



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:

ORGANIZATIONAL STRUCTURE: Provide an organizational and/or corporate structure as an **attachment** to this form, identifying directors, officers, partners, members and managing members, parent companies and subsidiaries, as applicable.

Check if updating previously submitted organizational structure



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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:** _____

Remarks or continuation from previous page: