Host Agreement Certification Request
DEQ SW-11-2 Form

**Applicant Information**

APPLICANT: _____

APPLICANT’S MAILING ADDRESS: _____

FACILITY/BUSINESS NAME: _____

FACILITY LOCATION (ADDRESS and/or PARCEL ID): _____

**Host Agreement**

*Only required for privately owned sanitary landfills in accordance with §10.1-1408.1 B.7.*

<table>
<thead>
<tr>
<th>Minimum Required Host Agreement Provisions</th>
<th>Specify Agreed upon Provisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount of Financial Compensation to Locality:</td>
<td>Amount of Compensation $ _____</td>
</tr>
<tr>
<td>Daily Travel Routes and Traffic Volumes: (Attach a map showing routes to be used)</td>
<td></td>
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</tbody>
</table>
| Daily Disposal Limit: | Daily Average: _____ tons/day  
Daily Maximum: _____ tons/day |
| Anticipated Service Area: (Attach a map if necessary) |   |
| Provision to pay full cost of one full time employee of the locality to monitor and inspect transportation and disposal practices: |   |
| Provision to split air and water samples with host locality: |   |

**Certification**

Pursuant to § 10.1-1408.1 B.7 of the Code of Virginia (1950), as amended, certification is required from the governing body of the locality in which a new municipal solid waste landfill or expansion of an existing facility that a host agreement has been reached between the applicant and the governing body unless the local governing body is the applicant. For the purpose of this certification, “host agreement” means any lease, contract, agreement of land use permit entered into or issued by the locality in which the landfill is situated which includes terms and conditions governing the operation of the landfill.

*The undersigned certifies that the host agreement has been reached with the above referenced applicant and that the host agreement contains, at a minimum, provisions for the above noted items.*

SIGNATURE OF THE AUTHORIZED LOCAL GOVERNMENT REPRESENTATIVE: ____________________________________________________________

TYPED OR PRINTED NAME: __________________________ DATE: ____________

TITLE: __________________________________________ TELEPHONE: ______________

COUNTY, CITY, or TOWN: __________________________________________