VIRGINIA POLLUTION ABATEMENT PERMIT APPLICATION FORM A ALL APPLICANTS

1. FACILITY OR APPLICANT INFORMATION

Facility Name or Applicant Name:	Nutri-blend Inc.
County/City:	Richmond
Physical Location/ Address:	2353 Charles City Road, Richmond VA 23231
Mailing Address:	P.O. Box 38060

2. OWNER INFORMATION

Owner Legal Name:	Mr. Larry Matthews
Mailing Address:	P.O. Box 38060 Richmond, VA 23231
Telephone Number:	804-222-7514
Email address:	nbinc1@aol.com

3. OWNER CONTACT INFORMATION

Owner Contact	
Name:	Mr. Larry Matthews
Title:	President
Mailing Address:	P.O. Box 38060 Richmond, VA 23231
Telephone Number:	804-222-7514
Email address:	nbinc1@aol.com

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

Agency	Permit Type	Permit Number
DEQ	VPA	00828

5. NATURE OF BUSINESS: Land Application of Biosolids

SIC Code(s):	I N711	ļ
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6.	TYPE OF POLLUTAN	T MANAGEMENT ACTIVITY: check	the appropriate box(es) Proposed	Existing		
	Animal Feeding Operat (complete Form B)	<u>ions</u>				
	Industrial Waste (complete Form C	& Form D: Parts D-V & D-VI)				
	Land Application of Mu (complete Form D:					
		Parts D-II, D-IV, D-V & D-VI; and nts for Transport, Storage and Land		X		
	Reclamation and/or Dis (Application Adden	stribution of Reclaimed Wastewater dum)				
7.	GENERAL LOCATION	MAP:				
	Provide a general locat	ion map which clearly identifies the I	ocation of the facility.			
8.	CONSENT TO RECEIV	E AND CERTIFY RECEIPT OF ELE	CTRONIC 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:					
	associated with the		proposed pollutant mana	mail the permit and any plan approvals posed pollutant management activity, and to be DEQ.		
	x 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 CER	RTIFICATION STATEMENT:				
	I certify under penalty of law that this document and all attachments were prepared under my direct supervision in accordance with a system designed to assure that qualified personnel properly gath evaluate the information submitted. Based on my inquiry of the person or persons who manage the story those persons directly responsible for gathering information, the information submitted is to the best knowledge and belief true, accurate and complete. I am aware that there are significant penalt submitting false information including the possibility of fine and imprisonment for knowing violations. I certify that I am an authorized signatory as specified in the VPA Permit Regulation (9VAC25-32).					
Sig	nature:	Bill Burnott		Date: 6/30/22		
Pri	nted Name:	Bill Burnett				
Title:		Office Manager				

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