



Pre-Application Meeting Date:

New Facility Change of Information

Please see instructions on second page before filling out the form.

APPLICANT AND FACILITY INFORMATION

1. Applicant (Operator) Name:		2. DEQ Solid Waste Facility ID #:		3. Idaho Secretary of State (SOS) File #:			
Canyon County Solid Waste		SW- 314001					
4. Facility Common / Reference Name:			5. Applicant (Operator) DBA(s):				
Pickles Butte Sanitary Landfill							
6. Name of Facility Contact Person:			7. Facility Contact Title:				
David Loper			Solid Waste Director				
8. Facility Contact Telephone Number:			9. Facility Contact Email:				
208-466-7288			picklesbutte@canyoncounty.id.gov				
10. Facility Contact Mailing Address (street/city/state/zip code):			11. Facility Physical Address (if different than mailing address):				
15500 Missouri Avenue, Nampa, ID 83686							
12. Facility local jurisdictions		a. County: Canyon		b. City (if applicable):			
13. Is the property owned by the Applicant?		a. <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		b. Owner Name: Mailing Address:			
14. Facility Boundaries		a. Total Acreage of Property: 600		b. Acreage of Active Waste Management Activities: 200.5			
15. Describe any contiguous or adjacent facility/property Applicant or Owner owns or controls:		Canyon County owns the adjacent Jubilee Park recreation area.					
16. Facility Information:		Facility Type:		Facility Subtype(s) / Activity(s):			
		a. <input checked="" type="checkbox"/> Municipal Landfill		b. <input checked="" type="checkbox"/> Publicly Owned <input type="checkbox"/> Commercial (additional "Site License" is required)			
		c. <input type="checkbox"/> Tier I Non-Municipal <input type="checkbox"/> Tier II Non-Municipal <input type="checkbox"/> Tier III Non-Municipal <input type="checkbox"/> Site-Specific Classification		d. Check all that apply: <input type="checkbox"/> Transfer Station <input type="checkbox"/> Landfill - Construction and Demolition (C&D) <input type="checkbox"/> Landfill - Industrial <input type="checkbox"/> Nonhazardous Liquid Impoundment (NSWI) <input type="checkbox"/> Waste Septage Disposal Site		<input type="checkbox"/> Incinerator <input type="checkbox"/> Processing - Composting <input type="checkbox"/> Processing - Other <input type="checkbox"/> Petroleum Contaminated Soil (PCS) <input type="checkbox"/> Other	
		e. <input type="checkbox"/> Waste Tire Storage Site					
17. Brief narrative description of the facility:		Pickles Butte Sanitary Landfill is a municipal solid waste facility serving the residents of Canyon County.					

Certification by Responsible Person for Applicant

I hereby certify that I have the authority to represent the Applicant identified above and, based on information and belief formed after reasonable inquiry, the statements and information contained in this and any attached and/or referenced document(s) are true, accurate, and complete.

Signature

Title

Date

Print or Type Name

Instructions for Form SW-G1

All solid waste facilities except those identified by law as "below regulatory concern" are required to have a Form SW-G1 on file with DEQ. Facilities are required to keep the information on Form SW-G1 current and accurate. If any information changes submit a new Form SW-G1 and check the "Change of Information" box at the top of the form.

Facility Information:

1. Provide the name of the legal entity responsible for environmental compliance at the facility. This information should be consistent with the information on the facility's financial assurance and match the information on file with the Idaho Secretary of State. If the facility is doing business (DBA) under a different name please provide that information in Box #5. If the name you provide in Box #1 is part of a larger corporate family (parent company(s) and/or subsidiaries) please provide a brief description of the corporate family in Box #17.
2. If the facility is an existing permitted facility in Idaho, provide the facility identification number. You can find it on your previous Form SW-G1. If the facility is new and does not yet have a Facility ID, leave blank.
3. Provide the file number of the entity listed in Box #1 that has been assigned by the Idaho Secretary of State. If DEQ cannot find an active match you may be required to provide proof of corporate existence and/or good standing.
4. Provide the Common or Reference Name that DEQ may use in its records and correspondence, i.e. "Central Idaho Regional Municipal Landfill" or "Gold Hill Transfer Station." DEQ prefers this name to survive the sale of the facility and does not have to coincide with a DBA.
5. Provide all legal DBAs used by the entity listed in Box #1. If none are used then leave this box blank or put "none."
- 6-9. Provide the name of the primary contact person for compliance matters at this facility, along with his/her title, telephone number, and e-mail address.
10. Provide mailing address where DEQ should mail all official correspondence.
11. Provide the physical address where the facility is located (if different than 10).
12. Provide the Idaho County where the facility is located (12a) and the city if it is within the jurisdiction of a municipality (12b).
13. Indicate whether the entity listed in Box#1 is the same as the owner of record for the real property where the facility is located (a). If the property owner is a different entity or person provide the property owner's information in Box 13b. If you entered a corporate entity in Box #13b then provide the file number of the entity that has been assigned to it by the Idaho Secretary of State.
14. Provide the total number of acres of all contiguous property owned or controlled by the entity listed in Box #1. In Box 14b provide the total number of acres of the active waste management area, including necessary setbacks, and areas of future expansion for which preliminary design plans can be provided. This number should match the acreage currently approved, or to be applied for, in your facility's site certification (See Form SW-S1).
15. Describe any relevant subdivisions of the property, any relevant ownership/control instruments including any leases, or any relevant relationships to surrounding landowners. In simple situations this may be left blank. In complex situations please add pages as necessary.
- 16a-b. If the facility accepts household waste for disposal as those terms are defined in the Idaho Solid Waste Facilities Act (SWFA), check Box #16a and one of the two choices in Box #16b. If the facility does not accept household waste leave Box #16a and #16b blank. If "commercial" is checked in Box #16b the facility will be required to apply for and comply with a "Site License" in accordance with the SWFA.
- 16c-d. If your facility does not accept household waste for disposal the Solid Waste Management Rules will categorize the facility by size and waste types accepted, and the type of operation. At the pre-application conference DEQ provided instruction on how to categorize your facility. Unless the facility is only a waste tire storage site, as defined by the Idaho Waste Tire Act (WTA), then the facility is one of the types identified in Box #16c. Check the appropriate box in #16c and in #16d select all activities in which the facility is engaged.
- 16e. Select Box #16e if the facility is only a waste tire storage site, as defined by the WTA, or if the facility is a type identified in Box #16c AND is engaged in waste tire storage, as defined by the WTA.
17. Provide a brief narrative description of the facility and the activities in which the facility is engaged. Add pages as necessary.

Certification of Truth, Accuracy, and Completeness (by Responsible Official):

Provide the name, title, date, and signature of the facility's responsible official. In some cases DEQ may request evidence of the signatory's authority to represent the facility.