

COMMERCIAL SOLID WASTE FACILITIES  
APPLICATION FOR CERTIFICATE OF NEED  
PURSUANT TO WV CODE 24-2-1c(b)  
PUBLIC SERVICE COMMISSION OF WEST VIRGINIA  
CHARLESTON, WV

CASE NO. \_\_\_\_\_  
(Leave Blank)

1. Applicant Name \_\_\_\_\_ Phone Number

2. Name in which certificate of need will read (*if different from No. 1*).  
\_\_\_\_\_

3. Is proposed certificate holder (choose one from list) \_\_\_\_\_ ?  
*(If holder is corporation, attach list of stockholders owning five percent (5%) or more of the stock along with addresses.)*

4. Does proposed certificate holder hold any other authority from the Public Service Commission? (choose one from list) \_\_\_\_\_

**If so, please describe.** \_\_\_\_\_

5. Is application for a (choose one from list) \_\_\_\_\_ ? (*Attach full description*).

6. Location and address of proposed or existing facility, including phone number, if applicable:

Name \_\_\_\_\_ Phone Number

Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

7. Address of proposed certificate holder, if different. \_\_\_\_\_

8. Describe the proposed or existing geographic area served by the facility. \_\_\_\_\_

9. Number of proposed and/or existing customers served. \_\_\_\_\_

10. Average monthly tonnage presently dispose of, or proposed to be disposed of, at the facility. \_\_\_\_\_

11. Total monthly tonnage of solid waste for which the facility is permitted, and/or is seeking a permit, from the Division of Natural Resources. \_\_\_\_\_

**COMMERCIAL SOLID WASTE FACILITIES  
APPLICATION FOR CERTIFICATE OF NEED  
- CONTINUED -**

12. Has applicant completed permitting process with the Division of Natural Resources? (choose one from list)

If no, what is the status? \_\_\_\_\_

**(Attach copies of any permits or operating authority issued by DNR.)**

13. What is the projected lifespan of the facility? \_\_\_\_\_

14. What is the projected closure date for the facility or **any** part thereof? \_\_\_\_\_

15. What is the total monthly tonnage of solid waste generated within the county? \_\_\_\_\_

16. What is the total monthly tonnage of solid waste generated within the watershed?

17. What are the current capacities and lifespans of other solid waste facilities, if any, located within the county? \_\_\_\_\_

18. What are the current capacities and life spans of other solid waste facilities, if any, located within the watershed? \_\_\_\_\_

19. Name, address and phone number(s) of person to whom staff data requests should be directed.

Name \_\_\_\_\_ Phone Number

Address \_\_\_\_\_ Phone Number

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**ATTENTION: THIS APPLICATION MUST BE ACCOMPANIED BY FINANCIAL DATA WHICH CONFORM WITH RULE 42 OF THE COMMISSION'S RULES AND REGULATIONS GOVERNING THE CONSTRUCTION AND FILING OF TARIFFS OF PUBLIC UTILITIES AND COMMON CARRIERS BY MOTOR VEHICLE.**

VERIFICATION

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_, the \_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_, the applicant or its authorized representative, named in the foregoing application, being duly sworn, state that the facts and allegations contained therein are true, except so far as they are therein stated to be on information, and that so far as they are therein stated to be on information, I believe them to be true.

\_\_\_\_\_  
Affiant

Taken, Sworn to, and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public in and for said County

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_