

***COG DETERMINATION OF CONFORMANCE OF MSW PERMIT APPLICATION
WITH REGIONAL SOLID WASTE MANAGEMENT PLAN***

DATE:

COG:

APPLICANT:

NAME OF FACILITY:

FACILITY TYPE:

AREA AFFECTED:

SITE LOCATION:

SERVICE AREA:

DESCRIPTION OF APPLICATION:

TNRCC PERMIT ENGINEER:

NAME:

PHONE:

COG DETERMINATION OF CONFORMANCE WITH REGIONAL PLAN:

ADDITIONAL COMMENTS:

COG CONTACT:

NAME:

PHONE: