

APPLICANT REQUEST FORM

FOR AMENDMENT TO THE LOCAL SOLID WASTE MANAGEMENT PLAN

This form should be completed by any persons seeking to locate a new/expanded solid waste management facility or to modify the existing operations or service area of a facility. The completed form should be submitted to the appropriate local government officials for consideration as a proposed amendment to the approved local plan. Be advised that local officials may request or require additional information in order to assist in their decision-making process. A copy of this request form should also be forwarded to the MDEQ at the address shown on the second page of this form at the time it is submitted to the local government.

1. Name of Applicant: _____

2. Mailing Address of Applicant: _____

City: _____ State: _____ Zip: _____

3. Contact Person: _____ Telephone No.: _____

4. Name of Facility: _____

5. Indicate type of facility:

<input type="checkbox"/> Municipal Solid Waste Landfill	<input type="checkbox"/> Transfer Station
<input type="checkbox"/> Industrial/Other Landfill	<input type="checkbox"/> Processing Facility
<input type="checkbox"/> Class I Rubbish Site	<input type="checkbox"/> Composting Facility
<input type="checkbox"/> Class II Rubbish Site	<input type="checkbox"/> Land Application Site(s)
<input type="checkbox"/> Waste Tire Facility (describe): _____	
<input type="checkbox"/> Other facility (describe): _____	

6. Will the proposed facility be Commercial or Non-Commercial? _____
[Note: A commercial facility means any facility which manages solid waste for compensation or which accepts solid waste from more than one generator not owned by the facility owner.]

7. Physical address of facility: _____

8. Section: _____ Township: _____ Range: _____ County: _____

9. Attach topographic quadrangle map depicting the location of the proposed site separately.

10. Name of Landowner: _____

Mailing Address: _____

Telephone No. of Landowner: _____

11. Request Type: New Facility Expansion of Existing Facility
 Other Modification (describe): _____

12. Proposed size of the facility: (a) proposed disposal/waste management in area (in acres): _____

(b) total property area (in acres): _____

13. Describe the wastes to be received at the site. If wastes are to be received from a single or limited source(s), please include the industry's name(s) or other source's name(s): _____

APPLICANT REQUEST FORM (continued)

14. Provide a description of the proposed service area. Generally, the service area should be described either in terms of the cities, counties, or states from which the wastes will originate or by some radius (in miles) from the facility boundary or another selected boundary (e.g. county line): _____

15. Does the applicant currently own or operate any other solid waste management facilities within the proposed service area?

Yes No If yes, what are the name and types of facilities and their locations: _____

16. According to Miss. Code Ann. Section 17-17-227, each local solid waste management plan must include a determination of need by the local government submitting the plan for any proposed new or expanded solid waste management facility. To assist in this determination, a demonstration of need should generally be prepared by the applicant and provided to the local government for review and consideration. The demonstration should be attached to this form as a separate sheet and must include each of the following items:

- i. Verification that the proposed facility meets needs identified in the approved local nonhazardous solid waste management plan which shall take into account quantities of municipal solid waste generated and the design capacities of existing facilities.
- ii. Certification that the proposed facility complies with local land use and zoning requirements, if any;
- iii. Demonstration, to the extent possible, that the operation of the proposed facility will not negatively impact the waste reduction strategy of the local government submitting the plan;
- iv. Certification that the proposed service area of the proposed facility is consistent with the local nonhazardous solid waste management plan; and
- v. A description of the extent to which the proposed facility is needed to replace other facilities.

17. Certification

To the best of my knowledge and belief, I certify that the information provided in this application, including attachments, is true, accurate, and correct. I further certify that I possess the authority to request this solid waste plan amendment.

Name of authorized representative (Please type or print)

Signature of authorized representative

Title of authorized representative (Please type or print)

Date

Solid Waste Policy, Planning and Grants Branch
Mississippi Department of Environmental Quality
P. O. Box 2261, Jackson, MS 39225
Telephone No. (601) 961-5171 / Fax No. (601) 961-5785