

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

1. FACILITY OR APPLICANT INFORMATION

Facility Name or Applicant Name:	Synagro Central, LLC
County/City:	Greensville County
Physical Location/ Address:	234 Forest Road, Skippers, Virginia 23879
Mailing Address:	435 Williams Court, Suite 100, Baltimore, MD 21220

2. OWNER INFORMATION

Owner Legal Name:	Synagro Central, LLC
Mailing Address:	435 Williams Court, Suite 100, Baltimore, MD 21220
Telephone Number:	443-248-3827
Email address:	mtabisz@synagro.com

3. OWNER CONTACT INFORMATION

Owner Contact Name:	Matthew Tabisz
Title:	Director, Business Development
Mailing Address:	435 Williams Court, Suite 100, Baltimore, MD 21220
Telephone Number:	443-248-3827
Email address:	mtabisz@synagro.com

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

Agency	Permit Type	Permit Number
VADEQ	VPDES (Facility)	VA0059072 Note: Permit is for discharges from current site by current owner, including stormwater discharge coverage for broader site.
VADEQ	VPA (Applicant)	Varies Note: See Attachment D23

5. NATURE OF BUSINESS: Biosolids Compost Production

SIC Code(s):	2875-03		
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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 checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Reclamation and/or Distribution of Reclaimed Wastewater</u> (Application Addendum)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Distribution and Marketing of EQ Biosolids</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

7. GENERAL LOCATION MAP:

Provide a general location map which clearly identifies the location of the facility. **Please see Attachment A-1**

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:	07/23/2024
Printed Name:	John Goodwin		
Title:	Sr. Vice President of Technology		