		
Hydro Technical Review Letter #2		# of Days
Hydro Technical Review Response #2		
Draft Permit		
Permit to Construct Issued		
CQA Received		# of Days
CQA Reviewed		
Permit to Operate Issued	4/12/13	94