

#### APPLICATION INSTRUCTIONS

Complete the application form and attach all requested information. When the requested information is contained in an attached document, cite the document and page number where the information can be found (Example: <u>See</u> page 14 of the Preliminary Engineering Report).

Please send two copies of the completed application (including all attachments) to:

Virginia Resources Authority ("VRA") 1111 East Main Street, Suite 1920 Richmond, Virginia 23219

Alternatively, an electronic version of the application may be transmitted via email to VRA at loanrequireddocs@virginiaresources.org.

Please note, the application deadline for participation in the fall 2019 Virginia Pooled Financing Program is Friday August 2, 2019.

#### PROGRAM SUMMARY

Authorized Project Areas Wastewater Water Public Safety Local Government Buildings

Solid Waste Airports Transportation Energy

Broadband Parks and Recreation Flood Prevention / Dam Safety

Brownfield Remediation Federal Facility Development

Land Conservation & Preservation Administrative & Operations Systems
Site Acquisition / Development for Economic & Community Development
Oyster Restoration Defective Drywall Correction & Restoration

Terms Up to 30 years, based on expected useful life

Security General Obligation, revenue pledge, or lease purchase (security is subject to VRA

approval)

Rates Based on VRA's "AAA/AA" credit rating

Annual Administrative Fee 0.125% of outstanding principal, paid semi-annually; covers compliance and program

administration costs associated with the loan

Costs of Issuance VRA Loan Origination 0.125% of loan par amount

Legal Based on # of borrowers and loan structure

VRA Financial Advisor Prorated based on loan amount
Ratings Prorated based on loan amount
Trustee Shared equally among borrowers
Underwriter's discount Printing / Electronic Disclosure Shared equally among borrowers

## Complete only applicable sections:

(Use the <Tab> key to navigate the form fields)

The undersigned representative of the applicant certifies that the information contained herein and the attached statements and documents are true, correct and complete to the best of his or her knowledge and belief.

Name
Title
Signature
Date

| Sec | Section I. Applicant Information            |       |  |  |  |  |  |
|-----|---|-------|--|--|--|--|--|
|     |   |       |  |  |  |  |  |
| 1.  | Legal Name of Applicant:                    |       |  |  |  |  |  |
| 2.  | Tax ID#:                                    |       |  |  |  |  |  |
| 3.  | Address:                                    | Add   | ress 1:  |  |  |  |  |
|     |   | Add   | ress 2:  |  |  |  |  |
|     |   | City  | State: Zip:                                    |  |  |  |  |
| 4.  | Phone:                                      |       |  |  |  |  |  |
| 5.  | FAX:  |       |  |  |  |  |  |
|     |   |       | Phone:   |  |  |  |  |
| 6.  | Primary Contact:                            | Nam   | e:<br>E-mail:                                  |  |  |  |  |
|     |   |       | \$ Project Fund Amount                         |  |  |  |  |
| 7.  | Amount of Requeste<br>Proceeds              | d     | \$ Local Costs of Issuance                     |  |  |  |  |
|     |   |       | \$ Total Requested Proceeds                    |  |  |  |  |
| 8.  | Desired Loan Term:                          |       | Years  |  |  |  |  |
| 9.  | Does the locality war capitalize interest?  | nt to | to No Yes If yes, for how many months?         |  |  |  |  |
| 10. | How will the locality invest non-escrow rel |       | ☐ Virginia State Non-Arbitrage Program ☐ Other |  |  |  |  |
|     | bond proceeds?                              |       |  |  |  |  |  |

| Consulting Engir                               | onsulting Engineer and/or Architect                                 |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|
| Firm Name:                                     |   |  |  |  |  |  |  |  |
| Address:                                       | Address 1:  |  |  |  |  |  |  |  |
|  | Address 2:  |  |  |  |  |  |  |  |
|  | City: State: Zip:   |  |  |  |  |  |  |  |
| Phone:   |   |  |  |  |  |  |  |  |
| FAX:   |   |  |  |  |  |  |  |  |
| Contact Name:                                  |   |  |  |  |  |  |  |  |
| Contact Email:                                 |   |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |
| Bond Counsel*                                  |   |  |  |  |  |  |  |  |
| Firm Name:                                     |   |  |  |  |  |  |  |  |
| Address:                                       | Address 1:  |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |
|  | City:   | State: Zip:  |  |  |  |  |  |  |
| Phone:   |   |  |  |  |  |  |  |  |
| FAX:   |   |  |  |  |  |  |  |  |
| Contact Name:                                  |   |  |  |  |  |  |  |  |
| Contact Email:                                 |   |  |  |  |  |  |  |  |
| *local bond counsel should be a na<br>entities | ationally recognized bond counsel firm that currently serves or has | served as bond counsel on debt transactions for governmental |  |  |  |  |  |  |
| Financial Adviso                               | r   |  |  |  |  |  |  |  |
| Firm Name:                                     |   |  |  |  |  |  |  |  |
| Address:                                       | Address 1:  |  |  |  |  |  |  |  |
|  | Address 1:  Address 2:  |  |  |  |  |  |  |  |
|  | City:   | State: Zip:  |  |  |  |  |  |  |
| Phone:   |   | K .  |  |  |  |  |  |  |
| FAX:   |   |  |  |  |  |  |  |  |
| Contact Name:                                  |   |  |  |  |  |  |  |  |
| Contact Email:                                 |   |  |  |  |  |  |  |  |
|  | <u>l</u>  |  |  |  |  |  |  |  |

10. Applicant Consultants

## Section II. Project Description and Budget

| 1. | Attach a description of the proposed project.  |
|----|--|
| 2. | Attach any Preliminary Engineering Report and/or Feasibility Study Report that may have been prepared for this project.  |
| 3. | Attach a project budget. Use the following format, if appropriate:   |
|    | Administrative Architectural/Engineering Project Inspection Construction Contingency Site Costs Equipment Other (Specify) Local Costs of Issuance (Local attorney, bond counsel, and/or financial advisor) Total |

Note: Do <u>not</u> include capitalized interest, debt service reserves, or VRA's cost of financing.

4. Attach an expected draw of loan funds. The total must match the Requested Proceeds in *Section I, item 7*. Use the following format, if appropriate:

Closing

Month 1

Month 2

Month 3

•

Final Draw

# Will other sources of funds, in addition to the VRA loan, be used to construct the project? No Yes If yes, please complete. 1. Estimated Project Funding Sources/Amounts/Status

Specify Sources **Application Submitted Application Approved** Amount 1. \$\_\_\_\_ 1. No Yes 1. No Yes 1. ☐ No ☐ Yes 2. \$\_\_\_ 2. No Yes 2. 3. \$ 3. 4. \$ 4. 5. \$ 5. No Yes 5. No Yes 5.

Note: All other sources listed above plus the amount of funding requested (<u>See</u> Section I, item 7) must equal the project budget (<u>See</u> Section II, item 3).

