|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Send completed form to:**  Environmental Protection Division, Solid Waste Management Program  4244 International Parkway, Suite 104  Atlanta, GA 30354-3902 | | | | | **EPD Use Only** County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PBR#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Notification of Permit-by-Rule Operation** | | | | | | | |
| I. Applicant Information | | | | | | | |
| Facility Name: | | | | Transfer of Ownership | | | |
| Facility Address/Location: | | | | | | | |
| City: | County: | | | State: | | | ZIP Code: |
| Owner/Operator: | | | | | | | |
| Email: | | | | New/Updated Contact Information | | | |
| Address: | | | | Phone: | | | |
| City: | | State: | | | | ZIP Code: | |
| Authorized Representative: | | | | New/Updated Contact Information | | | |
| Email: | | | | Title: | | | |
| Address: | | | | Phone: | | | |
| City: | | State: | | | | ZIP Code: | |
| II. operation type: **Only** check boxes for the operation(s) for which you will be responsible. | | | | | | | |
| Collection  Transfer Station  On-site Processing or Thermal Treatment  Class 2 Composting Facility  Yard Trimmings Landfill  Other:  Facility is:  Private use only  Public (open to the general public) | | | | | | | |
| III. SOLID WASTE HANDLED: Check all applicable types. | | | | | | | |
| Municipal  Construction & Demolition  Industrial  Compost Category A and B Feedstocks  Inert  Biomedical  Yard Trimmings | | | | | | | |
| IV. Description of operation: Briefly describe the general nature of the proposed operation and list specific solid waste to be disposed, processed, or treated. For yard trimmings landfills **only**, please attach a site survey map that shows the disposal area to be no more than five acres and not located within 200 linear feet of any property line or enclosed structure. | | | | | | | |
| Services for onsite processing and Trauma Remediation Service to generate and collect RTW (Regulated Trauma Waste) and to transport back to office, warehouse to prepare and store for pickup and/or transport to an autoclave. | | | | | | | |
| V. Status of operation | | | | | | | |
| Existing Proposed Projected start-up date: | | | | | | | |
| VI. areas served: List the counties to be served. | | | | | | | |
| \* | | | | | | | |
| VII. location of operation: If this notification is for a transfer station, on-site processing, thermal treatment, wastewater treatment, class 2 composting facility, thermal treatment plant sludge disposal operation, or yard trimmings landfill, you must attach a street or highway map indicating the location of the site/facility. | | | | | | | |
| Latitude: | | | Longitude: | | | | |

**\*Include a Google Map screen shot of your location with the application**

**PLEASE NOTE: Incomplete notifications will be returned. Operations must meet the conditions in paragraphs 2 and 3**

**of section .06 and paragraphs (5)(b) and (6) of section .16 for class 2 composting facilities in the Rules for Solid Waste Management in order to operate under the permit-by-rule provision.**

SIGNATURE: DATE: