# DEQ Form DISC-01
# SOLID WASTE MANAGEMENT FACILITY PERMIT APPLICANT'S DISCLOSURE STATEMENT

This Form must accompany the Solid Waste Notice of Intent or Permit-by-Rule Application, and must be updated upon any change in condition that renders any portion of this statement materially incomplete or inaccurate, in accordance with Virginia Solid Waste Management Regulations, 9 VAC 20-81-10 *et seq.*, and the Virginia Waste Management Act, § 10.1-1400 *et seq.*
Use continuation sheet if necessary to provide complete information. ☐ *Check if updating previously submitted DISC-01*

**Applicant:** _____

**Applicant's Interest:** ☐ Owner ☐ Operator ☐ Other _____

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

**Business Address:** _____

**City:** _____ **Zip:** _____

**Email:** _____ **Phone:** _____

**KEY PERSONNEL**:
*Enter below the names of all key personnel as defined in 9 VAC 20-81-10.*
*A separate DEQ Form DISC-02 must be completed for each individual, corporation, or entity listed.*

| # | Name | # | Name | # | Name |
|---|---|---|---|---|---|
| 1. | | 5. | | 9. | |
| 2. | | 6. | | 10. | |
| 3. | | 7. | | 11. | |
| 4. | | 8. | | 12. | |

**OTHER REGULATORY OVERSIGHT:**
*List all agencies **outside the Commonwealth** that have regulatory responsibility over the applicant or have issued any environmental permit or license to the applicant **within the past ten years**, in connection with the applicant's collection, treatment, storage or disposal of solid or hazardous waste.*

| Agency Name and Permit or License Type | Expiration Date | State |
|---|---|---|
| | | |
| | | |
| | | |

Does any member of the local governing body or planning commission in which the solid waste management facility is located or proposed to be located hold an equity interest in the facility? ☐ NO ☐ YES

*If YES, provide full name and business address of that person or persons:*

_____

_____

**RESPONSIBLE OFFICIAL CERTIFICATION**
I certify under penalty of law that the information contained in this Disclosure Statement and all attachments are, 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.

**Applicant Signature:** _____ **Date:** _____

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

## - Continuation Sheet -

*Use this sheet if additional space is needed*

**Applicant:** _____ **Date:** _____

**Remarks or continuation from previous page**: