

VIRGINIA POLLUTION ABATEMENT PERMIT APPLICATION
FORM A
ALL APPLICANTS

1. Facility	The land application and recycling of biosolids to agricultural and silvicultural land
	Industrial Permit – Piedmont Regional Office
2. Owner	Synagro Central, LLC
	1681 Tappahannock Blvd, Tappahannock, VA 22560
	804-443-2170
	csnyder@synagro.com and cwhiteside@synagro.com
3. Owner Contact	Caleb Snyder
	Technical Services Manager
	1681 Tappahannock Blvd, Tappahannock, VA 22560
	804-443-2170
	csnyder@synagro.com and cwhiteside@synagro.com

4. Existing permits (e.g., VPA, VPDES; VWP, RCRA; UIC); other:

Agency	Permit Type	Permit Number
DEQ	Biosolids	VPA00584

5. Nature of Business:

Residuals Management

SIC Code(s):

6. Type of Waste:

(check box as appropriate)


	Proposed	Existing
Animal Waste (complete Form B)	<input type="checkbox"/>	<input type="checkbox"/>
Industrial Waste (complete Form C)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Land Application of Municipal Effluent (complete Form D, Part I)	<input type="checkbox"/>	<input type="checkbox"/>
Land Application of Biosolids/Sewage Sludge (complete Form D, Part II)	<input type="checkbox"/>	<input type="checkbox"/>
Reclamation and/or Distribution of Reclaimed Wastewater (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

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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: 7/17/24
Printed Name:	Caleb Snyder	
Title:	Technical Services Manager	