APPLICATION FOR SOLID WASTE LANDFILL PERMIT

This application is required for “significant” modifications as defined in Bureau of Waste Management Policy 98-05. This application could also be required for non-significant modifications, based on circumstances.

I. Applicant information:

Applicant's name ____________________________________________

Mailing address ____________________________________________

(Street Address)    (City & State)    (Zip)

Person to contact ________________________________ Title ____________________________________

Telephone (_______)_____________________________ Fax (_______)_____________________________

E-mail address ___________________________________________________________________________

Entity type (check one):

____ Federal Agency   _____ County   _____ Business

____ State Agency    ____ City    _____ Individual

____ County        ____ Township    _____ Other _______________

II. Site information:

Facility name ____________________________________________________________________________

Physical address ______________________________________________________________

(Street Address) (City & State) (Zip)

____ 1/4 of the, _______ 1/4 of the, ______1/4 of, Section _______, Township _______, Range ______

In the following table, fill in total areas and capacities (not just remaining values). “Existing” parameters should match the existing landfill permit and approved plans for an existing facility; or for a new facility leave the “existing” columns blank.

<table>
<thead>
<tr>
<th>Parameters</th>
<th>Existing</th>
<th>Proposed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property area (acres)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Landfill types</td>
<td>MSW</td>
<td>Ind.</td>
</tr>
<tr>
<td>Disposal area (acres)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capacity (tons)</td>
<td></td>
<td></td>
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<tr>
<td>Capacity (cubic yards)</td>
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<tr>
<td>Capacity (years)</td>
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</tr>
</tbody>
</table>

MSW = municipal solid waste landfill (see K.S.A. 65-3402(cc))
Ind. = industrial waste (see K.S.A. 65-3402(x)) landfill; also includes waste tire monofills and asbestos monofills)
C&D = construction and demolition landfill (see K.S.A. 65-3402(v))
III. Type of application (check one):

___ New permit
___ Modification of an existing permit
___ Transfer of an existing permit

IV. Facility type (check all that apply):
(For new permits identify the proposed facility type(s). For modifications or transfers identify the existing facility type(s).)

___ Municipal solid waste landfill
   ___ Subtitle D
   ___ Small arid
___ Industrial landfill
   ___ Asbestos monofill
   ___ Waste tire monofill
   ___ Other (list types of waste): ______________________________________________________
___ Construction & demolition landfill

V. Modifications proposed (if existing facility; check all that apply):

___ Increase property area

___ Increase disposal capacity

___ Add new type of disposal unit
   ___ Municipal solid waste landfill
       ___ Subtitle D
       ___ Small arid
   ___ Industrial landfill
       ___ Asbestos monofill
       ___ Waste tire monofill
       ___ Other (list types of waste): ______________________________________________________
   ___ Construction & demolition landfill

___ Add processing unit (submit separate processing facility permit application form for each type)
   ___ Composting
   ___ Household hazardous waste
   ___ Incinerator
   ___ Land farm
   ___ Transfer station
   ___ Other: ____________________________________________________________________________

___ Other modifications (explain): __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
VI. **Items to submit with this application** (check each item or indicate “NA” for not applicable):

“†” indicates a form is available on the Bureau of Waste Management web site.

For permit modifications (or transfers using this form), only submit items that must be updated. Items submitted in the past that are still effective, correct, applicable, and acceptable do not have to be resubmitted.

___ **Business Concern Disclosure Statement (BCDS)† or Public Entity Disclosure Statement (PEDS)†**

Large companies (100 or more employees) or companies based in other states should use BCDS Form 1. Small companies (less than 100 employees) based in Kansas may use BCDS Form 2.

If the applicant submitted a BCDS to the Bureau of Waste Management within the past three years, then the applicant may either submit: a new, updated BCDS; an addendum to the BCDS to cover the period since the previous BCDS, including a new signed certification; or a signed certification that the previous BCDS is still applicable, that none of the information has changed, and that there is no new information to report.

If the applicant previously submitted a PEDS to the Bureau of Waste Management the Bureau would not normally require a new or updated PEDS.

___ **Proof that the applicant owns the property where the landfill will be located if the landfill is:**

(from K.S.A. 65-3407(m)(3))

(A) A municipal solid waste landfill; or
(B) a solid waste disposal area that has:
   (i) a leachate or gas collection or treatment system;
   (ii) waste containment systems or appurtenances with planned maintenance schedules; or
   (iii) an environmental monitoring system with planned maintenance schedules or periodic sampling and analysis requirements.

OR

___ **Evidence that the applicant leased the property prior to April 1, 1999 if the permit will be for a vertical or lateral expansion contiguous to a permitted solid waste disposal area in operation on July 1, 1999**

___ **Copy of lease agreement (if the property is leased)**

___ **Application fee:**

   ____ $5,000.00 for a new municipal solid waste landfill
   ____ $3,000.00 for a new industrial landfill
   ____ $1,000.00 for a new C&D landfill disposing more than 10,000 tons annually
   ____ $  500.00 for a new C&D landfill disposing more than 1,000 and less than 10,000 tons annually
   ____ $   250.00 for a new C&D landfill disposing less than 1,000 tons annually

Make check payable to: Kansas Department of Health & Environment.

A city, county, or other political subdivision or state agency is exempt from the application and renewal fees.

Application fees are not normally assessed for permit modifications and transfers unless the application constitutes a new permit (e.g., adding a municipal solid waste landfill at an existing C&D landfill).

___ **Waste characterization**

Required for industrial landfills except asbestos monofills, waste tire monofills, and other predetermined inert waste.

Submit Material Safety Data Sheets (MSDS) if available, and/or analysis of chemical constituents.
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___ Leaching tests

   Required for industrial landfills when the waste characterization identifies constituents that pose a risk to groundwater quality.

   Submit leaching test results using an EPA or ASTM method that most closely simulates the landfill environment.

___ Hydrogeologic investigation (see K.A.R. 28-29-104(b))

   Required for all municipal solid waste landfills, and required for industrial landfills used for disposal of non-inert waste.

   Hydrogeologic reports may be submitted prior to submission of this application form.

___ Request for Location Demonstration Information Regarding Distance from the Nearest Intake Point of a Public Surface Water Supply System†

___ Location demonstrations (see K.A.R. 28-29-23(d), 102, 302, and Policy 02-02)

___ Agency notifications and requests for comments

   ___ Kansas Biological Survey
   ___ Kansas Corporation Commission
   ___ Kansas Department of Agriculture - Division of Water Resources
   ___ Kansas Department of Wildlife and Parks
   ___ Kansas Geological Survey
   ___ Kansas State Conservation Commission
   ___ Kansas State Historical Society
   ___ Kansas Water Office
   ___ U.S. Department of the Army - Corps of Engineers
   ___ Other

   Input from other agencies may be required.

___ Map and description of abutting properties including location and land use, names and mailing addresses of property owners. If the proposed site is adjacent to a public road, include property across the road.

___ Design drawings and calculations (see K.A.R. 28-29-6, 23, 103, 104, 304, 325)

___ Groundwater monitoring plans and reports (see K.A.R. 28-29-111 through 113)

   Required for all municipal solid waste landfills, and required for industrial landfills used for disposal of non-inert waste.

   Groundwater monitoring plans and reports may be submitted separate from this application form.

___ Operations plan (see K.A.R. 28-29-23, 108, 308, 325)

___ Closure and post-closure plans (see K.A.R. 28-29-12, 121, 304, 321, 325)

___ Closure, post-closure, and estimated life worksheets†
Closure cost estimate worksheets are required for all applications.

Post-closure cost estimate worksheets are required for all new permits, and for significant modifications (or transfers using this form) when the facility includes groundwater monitoring and/or gas monitoring.

Estimated life worksheets are required for all applications involving municipal solid waste landfills.

_____ Construction quality assurance plan (see K.A.R. 28-29-12, 121, 321, 325, and Policy 00-04)

CQA plans must address construction of waste containment structures (liner/bottom and sides of disposal area, final cover) and permanent controls (storm water control structures, leachate collection systems). CQA plans should specify: responsible parties; types and frequencies of tests and observations; pass/fail criteria; methodology for addressing problems; and CQA report contents (summary of construction activities, representative photographs, field notes, test results, as-built drawings, and P.E. certification that the construction was in accordance with the approved plans (or describe any deviations)). CQA activities should generally conform to U.S. EPA’s Technical Guidance Document: Quality Assurance and Quality Control for Waste Containment Facilities (EPA/600/R-93/182). CQA plans must be signed and sealed by a Professional Engineer licensed in Kansas.

_____ Financial assurance† (see K.A.R. 28-29-2101 through 2113)

_____ Liability insurance certificate (see K.A.R. 28-29-2201)

_____ Restrictive covenant† (see K.A.R. 28-29-20)

Submit a draft restrictive covenant for Bureau of Waste Management approval prior to filing it with the Register of Deeds.

_____ Notices of intent for storm water discharge (see <www.kdheks.gov/stormwater>)

Other items may be required if necessary to properly evaluate the application and satisfy state statutes, regulations, policies, and standards. Bureau of Waste Management staff will identify any additional requirements during the review process.

VII. Other facility information:

A. Land characteristics (general description)

____________________________________________________________________________________

B. Estimate existing site acreage devoted to the following uses:

   Heavily wooded _______
   Light brush _______
   Grasses or pasture _______
   Cultivated _______
   Cleared or developed _______

C. Estimated acreage to be cleared ________________

D. Proposed method of clearing ____________________________
E. Onsite soil classification

_________ % Sand
_________ % Silt
_________ % Clay
_________ % Other

F. If sufficient cover material is not available at the site, where will it be obtained?
_________________________________________________________________________________
_________________________________________________________________________________

G. Existing/proposed land use within a one-mile radius (attach land use map if available).

<table>
<thead>
<tr>
<th>Land Use</th>
<th>South</th>
<th>West</th>
<th>North</th>
<th>East</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Commercial</td>
<td></td>
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<tr>
<td>Light industrial</td>
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<tr>
<td>Heavy industrial</td>
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<tr>
<td>Agricultural</td>
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<tr>
<td>Mixed</td>
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</table>

Note “E” for existing and “P” for proposed.

H. Are there any wells within a one-mile radius? Yes ______ No ______

If "Yes" list types and legal descriptions
_________________________________________________________________________________
_________________________________________________________________________________

I. Access roads serving site

City _______  State _______
Township _______  Interstate _______
County _______  Other (explain) ____________________________________________________________________

J. Types of road surface serving the site (indicate whether on or off site)

Concrete _______  Gravel _______
Asphalt _______  Crushed stone _______
Seal coat _______  Dirt _______
Soil cement _______  Other _______________________________________________________________________

K. Service Areas

Disposal site to serve:
City _______  Township _______  County _______  Region _______  Business _______

L. Will site be open to the general public? Yes _______ No _______
M. Population data:

Population served by facility: Now ____________  Next 10 Years ____________
Total area population: Now ____________  Next 10 years ____________

N. Distance to center of service area

Average haul distance (miles one way) ____________

Characteristics of areas adjacent to major haul routes within one-half mile of the site (residential, commercial, schools, agricultural, etc.)

_________________________________________________________________________________
_________________________________________________________________________________

O. Utilities (indicate whether on-site or nearby)

Water source (example: water main, bottled water, well) ___________________________________
_________________________________________________________________________________
Electricity ________________________________________________________________________
Telephone ________________________________________________________________________
Sewer system (example: sanitary, lagoon, septic, privies)___________________________________
_________________________________________________________________________________

P. Hours of operation

<table>
<thead>
<tr>
<th>Days</th>
<th>MON</th>
<th>TUE</th>
<th>WED</th>
<th>THU</th>
<th>FRI</th>
<th>SAT</th>
<th>SUN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Q. Restrictions

Types of solid waste accepted:
____ Residential
____ Commercial
____ Agricultural
____ Industrial
____ Construction/demolition
____ Other _____________________

Types of solid waste not accepted (in disposal area):
____ Putrescible waste
____ Construction/demolition waste
____ Appliances
____ Electronics
____ Asbestos
____ Treated wood
____ Junked automobiles
____ Dead animals
____ Street sweepings
____ Tires
____ Sewage sludge
____ Medical services waste
____ Other (specify) _____________________

R. Employees and equipment

Number of employees on site (average daily) ____________________________________________
Equipment on site (normal operations) ________________________________________________

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S. Fire protection available (specify sources)

Water ________________________________
Firebreak _________________________________________________________________________
Municipal fire department __________________________________________________________

T. Tipping fees, other fees

(Optional) List the anticipated tipping fees and other fees (e.g., surcharge for unacceptable waste). These fees are subject to change without notice, at the permittee’s discretion. ________________________________

U. Estimated disposal rates

<table>
<thead>
<tr>
<th>Parameters</th>
<th>Daily</th>
<th></th>
<th></th>
</tr>
</thead>
</table>
|                      |        | MSW | Ind.
| Number of loads      |        |     | C&D |
| Types of Waste       | MSW    | Ind.| C&D |
| Total tons           | MSW    | Ind.| C&D |
| Total cubic yards    |        |     |     |

V. Proposed post-closure site use(s)

___ Wildlife habitat
___ Recreational
___ Pasture
___ Agricultural
___ Storage
___ Parking
___ Waste management/recycling
___ Industrial
___ Commercial
___ Other

Describe proposed post-closure use(s): _________________________________________________

VIII. Notes:

1. Statutes and regulations, policies, technical guidance documents, forms, and other information are available on the Bureau of Waste Management web site <www.kdhe.state.ks.us/waste>.

2. Call the Bureau of Waste Management at (785) 296-1600 and ask to speak with solid waste permitting staff if you have any questions about landfill requirements.

3. Submit three sets of the completed application form and supporting documents to: Kansas Department of Health and Environment, Bureau of Waste Management, 1000 SW Jackson, Suite 320, Topeka, KS 66612-1366.

4. The following steps occur after an application is received by the Bureau of Waste Management:

   (a) Preliminary evaluation to determine compliance with statutory requirements in K.S.A. 65-3407(c), (d), and (m).
   (b) Completenss review in accordance with BWM Policy 04-02.
   (c) Public meeting per BWM Policy 04-02.
   (d) Technical review to determine compliance with all statutes, regulations, policies, and standards.
(e) Public hearing per K.A.R. 28-29-6a.
(f) Final decision and processing.

5. When a facility receives a permit and begins accepting solid waste for disposal, a $1.00/ton tonnage fee must be paid to the Kansas Department of Health and Environment. Refer to K.S.A. 65-3415b for rules and exceptions.

6. Active facilities must pay an annual permit renewal fee in accordance with K.A.R. 28-29-84. A city, county, or other political subdivision or state agency is exempt from the application and renewal fees.

IX. Applicant’s Certification:

I hereby certify that the information in this application and in the supporting documents is true and correct to the best of my knowledge.

____________________________  ______________________________________
Signature of Applicant   Name (Print or Type)

____________________________
Date

____________________________
Title

____________________________
Organization

X. Local Government Certifications:

See next page.
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.

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