



## DIS150 - Natural Disaster Debris: Request for Waiver of the State Solid Waste Tonnage Fee

Waiver of the State Solid Waste Tonnage Fee Authorized by K.S.A. 65-3415b(e)

### Applicant Information (please print or type)

Facility Name	
Facility Permit Number	
Facility Contact Name	
Contact Title	
Contact Phone	
Contact E-Mail	

### Disaster Information

Date of Disaster	
Location	
Brief Description	
Estimated Clean-Up Period	

### Request

*I request a waiver of the Kansas solid waste tonnage fee (K.S.A. 65-3415b) for solid waste that is generated by the natural disaster described above and is disposed of at the solid waste disposal facility described above. All waste received under the conditions of this waiver will be recorded on a log provided by or approved by the Kansas Department of Health and Environment (KDHE). I certify that the tonnage fee will not be collected from the customer for any of the waste that is covered by this waiver.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

### KDHE Approval

Period of Waiver \_\_\_\_\_

\_\_\_\_\_  
Julie Coleman, Director  
Bureau of Waste Management

Date \_\_\_\_\_