VIRGINIA POLLUTION ABATEMENT PERMIT APPLICATION
MODIFICATION REQUEST FORM

1. Owner Name: Synagro Central, LLC

   Mailing Address: 1681 Tappahannock Blvd, Tappahannock, VA 22560

   Telephone Number: 804-443-2170

   Email Address: wwebb@synagro.com and cwhiteside@synagro.com

2. Owner Contact: Wayne Webb, Jr.

   Title: Technical Services Manager

   Mailing Address: 1681 Tappahannock Blvd, Tappahannock, VA 22560

   Telephone Number: 804-443-2170

   Email Address: wwebb@synagro.com and cwhiteside@synagro.com

3. VPA Permit No: VPA 00824

4. Location of Operation: King William County

5. Total Acreage to be Added: 5,020.8

6. VPA Public Notice Billing Information Attached: ☒

7. Consent to Receive Electronic Mail:
   The Department of Environmental Quality (DEQ) may deliver permits, certifications and plan approvals to recipients, including applicants or permittees, by electronically certified mail where the recipients notify DEQ of their consent to receive mail electronically (§ 10.1-1183). Check *only one* of the following to consent to or decline receipt of electronic mail from DEQ as follows:

   ☒ Applicant or permittee agrees to receive by electronic mail the permit and any plan approvals associated with the permit that may be issued for the proposed pollutant management activity, and to certify receipt of such electronic mail when requested by the DEQ.
   Please provide email: Wwebb@synagro.com and Cwhiteside@synagro.com

   ☐ Applicant or permittee declines to receive by electronic mail the permit and any plan approvals associated with the permit that may be issued for the proposed pollutant management activity.

8. Certification:
   I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering information, the information submitted is 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 for knowing violations. I further certify that I am an authorized signatory as specified in the VPA Permit Regulation (9VAC25-32).

   Signature: Wayne T. Webb Date: 01/28/2020

   Printed Name: Wayne Webb, Jr.

   Title: Technical Services Manager