



K A N S A S

DEPARTMENT OF HEALTH AND ENVIRONMENT

Application for Storage and/or Transfer of Solid Waste by a Local Government Resulting from a Natural Disaster Storage and/or Transfer Without a Permit Authorized by K.S.A. 65-3407c(a)(7)

Applicant Information

Governmental Authority Requesting Exemption _____

Contact First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-Mail _____

Waste Information

Type of waste _____

Amount of waste _____

How was waste generated? _____

Date storage will begin. _____

Projected date waste will be processed or transferred from site. _____

Storage and/or Transfer 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 storage and transfer purpose.***

Disposal Site Information

Facility Name _____ Permit Number (if applicable) _____

Contact First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-Mail _____

Application shall be made by the local governmental authority having jurisdiction over the area.

The local governmental authority agrees to the following:

- 1. A site cleanup and closure plan should be developed and submitted to the department within 60 days of approval of the site by KDHE. No additional waste may be brought to the site following the date specified in the department’s approval, unless a subsequent request for time extension is approved.
- 2. The local governmental authority shall provide for complete removal of the waste from the site.

Signature of the Local Governmental Authority taking responsibility for the site:

Name _____

Position/Title _____

Signature _____ Date _____

(This section to be completed by local governmental or zoning authority having jurisdiction over the disposal site.)

Approved by _____ Date _____
(local governmental or zoning authority)

Name _____ Position/Title _____
(printed)

Signature _____

Once completed, return pages 1 and 2 to KDHE-Bureau of Waste Management. The applicant shall not commence storage activities unless/until written approval is issued from KDHE-Bureau of Waste Management.