

COMPOSTING FACILITY APPLICATION

PERMIT APPLICATION ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

1. Application type: ___ Initial Issuance
 ___ Reissuance
 ___ Modification

2. Facility Name _____

3. Applicant:

Name: _____

Address: _____

Telephone: _____

4. Location: (include county highway map or USGS map)

Township _____ Range _____
Section _____ County _____

5. Land Owner:

Name: _____

Address: _____

Telephone: _____

(Attach copy of agreement from landowner if applicable.)

6. Contact Person:

Name: _____

Position or
Affiliation _____

Address: _____

Telephone: _____

7. Size of Facility: _____ Acres

8. Identify proposed service area that solid waste will be received from:

9. Proposed maximum average daily volume to be received at the composting facility (choose one):

_____ Tons/Day _____ Cubic Yards/Day

10. List all waste streams to be accepted at the composting facility:

11. Per ADEM Admin. Code r. 335-13-14-.04(3), the following items should be included with this application:

- Host government approval and Statement of Consistency;
- Legal property description and plat;
- Facility design plan;
- Facility operation plan;
- Process flow diagram;
- Fire prevention plan;
- Closure plan; and
- Names and addresses of all adjacent property owners.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE

DATE