



Request for Amendment of the Regional Solid Waste Management Plan of Southeastern Virginia

Date: _____

I. Applicant Information

- a. Applicant Name: _____
- b. Contact Name: _____
- c. Business Address: _____

- d. Phone #: _____ Email: _____

II. Amendment Type

a. Major Amendment

§ 9 VAC 20-130-175.A.1 of Virginia's Solid Waste Management Planning Regulations require a major amendment to an approved Solid Waste Management Plan for any of the following types of actions. Please indicate below the purpose of this request to amend the Regional Solid Waste Management Plan of Southeastern Virginia (RSWMP). (Check all that apply)

- Any addition, deletion, or cessation of operation of any solid waste disposal facility
- Any increase in landfill capacity
- Any change that moves toward implementation of a waste management strategy that is lower in the waste management hierarchy
- Action plan(s), including an action plan to address a planning unit's recycling rate that has fallen below the statutory minimum; or
- Any change to membership in the approved area

b. Minor Amendment

§ 9 VAC 20-130-175.A.2 of Virginia's Solid Waste Management Planning Regulations require a minor amendment to an approved Solid Waste Management Plan for any of the following types of actions. Please indicate below the purpose of this request to amend the Regional Solid Waste Management Plan of Southeastern Virginia (RSWMP). (Check all that apply)

- Any addition, deletion, or cessation of operation of any facility that is not a solid waste disposal facility;
- Any change that moves toward implementation of a waste management strategy that is higher in the waste management hierarchy; or
- Any nonsubstantive administrative change such as a change in name

III. Amendment Description

Describe below the specific item(s) to be changed in the approved RSWMP below. Applicant must specifically identify the applicable page(s), section number(s), graph(s) and/or table number(s) to be revised. Include replacement graphs or tables and specific wording of suggested text to be inserted or deleted from the RSWMP. ***Attach additional pages if necessary.***

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IV. Facility Description

a. Facility Type:

- Landfill (check one)
- Sanitary CDD Industrial Inert
- Transfer Station
- Materials Recovery Facility
- Composting Facility
- Regulated medical waste facility (check all that apply)
- Treatment Storage Disposal facility Incinerator

b. Facility Name: _____

c. Facility Address: _____

d. Additional Information

Attach to this application evidence of local government approval including a Conditional Use Permit as well as a narrative description of the proposed facility that includes at minimum:

- Anticipated waste streams
- Justification of need for the new or expanded facility
- In addition to the above, landfills must also include
 - The projected capacity of the facility or how the proposed facility will alter that capacity
 - The designed average and peak daily acceptance rate, in tons
 - The expected life of the facility, in years.

V. Billing Information

The procedures adopted by the Hampton Roads Planning District Commission require applicants requesting a major amendment to the RSWMP to pay out-of-pocket expenses associated with their application such as advertisement of public notice. Please provide a billing address and purchase order (if required) below:

Bill to:

Purchase Order or Billing Reference:

VI. Certification Statement

I hereby certify that the information provided in this application is accurate and true to the best of my knowledge. Furthermore, I acknowledge that it is my responsibility to reimburse HRPDC for out-of-pocket expenses associated with processing this request to amend the RSWMP.

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Printed Name: _____ Title: _____
Signature: _____ Date: _____