



K A N S A S

DEPARTMENT OF HEALTH AND ENVIRONMENT

PERMIT APPLICATION FOR A HOUSEHOLD HAZARDOUS WASTE FACILITY

1. Applicant's Name _____
Address _____
(Street or Rural Route) (City & State) (Zip)
Person to contact _____ Title _____
Phone _____ Fax _____ E-mail (optional) _____
2. Applicant Type
State Agency _____ Private Individual or Firm _____ County _____ City _____ Township _____
If other - explain _____

3. Site Address _____
(Street Number, Road, Highway) (City)
4. Site Location
County _____, 1/4 Section _____, Section _____, Township _____, Range _____
5. Is this facility consistent with an officially adopted county solid waste management plan?
Yes ___ No ___ If yes, identify that plan _____
6. This application restricts the site by the following definitions:

"Household hazardous waste facility" means a facility established for the purpose of collecting, accumulating and managing household hazardous waste and may also include small quantity generator waste or agricultural pesticide waste, or both. Household hazardous wastes are consumer products that when discarded exhibit hazardous characteristics.
7. Attach a copy of the Facility Design Plan, Operating Plan, and Closure Plan per the enclosed *HHW Standard Permit Format*.

8. Is the site an existing processing facility? ____ Is the site a proposed new processing facility? ____
 9. Site owned by applicant _____ Site leased by applicant _____

If site is leased, please fill in the following information:

Owner of Record _____

Address _____ City _____ State _____ Zip _____

Lease negotiated in (year) _____

Number of years remaining on lease _____ Include copy of lease.

10. Hours of Operation
 (An employee must be present at this site during these hours of operation)

DAY	MON	TUE	WED	THU	FRI	SAT	SUN
HOUR							

11. Attach a copy of "**Certificate of Insurance**" for proof of liability of insurance in accordance with KAR 28-29-2201. The coverage shall include coverage of the premises and operations, including operations of independent contractors.

12. Service Areas

a. Processing facility to serve:

City _____ Township _____ County _____ Business _____ Others _____

b. Will site be open to the general public? Yes ____ No ____

c. Population data:

1. Population served by processing facility: Now _____ Next 10 Years _____

2. Total area population: Now _____ Next 10 years _____

13. Attach a copy of the third party **closure cost estimate** submitted on the form *Household Hazardous Waste Closure Estimate Renewal Worksheet provided by the Department*.

14. Private entities are required to submit a financial assurance instrument for the amount calculated on the closure cost estimating worksheet. Allowable financial assurance methods are listed in K.A.R. 28-29-2101. **This financial assurance instrument must be received prior to the beginning of the public notice period.**

15. Attach the completed "**DISCLOSURE STATEMENT**" provided by KDHE.

16. Three copies each of the completed application and attachments are required; however only one copy should be submitted for the department's initial review.

17. Comments:

Permit Fee Enclosed _____ Performance Bond Posted (if required by local agency) _____

Signature of Applicant

Name (Print or Type)

Title

Organization

Date

HHW FACILITY CERTIFICATION

Applicant's Name _____

As specified in K.S.A. 65-3407 Permits to construct, alter or operate solid waste processing facilities and solid waste disposal areas, the secretary shall require the following information as part of this application:

Solid Waste Management Plan Consistency

- (1) Certification by the board of county commissioners or the mayor of a designated city responsible for the development and adoption of the solid waste management plan for the location where the processing facility or disposal area is or will be located that the processing facility or disposal area is consistent with the plan. This certification shall not apply to a solid waste disposal area for disposal of only solid waste produced on site from manufacturing and industrial processes or from on-site construction or demolition activities.

The Facility Or Disposal Area Is Consistent With Solid Waste Management Plan

The Facility Or Disposal Area Is Not Consistent With Solid Waste Management Plan

Name (Print or Type)

Signature

Title

Date

County or City

Street Address

City, Zip Code

Zoning or Land Use Consistency

- (2) If the location is zoned, certification by the local planning and zoning authority that the processing facility or disposal area is consistent with local land use restrictions or, if the location is not zoned, certification from the board of county commissioners that the processing facility or disposal area is compatible with surrounding land use.

Zoned

The Facility Or Disposal Area Is Consistent With Local Land Use Restrictions Or Zoning

The Facility Or Disposal Area Is Not Consistent With Local Land Use Restrictions Or Zoning

Not Zoned

The Facility Or Disposal Area Is Compatible With Surrounding Land Use

The Facility Or Disposal Area Is Not Compatible With Surrounding Land Use Zoned

Name (Print or Type)

Signature

Title

Date

Agency or County

Street Address

City, Zip Code

If a special use permit is required, please attach a copy to this application.