SOLID WASTE FACILITY PERMIT MODIFICATION APPLICATION

DIVISION OF ENVIRONMENTAL QUALITY OFFICE OF LAND RESOURCES 5301 NORTHSHORE DRIVE NORTH LITTLE ROCK, ARKANSAS 72118

Note: This modification application is to be used for all modifications to solid waste disposal and processing facilities. The Division will classify this modification as major or minor in accordance with the provisions of Section 22.308 of Arkansas Pollution Control and Ecology Commission (APC&EC) Regulation No. 22. Major modifications will be subject to the provisions of APC&EC Regulation No. 8.

I. FACILITY TYPE Class 1 Landfill Transfer Station (TS) Class 4 Landfill Composting Facility (Y, O or S) Class 3C Landfill ____Solid Waste Recovery Facility (WRF) Class 3N Landfill _____Construction and Demolition Recovery Facility (CDRF) Class 3T Landfill II. FACILITY IDENTIFICATION Facility Name: _____ Permit Number: _____ AFIN: _____ Facility Address: City: _____ State: ____ Zip: _____ County:_____ Fax Number:_____ Fax Number:_____ III. APPLICANT Applicant Name: Applicant Address: City: _____ State: ____ Zip:_____ Contact Person: Phone Number: Contact Person Email Address:

Permit Modification Form Form: 05APPLM.WPD – Revised 4/2021 Page 1

PERMIT HISTORY

(Complete for each permit and modification to date)

	Number	Date Issued
Permit Number:		
Modification #1:		
Modification #2:		
Modification #3:		
Modification #4:		
MOD	IFICATION DESCR	IDTION
	as it applies to this modification - if an	
CHANGE IN PERMITTED	CAPACITY (Specify whether yard	s or tons)
Original Cubic Yards(This includes the volume of	Solid waste and any daily or intermed	ate soil cover)
Modified Cubic Yards		
Cubic Yards Increase (De	ecrease)	
SITE LIFE & SERVICE AR	EA	
Current Service Area		
Current Tons per year three	ough the gate	(tons/year)
Current Landfill Utilization	on Rate	(cu. yards/year)
Estimated remaining site	life (after this modification)	years
CHANGE IN PERMITTED	DISPOSAL ACREAGE	
Original Site Acres		
Modified Site Acres		
Site Acres Increase (Decr	ease)	

(Provide brief description of each proposed modification
(Check one or specify below)

DRAWING REVISIONS

(Identify below each drawing that was revised or added as a result of this modification. Each revised or added drawing should be included as an attachment to this application.)

Drawing Number	Title	Date	Revision Number

OPERATING NARRATIVE REVISIONS

(Identify below each change to the operating narrative as a result of this modification. Revised narrative pages should be included as an attachment to this application. Deletions from the previous narrative should be indicated by strikeout, additions should be redlined.)

Page Number	imber Change Description	

SUPPLEMENTAL DATA SUBMITTED

(Any report, study, data, information, etc. that was not part of previous permit documents should be identified below. In addition, any data identified below should be included as an attachment to this Application).

Description				
	NATURE AND CERTIFICA			
	l by an authorized representative of the aping below, the representatives certify that al			
APPLICANT				
AITLICANI				
Signature & Title	Printed Name	Date		
ENGINEER/CONSULTANT				
Signature & Title	Printed Name	Date		

CONFIDENTIALITY: This application shall be available for public inspection, provided, however, that the Division shall not disclose, except to authorized persons, any information which the Director determines is entitled by law to protection as trade secrets without the consent of the applicant. Trade secrets shall not include the name and address of the applicant, nor any information necessary, as determined by the Director, for the public to evaluate the hazards associated with the proposed operation, nor any other information required by law to be available to the public.