## **Local Government Scrap Tire Abatement Reimbursement Application**

I. APPLICANT INFORMATION						
County/Municipality/Authority:						
Federal tax ID#:	Total esti	timated # of scrap tires (for all sites/projects in lication):				
Project manager (contact for questions about the application/project):		Title:				
Email:		Phone:				
II. RIGHT-OF-WAY INFORMATION						
Site name (e.g., all ROWs in county, or smaller boundary, such as name of neighborhood or political district):		Estimated # of scrap tires:				
		Estimated cleanup cost: \$				
List all locations where scrap tires will temporarily be stored while awaiting transport to a processing facility after being removed from the right-of-way:						
Is the temporary storage site or sites approved/permitted by EPD to store scrap tires?						
☐ Yes – List the approval/permit number(s):						
☐ No – Site(s) must be approved/permitted by EP	D before exe	ecution of the contract				
III. DUMP SITE INFORMATION (If more than one sit	e, please att	tach additional pages.)				
Site name:	Site name:		Estimated # of scrap tires:			
Address:		Estimated cleanup cost: \$				
City:	County:		ZIP:			
Proposed start date:	Proposed end date:					
Complete and attach a Scrap Tire Dump Reporting Form for this site (found at: <a href="epd.georgia.gov/scrap-tires">epd.georgia.gov/scrap-tires</a> ).						
Is the property owner known?						
□ Yes						
□ No – Briefly describe the steps taken to identify the owner (e.g., search of property records):						
Did the property owner place the tires (or allow them to be placed) on the property?						
□ Yes						
□ No – Attach a letter signed by the property owner stating that he or she did not place the tires (or allow them to be placed) on the property and is, therefore, a victim of illegal dumping						
Is the property owner financially able to remove and properly dispose of the tires?						
□ Yes						
□ No – Attach a letter signed by the property owner stating his or her financial inability to remove the tires						
Attach appropriate documentation of enforcement actions (citation, etc).						

If the site is located on private property, briefly describe how legal access to the site will be obtained:								
Provide details about the difficulty of the project, if applicable (e.g., steep ravines, thick vegetation, no access road, wetlands), how issues will be addressed and how this may affect the cost:								
IV. ABATEMENT PROJECT DETAILS								
Estimated cost of total project (including all dump sites and right-of-way projects): \$								
If it is determined that the project's cost will exceed the approved amount of funding, the applicant must submit a written request to EPD for additional funds.								
Tire carriers and scrap tire processors you plan to use and their permit/approval numbers. For permitted tire carriers and permitted/approved processors, visit <a href="mailto:epd.georgia.gov/scrap-tires">epd.georgia.gov/scrap-tires</a> .								
Tire carrier name:	Permit#:	'ermit#:						
Tire carrier name:	Permit#:	Permit#:						
Scrap tire processor name:	Permit/Appro	Permit/Approval#:						
Scrap tire processor name: Permit/Approval#:								
V. ACKNOWLEDGEMENTS			Yes	No	N/A			
Permitted tire carriers and permitted/approved processors will be used.								
Procurement of contractors will follow current city/county procurement policy.								
Appropriate safety measures will be used while performing scrap tire abatement.								
Liability waivers will be completed.								
If there are any changes in the project after the execution of the agreement, awardee will notify EPD in writing (e.g., estimated cost of cleanup, location of temporary storage sites, carriers/processors, project start/end date).								
Scrap tire removal will begin within 90 days of executed agreement date.								
Final report, reimbursement request, and other required documents will be submitted to EPD 30 days of completing the project(s).								
VI. AUTHORIZATION								
I, the undersigned authorized representative, certify that to the best of my knowledge, the information contained herein is true and correct.								
Signature:	Date:							
Print name:	Title:							
Address:	1							
City:	State: GA	ZIP:						

Send completed application and any supporting materials to:

Georgia Environmental Protection Division, Land Protection Branch c/o Russell Nix, Waste Reduction Unit Manager 4244 International Parkway, Suite 104 Atlanta, GA 30354 EPD Use Only - Project ID#: \_\_\_\_\_