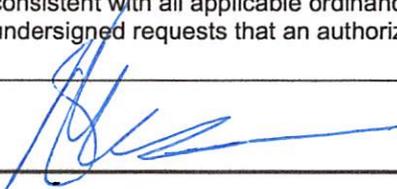


VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY - AIR PERMITS LOCAL GOVERNING BODY CERTIFICATION FORM	
Business Entity Name (same name on file with the Virginia SCC) S. L. Williamson Co., Inc.	Registration Number: 81805
Applicant's Name: Blair K. Williamson, President	Name of Contact Person at the site: Deming Massie, Plant Manager
Applicant's Mailing address: 1230 River Rd., Charlottesville, VA 22901	Contact Person Telephone Number: 434-531-0775
Facility location (also attach map): 2617 Redhill Road, North Garden, VA 22959	
Facility type, and list of activities to be conducted: Astec hot mix asphalt plant and manufacture of asphalt	
The applicant is in the process of completing an application for an air pollution control permit from the Virginia Department of Environmental Quality. In accordance with § 10.1-1321.1, Title 10.1, Code of Virginia (1950), as amended, before such a permit application can be considered complete, the applicant must obtain a certification from the governing body of the county, city or town in which the facility is to be located that the location and operation of the facility are consistent with all applicable ordinances adopted pursuant to Chapter 22 (§§ 15.2-2200 <i>et seq.</i>) of Title 15.2. The undersigned requests that an authorized representative of the local governing body sign the certification below.	
Applicant's signature: 	Date: 01/06/2023
<p>The undersigned local government representative certifies to the consistency of the proposed location and operation of the facility described above with all applicable local ordinances adopted pursuant to Chapter 22 (§§15.2-2200 <i>et seq.</i>) of Title 15.2. of the Code of Virginia (1950) as amended, as follows:</p> <p>(Check one block)</p> <p><input type="checkbox"/> The proposed facility is fully consistent with all applicable local ordinances.</p> <p><input type="checkbox"/> The proposed facility is inconsistent with applicable local ordinances; see attached information.</p>	
Signature of authorized government representative:	Date:
Type or print name:	Title:
County, city or town:	

[THE LOCAL GOVERNMENT REPRESENTATIVE SHOULD FORWARD THE SIGNED CERTIFICATION TO THE APPROPRIATE DEQ REGIONAL OFFICE AND SEND A COPY TO THE APPLICANT.]