



K A N S A S

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DEPARTMENT OF HEALTH AND ENVIRONMENT

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Disposal of Solid Waste Without a Permit
Disposal of Solid Waste Resulting from a Transportation Accident
Authorization Application

Applicant Information

First Name _____ Last Name _____

Company Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Disposal Information

Type of waste _____

Amount of waste _____

How was waste generated? _____

Date disposal will begin _____

Projected date disposal will end _____

Disposal Site Information

County _____ 1/4 _____ 1/4 _____ Sec _____ T _____ R _____

Property Owner _____

Location Address _____

City _____ State _____ Zip _____

Location Phone _____

**I, _____, the property
owner, agree to allow this property to be used for this disposal purpose.**