### Section IV. Project

**Section III. Other Sources of Funds** 

| 1. | Provide actual or projected dates for the following project activities. Some items do not apply to all projects.              |                                    |  |              |                                    |  |  |
|----|---|------------------------------------|--|--------------|------------------------------------|--|--|
|    | Preliminary Engineering Report  | Environmental Asses                | ssment   | <u>Final</u> | Plans and Specifications           |  |  |
|    | PER Completed   | Submitted to<br>Regulatory Agency  |  | Plans        | s and Specs Completed              |  |  |
|    | Regulatory<br>Approval  | Clearance by<br>Regulatory Agency  |  | Regu         | ılatory Approval                   |  |  |
|    | Advertise for Construction Bids   |                                    | Award Con  | struct       | ion Contract(s)                    |  |  |
|    | Receive and Open Construction<br>Bids   |                                    | Constructio<br>(# of days)   | n Cor        | ntract Period                      |  |  |
|    | Date of Adoption of Reimbursemer  | nt Resolution (If Appli            | cable)   |              |                                    |  |  |
|    | Anticipated Timing of Governing Body (Including Participating Jurisdictions, if Applicable) Approval of Project and Financing |                                    |  |              |                                    |  |  |
| 2. | Is all or any part of the project mana operated by a non-governmental ma  |                                    | No Yes If yes, attach copies of management or operating contracts, operating leases or other applicable documents. |              |                                    |  |  |
| 3. | Is all or any part of the project used person or entity (including but not li partnership, any non-profit entity or           | vate                               | ☐ No ☐ Yes If yes, attach details.   |              |                                    |  |  |
| 4. | Is all or any part of the project, owned or entity?   | ☐ No ☐ Yes If yes, attach details. |  |              |                                    |  |  |
| 5. | Is the project available for use on the trade or business?  | in a                               | ☐ No ☐ Yes If yes, attach details.   |              |                                    |  |  |
| 6. | Will the anticipated financing fund v   |                                    | ☐ No ☐ Yes If yes, attach details.   |              |                                    |  |  |
| 7. | Will the anticipated financing involve electricity or property expenses)?   | ve prepayments (ex: pr             | repayment of   |              | ☐ No ☐ Yes If yes, attach details. |  |  |

| Sec | ction        | V. Sources of Funds Pledged for Loan Repayment  |
|-----|--------------|---|
|     |              | $\underline{k}$ the sources of funds to be pledged for the loan payment and <u>include those items listed</u> . More than one source can edged.   |
|     |              | : VRA recommends that the Applicant use the services of a Professional Engineer, Architect or a Certified ic Accountant where appropriate, to assist in providing the following information.  |
|     | 1.           | System Revenues (e.g. water, wastewater, solid waste, etc). Will the System Revenue pledge require parity consent from another lender?  No Yes If yes, attach details.  |
|     | A. B.        | governing body (and any other person or entity required to give approval for the rate increase to become effective).  Attach a yearly projection of recommended allowance for renewal and replacement for a period of five years.  If the Applicant issues debt pursuant to a Master Indenture (See Section VII, item 4), which has an additional bonds test requiring the satisfaction of either a projected or historic coverage calculation, provide the |
|     |              | : Supporting information showing the basis of the above projections <u>must</u> be provided (number of customers, , and basis for renewal and replacements).  |
|     | 2.           | Revenues pledged from special assessments.  |
|     | At<br>A<br>B | period of five years. Attach all supporting information necessary to show the basis of the above special assessment. Include a copy of the local ordinance that authorizes the special assessment.  Revenues pledged from any other source that may be legally available for such purpose including revenues from   |
|     | 3.           | other facilities or a combination of special assessments, revenues from the existing facility and revenues from other sources.  |

#### Attach to application:

- A. A yearly projection of the gross revenues, together with operation and maintenance expenses of the "other" facility for a period of five years.
- B. A yearly projection of recommended allowance for renewals and replacement of the "other" facility for a period of five years.
- C. Legally available revenues pledged from other sources and should include the basis for projection.

|   | 4.   | General Obligation Pledge.       |       |   |    |  |  |  |
|---|--|----------------------------------|-------|---|----|--|--|--|
|   |  |                                  |       |   |    |  |  |  |
|   | 5. <u>Lease of Property/Facility to be financed.</u> |                                  |       |   |    |  |  |  |
|   | For  | collateral related to a lease re | venue | pledge please provide:  |    |  |  |  |
|   | A.   | Copy of Deed                     | B.    | Completed and Signed<br>Environmental Questionnaire and<br>Certificate (provided on VRA<br>website) | C. | Most recent assessed and insured value of Property/Facility to be used as collateral |  |  |
|   | If a   | vailable, attach to application  | ι:    |   |    |  |  |  |
|   | A.   | Survey                           | B.    | Any Environmental Reports   | C. | Title Insurance Policy   |  |  |
|   | D.   | Site Plan                        | E.    | Appraisal   |    |  |  |  |
| П | 6  | Other Please describe            |       |   |    |  |  |  |

