



WASTE TIRE ABATEMENT GRANT APPLICATION

1. Regional Solid Waste Management Board or Inter-District

a.	RSWMB/Inter-District Applicant:		d.	Telephone Number:	
			e.	Fax Number:	
b.	Mailing Address:		f.	District Contact:	
c.	City/State/Zip:		g.	E-mail:	
h.	Total Anticipated Cost for Cleanup:				
i.	Is the project timetable completed and attached?		☐ Yes ☐ No		

2. Site Information (attach pictures)

a.	Site Name:				e.	County :	
b.	Site Address:				f.	Number of Tires: (Based Upon 10 Tires Per Cubic Yard)	_____ Auto _____ Truck _____ Other
c.	City/State/Zip:				g.	Latitude:	
d.	Property Size in Dimensions:				h.	Longitude:	
i.	Tire Pile Dimensions:	Length:		Width:		Height:	
j.	Section, Township and Range:						
k.	Site Directions from Major Intersection:						
l.	Environmental and Safety Concerns:						
m.	Name of Site Operator:				q.	Telephone Number:	
n.	Operator Address:				r.	City/State/Zip:	
o.	Property Owner:				s.	Telephone Number:	
p.	Address:				t.	City/State/Zip:	
u.	Project Description:						
v.	Distance from Nearest Residence:						
w.	Type of Area:	☐ Rural ☐ Metropolitan ☐ City Limits					
x.	☐ Attach Public Notices of intent to apply for an abatement grant and solicitation of bidders for services.						

3. Certification

To the best of my knowledge, I certify the above information provided is true and correct.

Signature of Board Chairman

Print/Type Name and Title

Date

Project Timetable

Project Site Name:					Beginning Date:				Ending Date:			
Task		Beginning Date of Each Task	Ending Date of Each Task	Group/Person Responsible for Task Completion		Task Location						
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												
10.												
11.												
12.												