



# 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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
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.