DEQ Form DISC-03 – QUARTERLY UPDATE
Solid Waste Management Facility DISCLOSURE STATEMENT

The Virginia Waste Management Act, § 10.1-1408.1.C.3, requires permitted solid waste facilities to update their Disclosure Statement quarterly to indicate any change of condition that renders any portion of their Disclosure Statement materially incomplete or inaccurate. Form DISC-03 may be used to report changes in Key Personnel, or changes to facility information such as an administrative order, license or permit change, or enforcement action.

Note: If there are no changes to report, a Quarterly Update is not required and should not be submitted to the DEQ.

Facility Name: _____ **Permit #:** _____

Facility Address: _____

City: _____ **Zip:** _____

Email: _____ **Phone:** _____

The following CHANGE IN KEY PERSONNEL has occurred at the above named facility:

Name of Key Personnel	Type of change	Effective date
	☐ ADD* ☐ DELETE	
	☐ ADD* ☐ DELETE	

Note: When ADDING a Key Personnel to the list previously submitted on a Form DISC-01,* ***attach a completed Form DISC-02 for that individual.*

OTHER CHANGE IN CONDITION OR INFORMATION:

Use this section to report any material changes to permits, licenses, and regulatory responsibility (such as new, suspension, or revocation), or to report any administrative order, enforcement action, criminal conviction, or other action as included in the definition of "Disclosure Statement" in *§ 10.1-1400*, Virginia Waste Management Act. Indicate whether information change is for Facility or Individual.

Explain Change in Condition or Information	Change is for:	Effective date
	☐ Facility ☐ Individual	
	☐ Facility ☐ Individual	

Note: It is not necessary to submit a Quarterly Update to report an alleged violation (Warning Letter or NOV) that was resolved without the issuance of a letter of agreement, consent or administrative order, consent decree, or court order.

I certify, to the best of my knowledge and belief, that the information contained in this Disclosure Statement Update is true, accurate, and complete.

Applicant Signature: _____ **Date:** _____

Type or print full name: _____ **Title:** _____