#### Section VI. Outstanding Debt

For all revenue based projects, provide copies of all bonds, notes and other obligations, which have a lien on the revenues to be pledged as security and attach the debt service schedule(s) or amortization schedule(s) for each issue. If copies cannot be provided, please provide the following information for each outstanding issue. (Note: it is not necessary to provide copies of bonds that VRA holds).

Title of Bond Issue and/or Name of Lien Holder (ex: Water Revenue Bonds of 1987 - Farmers Home Administration)

Status of the Lien (ex: Senior, Parity or Subordinate)

Original Principal Amount

Issue Date

Final Maturity Date

Type of Security Pledged

**Outstanding Principal** 

Required Debt Service Coverage

Additional/Parity Bonds Tests

Brief Description of Project Financed

- For all real or personal property based projects, provide copies of all bonds, notes and other obligations which have a lien on the property to be pledged as security and attach the debt service schedule(s) or amortization schedule(s) for each issue.
- For all non-revenue, real or personal property based projects (i.e. general-fund supported) provide a summary of all indebtedness on which the applicant is responsible for payment (i.e. G.O., M.O., participation via inter-local agreement or regional authority).
- 4. Attach a debt service schedule based on the applicant's fiscal year showing principal and interest to maturity for each obligation described in items 1, 2 or 3 above, with a summary total for all obligations.

## Section VII. Financial Information

| 1.  | Provide audited financial statements for the last five years, include all notes, schedules and management letters (for regional authorities, please provide audited financial statements for the last five years for all member jurisdictions).  Note: if you currently provide audits to VRA under existing debt obligations, you do not need to provide additional copies. |   |  |  |  |  |  |
|-----|--|---|--|--|--|--|--|
| 2.  | Provide latest interim (unaudited) financial statements (if available).  |   |  |  |  |  |  |
| 3.  | Provide the operating budget for the current fiscal year.  Have there been any abnormal budget amendments over the last five fiscal years?  No Yes If yes, attach details.   |   |  |  |  |  |  |
| 4.  | Provide a brief biography for the primary managers of the organization Town Manager, Finance Director, Director of Utilities), including years finance / public utilities, etc.  | s of experience in local government / public              |  |  |  |  |  |
| 5.  | Is the Applicant rated by Moody's, S&P, or Fitch Ratings?  | No Yes If yes, attach most recent rating agency report.   |  |  |  |  |  |
| 6.  | Does the Applicant have a financial policy in place?   | ☐ No ☐ Yes If yes, attach.                                |  |  |  |  |  |
| 7.  | Does the Applicant have a multi-year capital improvement plan?   | ☐ No ☐ Yes If yes, attach.                                |  |  |  |  |  |
| 8.  | Does the Applicant perform any long-term financial planning and/or revenue and expense forecasting beyond the budget year and CIP?   | ☐ No ☐ Yes If yes, attach.                                |  |  |  |  |  |
| 9.  | Has the Applicant created any plans or policies for resiliency or emergency preparedness?  | ☐ No ☐ Yes If yes, attach.                                |  |  |  |  |  |
| 10. | Is there an existing Master Indenture by which the Applicant issues debt?  | No Yes If yes, attach (including all amendments thereto). |  |  |  |  |  |
| 11. | Are there any service agreements, inter-local agreements, memoranda of understanding, or similar agreements that may affect the anticipated financing?   | ☐ No ☐ Yes If yes, attach details.                        |  |  |  |  |  |
| 12. | Since the date of your latest financial statements, have you issued or authorized any new long-term debt?  | ☐ No ☐ Yes If yes, attach details.                        |  |  |  |  |  |
| 13. | Are there any incidents that have occurred since the date of your last financial statements that would significantly affect your revenues or overall financial condition?  | ☐ No ☐ Yes If yes, attach details.                        |  |  |  |  |  |
| 14. | Have there been any official statements (bond offering prospectuses) issued in the last 5 years?   | ☐ No ☐ Yes If yes, attach most recent.                    |  |  |  |  |  |
| 15. | Is there any pending or potential litigation by or against the Applicant? Have there been any FOIA requests related to the project?  | ☐ No ☐ Yes If yes, attach details.                        |  |  |  |  |  |
| 16. | Are there any other known future material liabilities?   | ☐ No ☐ Yes If yes, attach details.                        |  |  |  |  |  |

| 1.             | Provide a list of the ten largest employers in the Applicant's jurisdiction or service area. Include the following information: |                          |                           |                                     |  |  |  |  |
|----------------|---|--------------------------|---------------------------|-------------------------------------|--|--|--|--|
|                | Name of the firm  |                          |                           |                                     |  |  |  |  |
|                | Approximate numb  | er of employees          |                           |                                     |  |  |  |  |
|                | Type of business  |                          |                           |                                     |  |  |  |  |
| 2.             | Provide a list of the ten larginformation:  | est taxpayers in the App | plicant's jurisdiction or | service area. Include the following |  |  |  |  |
|                | Name of the firm  |                          |                           |                                     |  |  |  |  |
|                | Type of business  |                          |                           |                                     |  |  |  |  |
|                | Percentage of total   | assessed value that each | n represents              |                                     |  |  |  |  |
| 3.             | Most recent assessment:   | \$                       | Date                      | Rate \$ per \$100                   |  |  |  |  |
| 4.             | Last tax change:  | Date                     | % 🔲 Inc                   | rease Decrease                      |  |  |  |  |
| 5.             | Describe any statutory or au  | thorized debt limitation | ns:                       |                                     |  |  |  |  |
|                |   |                          |                           |                                     |  |  |  |  |
| S <sub>0</sub> | Ozali w IV. Bafanali wa   |                          |                           |                                     |  |  |  |  |
| Se             | Section IX. Refundings  |                          |                           |                                     |  |  |  |  |
| 1.             | Attach a description or brea  | ıkdown of the use of th  | e refunded bond proce     | eeds.                               |  |  |  |  |
| 2.             | Are there any unspent refun   |                          |                           | No ☐ Yes If yes, attach amount.     |  |  |  |  |
| 3.             | Have the refunded bonds be  |                          | e refunded?               | □ No □ Yes If yes, attach details.  |  |  |  |  |

Section VIII. Economic Information

## Section X. Water, Wastewater or Solid Waste System Information

| For wastewater, water and solid waste loans, complete the relevant project area form. |   |   |  |  |  |  |
|---|---|---|--|--|--|--|
|   |   |   |  |  |  |  |
| □ V   | Vastewater System   |   |  |  |  |  |
|   |   |   |  |  |  |  |
| 1.  | Attach a description of the wastewater system with an overview of the faci<br>customers, etc.   | lities, age, treatment capacity, number of                                    |  |  |  |  |
| 2.  | Attach a copy of the current rate schedule. Include the date the rates were a are not reflected in the rate schedule (ex: hook-up fees).  | dopted. Please indicate any charges that                                      |  |  |  |  |
| 3.  | Describe the history of rate increases:   |   |  |  |  |  |
|   |   |   |  |  |  |  |
| 4.  | Are there any users of the wastewater system which do not pay in accordance with published rates?   | ☐ No ☐ Yes If yes, attach explanation.  |  |  |  |  |
| 5.  | Are there written agreements with any user(s) of the wastewater system?   | ☐ No ☐ Yes If yes, attach a copy.   |  |  |  |  |
| 6.  | Will a rate increase be needed to support debt service for this project?  | ☐ No ☐ Yes If yes, attach explanation.  |  |  |  |  |
| 7.  | Have there been operating transfers to or from the wastewater system over the past five years?  | No Yes If yes, attach description of the nature and purpose of the transfers. |  |  |  |  |
| 8.  | Are there any subsidy agreements?   | No Yes If yes, describe the nature of the agreement(s) and attach a copy.     |  |  |  |  |
| 9.  | In what ways will the operation and maintenance expenses associated with the system change when the project is complete? Attach an explanation. Cite engineering estimates or other sources as appropriate. |   |  |  |  |  |
| 10.   | Attach a list of the ten largest users of the wastewater system, including peach.   | ercentage usage (or gallons per month) for                                    |  |  |  |  |
| 11.   | Please provide the number of total wastewater system connections for each   | ch of the past five years.  |  |  |  |  |
| 12.   | Have all regulatory approvals necessary for the project been granted?   | ☐ No ☐ Yes If no, please describe status.                                     |  |  |  |  |
| 13.   | Has a Virginia DEQ Certificate to Construct been issued for this project?   | ☐ No ☐ Yes If no, please describe status.                                     |  |  |  |  |
| 14.   | Is the property necessary for the project owned by the Applicant?   | ☐ No ☐ Yes If no, please describe status.                                     |  |  |  |  |
|   |   |   |  |  |  |  |

|     | Water System  |   |  |  |  |  |  |
|-----|---|---|--|--|--|--|--|
|     |   |   |  |  |  |  |  |
| 1.  | Attach a description of the water system with an overview of the facilities, age, treatment capacity, number of customers, etc.   |   |  |  |  |  |  |
| 2.  | Attach a copy of the current rate schedule. Include the date the rates were a   | adopted.  |  |  |  |  |  |
| 3.  | Describe the history of rate increases:   |   |  |  |  |  |  |
| 4.  | Are there any users of the water system which do not pay in accordance with published rates?  | ☐ No ☐ Yes If yes, attach details.  |  |  |  |  |  |
| 5.  | Are there written agreements with any user(s) of the water system?  | No Yes If yes, describe the nature of the agreement(s) and attach a copy.     |  |  |  |  |  |
| 6.  | Will a rate increase be needed to support debt service for this project?  | ☐ No ☐ Yes If yes, attach details.  |  |  |  |  |  |
| 7.  | Have there been operating transfers to or from the water system over the past five years?   | No Yes If yes, attach description of the nature and purpose of the transfers. |  |  |  |  |  |
| 8.  | Are there any subsidy agreements?   | No Yes If yes, describe the nature of the agreement(s) and attach a copy.     |  |  |  |  |  |
| 9.  | In what ways will the operation and maintenance expenses associated with the system change when the project is complete? Attach an explanation. Cite engineering estimates or other sources as appropriate. |   |  |  |  |  |  |
| 10. | Attach a list of the ten largest users of the water system, including percentage usage (or gallons per month) for each.   |   |  |  |  |  |  |
| 11. | Please provide the number of total water system connections for each of   | the past five years.  |  |  |  |  |  |
| 12. | Have all regulatory approvals necessary for the project been granted?   | ☐ No ☐ Yes If no, describe status.  |  |  |  |  |  |
| 13. | If property or additional property is required for the project, is the property owned by the Applicant?   | ☐ No ☐ Yes If no, describe status.  |  |  |  |  |  |
| 14. | Does the Applicant have legal rights to the water source necessary for the project for the life of the anticipated financing?   | ☐ No ☐ Yes If no, describe status.  |  |  |  |  |  |
| 15. | If a new water sources is necessary for the project, has an engineer certified that the water sources is of sufficient quality and quantity?  | ☐ No ☐ Yes If no, describe status.  |  |  |  |  |  |
| 16. | If necessary, has VDH issued a certificate to construct for the project?  | ☐ No ☐ Yes If no, describe status.  |  |  |  |  |  |

| ☐ Solid Waste – New System  | ☐ Solid Waste – New System  |  |  |  |  |  |
|---|---|--|--|--|--|--|
|   |   |  |  |  |  |  |
| Complete this section if you are financing a new solid wa   | aste facility.  |  |  |  |  |  |
| 1. Facility Site:   | T   |  |  |  |  |  |
| Owner:  |   |  |  |  |  |  |
| Legal property description:   |   |  |  |  |  |  |
| Estimated useful life of facility site:   |   |  |  |  |  |  |
| Estimated cost of closure (if applicable):  |   |  |  |  |  |  |
| Planned end use of facility site:   |   |  |  |  |  |  |
| 2. <u>Projected</u> number of tons per day:   |   |  |  |  |  |  |
| 3. Owner of adjoining property which may be used for future facility (if applicable):   |   |  |  |  |  |  |
| 4. Facilities users:  |   |  |  |  |  |  |
| Public Agencies:  |   |  |  |  |  |  |
| Cities/Municipalities:  |   |  |  |  |  |  |
| Private Haulers:  |   |  |  |  |  |  |
| Industrial/Commercial Users:  |   |  |  |  |  |  |
| 5. Are there any local ordinances that <u>require</u> waste disposers to use this Facility?   | ☐ No ☐ Yes  | If yes, attach a   | сору.  |  |  |  |
| 6. Are there any local ordinances that <u>prohibit</u> waste disposers from using this Facility?  | ☐ No ☐ Yes  | If yes, attach a   | сору.  |  |  |  |
| 7. Are there Service Agreements?  | □ No □ Yes  | If yes, attach a   | copy.  |  |  |  |
| For any new Facility, or for any expansion or implication facility, indicate whether the plans or proposals for of the facility are consistent with: (i) the regulation Virginia State Waste Management plan; (iii) the second regulations of the Virginia Waste Management Bound Control Board, the Virginia Air Pollution Control Department of Health; and (iv) local comprehension, please describe the inconsistencies and the strinconsistencies. | or the new or impons of the USEPA standards, policy oard, the Virginia Board and the Vive plans and cur | oroved portion<br>a; (ii) the<br>actions and<br>a State Water<br>Virginia<br>rent zoning? If | ☐ No ☐ Yes If no, describe the inconsistencies and the steps proposed to remedy these inconsistencies. |  |  |  |
| 9. By execution hereof, applicant certifies that the Fa waste management facility under the Virginia solid  | d waste regulation  |  | ted as a duly permitted solid  |  |  |  |
| Does, or will, the use of the facility result in of leachate or runoff, treated or untreated, in waterbody or watercourse or into groundwat   | to any  |  | If yes, has a permit been ch discharge? \( \subseteq \text{No} \subseteq \text{Yes}                    |  |  |  |
| Does, or will, the use of the Facility affect an quality?   | mbient air  |  | If yes, has any permit, permits, been obtained with effect?  No Yes                                    |  |  |  |
|   |   |  |  |  |  |  |

|      | Solid Waste – Existing System  |  |                  |                      |            |        |  |
|------|--|--|------------------|----------------------|------------|--------|--|
| Comi | plete this section if  | you are financing additions/e                              | exnan            | sions t              | o an e     | existi | ting Solid Waste System or if revenues are to be   |
|      | pledged from the operation of an existing Solid Waste Sys  |  |                  |                      |            |        | ang sona waste system of it revenues are to se   |
| 1.   | Type of system:  |  |                  |                      |            |        |  |
| 2.   | Location of syste  | m:   |                  |                      |            |        |  |
|      | Address  |  |                  |                      |            |        |  |
|      | City   |  | VA               | ZIP                  |            |        |  |
|      | County   |  |                  |                      |            |        |  |
| 3.   | Current system:  |  |                  |                      |            |        |  |
|      | Site description:  |  |                  |                      |            |        |  |
|      | Estimated remain   | ing useful life of the system:                             |                  |                      |            |        |  |
|      | Estimated cost of  | closure (if applicable):                                   |                  |                      |            |        |  |
|      | Planned end use  | of system site(s):   |                  |                      |            |        |  |
| 4.   | Current aggregate  | e number of tons per day:                                  |                  |                      |            |        |  |
| 5.   | Current and histo  | oric tipping fees:   |                  |                      |            |        |  |
| 6.   |  | ty owner which may be used (where applicable):             | for fu           | ture                 |            |        |  |
| 7.   | Facilities users:  |  |                  |                      |            |        |  |
|      | Public Age   | encies:  |                  |                      |            |        |  |
|      | Cities/Mun   | nicipalities:  |                  |                      |            |        |  |
|      | Private Ha   | ulers:   |                  |                      |            |        |  |
|      | Industrial/C   | Commercial Users:  |                  |                      |            |        |  |
| 8.   | Are there any loc disposers to use t   | al ordinances that <u>require</u> was his Facility?        | ste              | ☐ No                 | ) [ ] Y    | Yes    | If yes, attach a copy.   |
| 9.   | Are there any loc  | al ordinances that <u>prohibit</u> was sing this Facility? | iste             | ☐ No                 | · 🗌 Y      | Yes    | If yes, attach a copy.   |
| 10.  |  | Agreements in place with                                   |                  | ☐ No                 | ) <u> </u> | Yes    | If yes, attach a copy.   |
| 11.  | Please provide th  | ne following information as a                              | n atta           | chmen                | ıt.        |        |  |
|      | A) Describe all material citizen or neighbor compla operations.  |  |                  |                      | or lav     | vsuit  | ts and their resolution with regard to the facility's  |
|      | Describe all material complaints, notices of violation or non-compliance actions, lawsuits or threats of action or lawsuit by the U.S. Environmental Protection Agency (USEPA), Virginia Waste Management Board, Virginia State Water Control Board, Virginia Air Pollution Control Board, Virginia Department of Health or any local office or agency charged with environmental or zoning compliance or enforcement. Describe the resolution of all such matters with regard to the facility's operations. |  |                  |                      |            |        |  |
|      | C) and restrict materially   | tions, court decisions, zoning                             | proffe<br>of the | ers, spe<br>e Facili | cial e     | excep  | cility imposed by contracts, recorded covenants ption or conditional use permits, which may system of which it is a part. Attach a copy of all |

| 12. | Provide information detailing current annual operation and maintenance expenses.  |  |  |
|-----|---|--|--|
| 13. | Describe the nature and extent of the applicant's liability insurance coverage.   |  |  |
| 14. | For <u>each</u> permitted solid waste facility within the same service area as applicant, please provide the following information: |  |  |
|     | Name of facility and type of facility   |  |  |
|     | Operator  |  |  |
|     | Location  |  |  |
|     | County  |  |  |
|     | Status of Facility  |  |  |
|     | Estimated Date of Closure   |  |  |
|     | Number of Tons Per Day  |  |  |
|     | Tipping Fee Per Ton   |  |  |
|     |   |  |  |

# Section XI. Public Safety Facility Information

| 1. | Attach a description of the public safety facilities owned and/or operated in                              | your locality (include a brief description of |  |
|----|--|---|--|
|    | the facilities, age, current and projected usage, etc.).   | -   |  |
| 2. | In what ways will the operation and maintenance expenses associated with                                   | the facilities or communication system        |  |
|    | change when the project is complete? Attach an explanation. Cite engineering estimates or other sources as |   |  |
|    | appropriate.   | -   |  |
| 3. | If the project to be financed is a volunteer fire/rescue facility, does the                                |   |  |
|    | volunteer organization have a Section 501(c)(3) certification from the                                     | ☐ No ☐ Yes If yes, attach a copy.             |  |
|    | Internal Revenue Service?  |   |  |