

**VIRGINIA POLLUTION ABATEMENT (VPA)  
PERMIT APPLICATION**

**FORM A – GENERAL INFORMATION**

**Department of Environmental Quality**

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**INSTRUCTIONS**

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*All applications submitted for a Virginia Pollution Abatement (VPA) Permit shall include this form.*

**1. FACILITY OR APPLICANT INFORMATION:**

- a. If applying for a permit which will authorize management of pollutants at a facility, including but not limited to a wastewater treatment plant, sludge treatment facility, routine storage facility (not located at the treatment plant), or an Animal Feeding Operation (AFO), provide the following information:
  - Facility Name: The legal name of the facility managing the pollutants,
  - City/County: The city or county in which the facility is located,
  - Physical Location/Address: The physical location or address of the facility, and
  - Mailing Address: The mailing address of the facility. If the same as physical address write SAME.
- b. If applying for a permit to authorize land application activities only, where no facility is included, provide the following information:
  - Applicant Name: The name of the applicant,
  - City/County: The city or county in which the land application is proposed,
  - Physical Location/Address: The physical address of the office which will manage the activities, and
  - Mailing Address: The mailing address of the office which will manage the activities. If the same as physical address write SAME.

2. **OWNER INFORMATION:** Provide the legal name, mailing address, telephone number and e-mail address of the owner or the company making application for the VPA Permit.

3. **OWNER CONTACT INFORMATION:** Provide the name, title, mailing address, telephone number and e-mail address of the individual whom DEQ staff should contact regarding this application. If the owner contact is the same as the owner, write SAME.

4. **EXISTING PERMITS:** List all environmentally-related permits issued to the facility by listing the issuing agency and permit number. Include an existing VPA permit if your facility has one.

5. **NATURE OF BUSINESS:** Provide a general statement of the type of business conducted at the facility. Industrial facilities are requested to provide applicable Standard Industrial Classification (SIC) Codes. SIC Codes may be obtained from Standard Industrial Classification Manual published by the U.S. Department of Labor, Occupational Safety and Health Administration. The manual can be found in public libraries and on the internet.

6. **TYPE OF POLLUTANT MANAGEMENT ACTIVITY:** Indicate pollutants or type of waste(s) handled and whether the facilities are either existing or proposed, or both. Note that the pollutant or type of waste determines which other VPA application forms must be completed. Applicants may also contact the DEQ for assistance.

7. **GENERAL LOCATION MAP:** The purpose of the map is to allow the DEQ staff to readily find the establishment. This map is to show the general location of the establishment. Applicants should use county or United States Geological Survey quadrangle maps. DEQ Regional Offices can provide information for obtaining such maps.

8. **CONSENT TO RECEIVE AND CERTIFY RECEIPT OF 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 options.

9. **SIGNATURE AND CERTIFICATION STATEMENT:** The application must be signed in accordance with the VPA Permit Regulation (9VAC25-32):

- a. **FOR A CORPORATION:** by a responsible corporate official. For purposes of this section, a responsible corporate official means (1) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision making functions for the corporation, or (2) the manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25,000,000 (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- b. **FOR A MUNICIPALITY, STATE, FEDERAL OR OTHER PUBLIC AGENCY,** by either a principal executive officer or ranking elected official. (A principal executive officer of a Federal, Municipal, or State agency includes the chief executive officer of the agency or head executive officer having responsibility for the overall operation of a principal geographic unit of the agency).
- c. **FOR A PARTNERSHIP OR SOLE PROPRIETORSHIP,** by a general partner or the proprietor, respectively.

**VIRGINIA POLLUTION ABATEMENT PERMIT APPLICATION  
FORM A  
ALL APPLICANTS**

**1. FACILITY OR APPLICANT INFORMATION**

Facility Name or Applicant Name:	Recyc Systems, Inc
County/City:	King and Queen County
Physical Location/ Address:	8455 White Shop Road, Culpeper Virginia
Mailing Address:	PO Box 562, Remington Virginia 22734

**2. OWNER INFORMATION**

Owner Legal Name:	Recyc Systems, Inc
Mailing Address:	PO Box 562, Remington Virginia 22734
Telephone Number:	540-547-3300
Email address:	strumbo@recycsystems.com

**3. OWNER CONTACT INFORMATION**

Owner Contact Name:	Susan Trumbo
Title:	Vice President - Technical Manager
Mailing Address:	PO Box 562, Remington Virginia 22734
Telephone Number:	540-547-3300
Email address:	strumbo@recycsystems.com

**4. EXISTING PERMITS:** (e.g., VPA, VPDES; VWP, RCRA; UIC; other)

Agency	Permit Type	Permit Number
DEQ	VPA	VPA00805

**5. NATURE OF BUSINESS:** management of biosolids

SIC Code(s):			
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**6. TYPE OF POLLUTANT MANAGEMENT ACTIVITY:** *check the appropriate box(es)*

	<u>Proposed</u>	<u>Existing</u>
<u>Animal Feeding Operations</u> (complete Form B)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Industrial Waste</u> (complete Form C & Form D: Parts D-V & D-VI)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Land Application of Municipal Effluent</u> (complete Form D: Parts D-I & D-III)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Land Application of Biosolids/Sewage Sludge</u> (complete Form D: Parts D-II, D-IV, D-V & D-VI; and Liability Requirements for Transport, Storage and Land Application of Biosolids Form)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Reclamation and/or Distribution of Reclaimed Wastewater</u> (Application Addendum)	<input type="checkbox"/>	<input type="checkbox"/>

**7. GENERAL LOCATION MAP:**

Provide a general location map which clearly identifies the location of the facility.

**8. CONSENT TO RECEIVE AND CERTIFY RECEIPT OF 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.
- 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.

**9. SIGNATURE AND CERTIFICATION STATEMENT:**

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:		Date:	
Printed Name:	Susan Trumbo		
Title:	Vice President - Technical Manager		