

REQUEST FOR CERTIFICATION

APPLICANT:

APPLICANT'S MAILING ADDRESS:

TYPE OF FACILITY:

The applicant is in the process of completing an application for a permit for a regulated medical waste management facility to be issued by the Virginia Department of Environmental Quality. In accordance with §10.1-1408.1 and §10.1-1411, Code of Virginia (1950), as amended, before such a permit application can be considered complete, the applicant has to obtain certification from the governing body of the county, city, or town in which the facility is to be located that the location and the operation of the proposed facility and/or its proposed expansion is: either consistent with the regional solid waste management plan (SWMP) or has initiated the process of amending the SWMP to include the new or expanded facility; and is in accordance with all the local ordinances. For a permit by rule (PBR) application; in accordance with §10.1-1408.1.Q, the SWMP must be consistent with the application and be approved in accordance with §10.1-1411. *The undersigned requests that an authorized representative of the local governing body sign the certification below.*

SIGNATURE OF THE APPLICANT:

TYPED OR PRINTED NAME:

DATE:

TITLE:

TELEPHONE:

NOTE: The applicant should enclose an appropriate map showing the location of the proposed facility/expansion.

CERTIFICATION

The undersigned certifies that the proposed facility/expansion is consistent with the regional solid waste management plan or this plan is being amended for consistency. If the application is for a PBR, the undersigned certifies that the proposed facility is consistent with the SWMP and the SWMP has been approved in accordance with §10.1-1411.

SIGNATURE OF THE AUTHORIZED LOCAL GOVERNMENT REPRESENTATIVE:

TYPED OR PRINTED NAME:

DATE:

TITLE:

TELEPHONE:

SOLID WASTE PLANNING UNIT:

The undersigned certifies that the location and operation of the proposed facility/expansion is consistent with all local ordinances.

SIGNATURE OF THE AUTHORIZED LOCAL GOVERNMENT REPRESENTATIVE:

TYPED OR PRINTED NAME:

DATE:

TITLE:

TELEPHONE:

COUNTY, CITY OR TOWN: