|  |  |
| --- | --- |
| **Type of Contractor:**    Environmental Emergency Response  Spill Remediation  Asbestos Inspection  Asbestos abatement  Environmental Investigation/Testing  Phase I, II and III ESA  Solid Waste Transportation & Disposal  Hazardous Waste Transportation & Disposal  **Contractor name, mailing address, contact person, contact's phone number, email address:**      Facility name, address, contact person, contact's phone number:      **# years in operation:** | Parent Company, if applicable:    Previous name/Owners of Facility, if applicable:    **EPA ID No(s):**        Pollution Liability Insurance in place: include insurance carrier, policy limits, expiration dates and A.M. Best Rating of carrier: |

**I. GENERAL QUESTIONS FOR ALL CONTRACTORS**

**A. DESCRIBE SERVICES FOR GTC AND YEARS OF EXPERIENCE OF THIS TYPE:**

**B. LIST AND PROVIDE COPIES OF ALL FEDERAL, STATE AND LOCAL PERMITS, LICENSES, AND OTHER AUTHORIZATIONS THAT ALLOW YOU TO PROVIDE YOUR SERVICES FOR GTC (FULL COPIES ARE NOT REQUIRED; PROVIDE ONLY THE FRONT AND/OR CERTIFICATION PAGE).**

|  |  |  |
| --- | --- | --- |
| Permit Type | Permit # | Issuing Agency/Contact Name |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**C. DESCRIBE HOW SUCH PERMIT OR LICENSE REQUIREMENTS WILL BE SATISFIED:**

**D. DESCRIBE THE CONTRACTOR'S ENVIRONMENTAL NON-COMPLIANCE HISTORY:**

**E. LIST AND THEN SUBMIT COPIES OF ALL PAST AND PRESENT NOTICES OF VIOLATION AS WELL AS PENDING AND ACTUAL ADMINISTRATIVE, CIVIL AND/OR CRIMINAL ENVIRONMENTAL ENFORCEMENT ACTIONS, ISSUED OR COMMENCED BY ANY LOCAL, STATE AND FEDERAL ENVIRONMENTAL AGENCY IN THE PAST FIVE YEARS PERTAINING TO THE CONTRACTOR. DESCRIBE ACTIONS TAKEN IN RESPONSE.**

**F. LIST ANY INTENDED SUBCONTRACTORS, THEIR ENVIRONMENTAL COMPLIANCE HISTORY, IF KNOWN, AND YEARS OF EXPERIENCE WITH SUCH SUBCONTRACTORS:**

G. DESCRIBE AND ATTACH COPIES OF ANY AGREEMENTS WITH SUBCONTRACTORS IDENTIFIED IN SECTION F. ABOVE. IN ADDITION, DESCRIBE ANY TRANSFER OF OWNERSHIP OF GTC WASTE FROM THE CONTRACTOR TO SUBCONTRACTORS WHO ARE PERFORMING WASTE DISPOSAL OR WASTE TRANSPORTATION SERVICES. ATTACH FLOW DIAGRAMS DEPICTING SUCH TRANSFER(S).

**H. LIST AND PROVIDE COPIES OF ALL CERTIFICATES OF INSURANCE FOR THIS SERVICE, INCLUDING ANY INTENDED SUBCONTRACTORS' CERTIFICATES OF INSURANCE:**

**II. QUESTIONS FOR SCRAP METAL, WASTE DISPOSAL AND/OR TRANSPORTATION CONTRACTORS**

1. **PROVIDE THE NAME, ADDRESS, CONTACT PERSON AND TELEHONE NUMBER OF THE CONTACT PERSON FOR THE FACILITY WHICH IS THE DESTINATION OF THE GTC WASTE THAT YOU HANDLE:**

**B. LIST WASTE MATERIALS THAT CAN BE ACCEPTED AT THE DESTINATION FACILITY:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Physical Characteristics** | **Yes** | **No** | **Packaging Requirements** | **Yes** | **No** |
| a. liquids |  |  | a. liquids - bulk loads |  |  |
| b. sludges |  |  | b. solids - bulk loads |  |  |
| c. solids |  |  | c. liquids – drummed |  |  |
| d. debris |  |  | d. solids - drummed |  |  |
| e. gases |  |  | e. rail access |  |  |
| f. wire and cable |  |  | f. |  |  |
| g. ferrous metals |  |  | g. |  |  |
| h. non-ferrous metal |  |  | h. |  |  |

**C. ARE THERE ANY PRESENT/HISTORICAL KNOWN RELEASES FROM THE FACILITY OR KNOWLEDGE OF WATER, SOIL OR GROUNDWATER CONTAMINATION AT ANY FACILITY RECEIVING GTC MATERIAL? Yes**  **No**

**If yes, provide list of historical spill/release records and corrective actions taken at Facility. Provide status of any cleanup initiatives and agency name, contact person and phone number. Use additional sheets if necessary.**

**D. LIST REGULATORY AGENCY CONTACTS MOST FAMILIAR WITH THE FACILITY**

**OPERATIONS AND ITS REGULATORY COMPLIANCE HISTORY (e.g., facility inspectors,**

**permit writers, etc.)**

**E. LIST THE AGENCY, INSPECTOR'S NAME, DATE AND RESULTS OF THE LAST FACILITY INSPECTION BY AN ENVIRONMENTAL REGULATORY AGENCY.**

**III. QUESTIONS FOR WASTE TRANSPORTERS**

1. **Transporter ID No(s):**

1. **Motor Carrier Safety No(s):**

**C. List Motor Carrier Rating: US DOT** **State**

**If rating is other than "satisfactory" OR if accident, vehicle out-of-service rates, or driver out-of-service rates are above national average, provide copies of USDOT/State Inspection Vehicle Records for past two years.**

1. **List USDOT and State Motor Carrier, EPA/State RCRA, TSCA and Solid Waste Violations for past**

**two years.**

**IV. CONFLICT OF INTEREST**

1. **Does any Director, Officer or Employee of Georgia Transmission Corporation, Family of Companies (FOC) or any Electric Membership Cooperative (“EMC”) in Georgia own any portion of your Company?**  **Yes**  **No**

**If “Yes,” state person’s name, position, address, degree of ownership and with which EMC.**

1. **Does any Director, Officer or Employee of Georgia Transmission Corporation, FOC or any EMC now serve, or has ever served, as an officer of your Company?  Yes  No**

**If “Yes,” state person’s name, position, address, the specific period served and with which EMC.**

1. **Are you or any company officer employed by the FOC or an EMC?**  **Yes**  **No**
2. **State whether you, your predecessors, affiliates, officers or directors have been a party in any lawsuit or arbitration proceeding during the previous three years. If so, please identify the proceeding, the parties, the nature of the dispute and the ultimate result.**

     

**V. OTHER COMMENTS**

**VI. COMPLETED BY** (print name**):**

**SIGNATURE:**

**DATE:**