

LOCAL GOVERNMENT REQUEST FORM (AND CHECKLIST) TO AMEND THE LOCAL SOLID WASTE MANAGEMENT PLAN

This form may serve as the formal request of the local government to MDEQ for consideration of the proposed amendment to the local solid waste management plan. The form should be completed and signed by the appropriate government official(s) and may be submitted in lieu of a cover letter. (please type)

Name of Local Government: _____

Title of Local Plan: _____

Description of Proposed Modification: _____

As the local governing body responsible for solid waste management planning, we hereby formally submit to the Mississippi Department of Environmental Quality the following information and documentation regarding the proposed modification to the local solid waste management plan described above. The submitted information includes, at a minimum, the following:

- 1. Formal request for amendment (this form or cover letter)
- 2. Two copies of the completed Applicant Request Form, including the demonstration of need and any additional documents or supplemental information
- 3. Two copies of the revised/insertion pages of the plan describing all relevant facility information, including a description of the local government's determination of need for a new or expanded facility
- 4. Two copies of the public participation documentation and notifications, including:
 - Public notice, including certified proof of publication
 - Public hearing transcript and/or summary statement of comments received and statement describing how any public comments were ultimately considered
 - Notification(s) to adjacent counties
 - Notification(s) to contiguous landowners, including signed certified mail receipts, for new or expanded facilities
- 5. Two copies of the signed and certified formal resolution approving the proposed modification(s), including a description of public comments considered and the local government determination of need

We have duly reviewed and considered all information and public comments received regarding this matter in accordance with state law and are hereby requesting that the Commission on Environmental Quality approve this proposed amendment to the plan. We hereby certify by signature of our authorized representative that the above information has been included and submitted with this formal request to modify the local solid waste management plan.

Name of Authorized Representative: _____

Date: _____

Title of Authorized Representative: _____

Signature of Authorized Representative: _____



Solid Waste Policy, Planning & Grants Branch
Mississippi Department of Environmental Quality
P. O. Box 2261, Jackson, MS 39225
Phone: (601) 961-5171 / Fax: (601) 961-5785

