



K A N S A S

DEPARTMENT OF HEALTH AND ENVIRONMENT

**PERMIT MODIFICATION FOR A
SOLID WASTE TRANSFER STATION**

1. Applicant's Name _____
Address _____
(Street or Rural Route) (City & State) (Zip)
Person to contact _____ Title _____
Phone _____ Fax _____ E-mail (optional) _____
2. Current Permit Number _____
3. Site Address _____
(Street Number, Road, Highway) (City)
4. Site Location
County _____, 1/4 Section _____, Section _____, Township _____, Range _____
5. Type of Modification Requested
____ Operational
____ Structural
6. Summarize the overall purpose and extent of requested modifications.

Provide a revised **Operating Plan**

8. Attach a copy of a revised "**Site Plan**", if applicable.

Site Plan:

The following **maps** must be used and included as part of a site plan:

- a. A **site location** map showing section, township, range, and site boundaries. A description of adjacent properties including land use, names and addresses of property owners. If proposed site is adjacent to a public road or street include property across the street or road.
- b. A **site layout drawing** showing the size and location of all pertinent constructed and natural features of the site including roads, fire lanes, ditches, berms, culverts, structures, wetlands, floodways, surface waters and projected site utilization including all site structures (such as buildings, fences, gates, entrances and exits, parking areas, on-site roadways, and signs) and the location of all water supplies.
- d. A **facilities layout drawing** which shows the arrangement of equipment on the site, storage facilities, traffic flow, and waste storage areas.

9. Attach a copy of a revised "**Closure Plan**" as required by KSA 65-3406.

The closure plan shall include:

- a. **When** or under what circumstances the site will be closed;
- b. **How** will the site be properly closed;
- c. A **schedule** for the applicable closure procedures, including the time period for completing the closure procedures; and

10. Attach the completed closure cost estimating worksheet "*Closure Cost Estimate Worksheet for Transfer Station*" provided by KDHE.

11. 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.**

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

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

14. Comments:

Signature of Applicant

Name (Print or Type)

Title

Organization

Date

LOCAL GOVERNMENT CERTIFICATIONS

Applicant's Name _____
Facility Name _____
Facility Location _____
Application Type (new permit, modification, or transfer) _____

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

(m)(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.

I certify that, to the best of my knowledge, the facility described in this application is consistent with the Solid Waste Management Plan.

Name (Print or Type) Signature

Title Date

County or City Street Address State, Zip Code

Zoning or Land Use Consistency

(m)(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.

I certify that, to the best of my knowledge, the facility described in this application is consistent with (check one):
 local land use restrictions/zoning or surrounding land use.

Name (Print or Type) Signature

Title Date

County or City Street Address State, Zip Code

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