



K A N S A S

DEPARTMENT OF HEALTH AND ENVIRONMENT

**PERMIT APPLICATION 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 _____

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. Site Area (acres) _____

Area to be used by processing facility (acres) _____

Area to be used for storage (acres) _____

7. This application restricts the site by the following definitions:

"Solid waste processing facility" means incinerator, composting facility, household hazardous waste facility, waste-to-energy facility, transfer station, reclamation facility or any other location where solid wastes are consolidated, temporarily stored, salvaged or otherwise processed prior to being transported to a final disposal site. This term does not include a scrap material recycling and processing facility.

"Transfer station" means any facility where solid wastes are transferred from one vehicle to another or where solid wastes are stored and consolidated before being transported elsewhere, but shall not include a collection box provided for public use as part of a county-operated solid waste management system if the box is not equipped with compaction mechanisms or has a volume smaller than 20 cubic yards.

8. Attach a copy of the "**Site Plan**".

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.
 - c. A **FEMA floodplain map** with the site location drawn on it.
 - d. A **facilities layout drawing** which shows the arrangement of equipment on the site, storage facilities, traffic flow, and waste storage areas.
9. Is the site an existing transfer station? _____ Is the site a proposed new transfer station? _____
10. Include **design drawings** for the transfer station building. See K.A.R. 28-29-23a(b) for design requirements. Design drawings must be stamped by a Kansas-licensed Professional Engineer per K.A.R. 28-29-6(b).
11. 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.
12. Refuse from transfer station will be disposed at the _____ municipal solid waste landfill. Permit number _____.
13. Land use permitted under official land use plan within one mile radius (if there is a land use map please attach). (If land is not zoned, use "0"; if land use agrees with zoning, mark "Z"; if land use and zoning do not agree mark "V")

- | | South | West | North | East |
|----------------|-------|-------|-------|-------|
| a. Residential | _____ | _____ | _____ | _____ |
| b. Commercial | _____ | _____ | _____ | _____ |

- c. Light Industrial _____
- d. Heavy Industrial _____
- e. Rural _____
- f. Mixed _____

14. Access roads serving site

- a. City _____
- b. Township _____
- c. County _____
- d. State _____
- e. Interstate _____
- f. Other (explain) _____

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

- a. Concrete _____
- b. Asphalt _____
- c. Seal Coat _____
- d. Soil Cement _____
- e. Gravel _____
- f. Crushed Stone _____
- g. Dirt _____
- h. Other _____

16. Provide a site **Operating Plan** as per requirements of K.A.R. 28-29-23a(c)

17. Utilities (state whether on-site or nearby)

- a. Water (describe) _____
- b. Electricity _____
- c. Telephone _____
- d. Sanitary Sewers _____
- e. Non-Overflowing Waste Stabilization Pond _____
- f. Privies _____

18. Hours of Operation

(An employee must be present at this site during these hours of operation)

DAY	MON	TUE	WED	THU	FRI	SAT	SUN
HOURS							

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

20. 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 _____
21. Estimated Number of Loads Daily (estimate quantities in tons or cubic yards)
- a. Number of loads daily _____
 - b. Quantity: Tons _____ Cubic Yards _____
22. Attach a copy of the "**Closure Plan**" as required by K.S.A. 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; and
 - c. A **schedule** for the applicable closure procedures, including the time period for completing the closure procedures.
23. Attach the completed closure cost estimating worksheet "*Closure Cost Estimate Worksheet for Transfer Station*" provided by KDHE.
24. 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.**
25. Attach the completed "**DISCLOSURE STATEMENT**" provided by KDHE.
26. Submit documentation per BWM Policy 05-01 "Notifying Agencies about Proposed New Solid Waste Facilities and Expansions."
27. Three copies each of the completed application and attachments are required; however only one copy should be submitted for the department's initial review.
28. Comments:
- _____
- _____
- _____
29. Application fee of \$1000. "A city, county, or other political subdivision or state agency shall be exempt from payment of the fee but shall meet all other provisions." (K.S.A. 65-3407(e)).

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.