



DIS230 – Disposal of Solid Waste at a Site Damaged by a Natural Disaster:

Application for On-site Disposal without a Permit

Disposal Without a Permit Authorized by K.S.A. 65-3407c(a)(1)

NOTE: This form may be used for solid waste that has been generated due to a natural disaster or other unusual event. See Item 3 under Application Requirements below.

Applicant Information

Individual or organization name _____

Contact name (printed) _____

Position/Title _____

Mailing address _____

Phone _____ E-mail _____

Waste and Disposal Information

Type of waste _____

Amount of waste _____

How was waste generated? _____

When was waste generated? _____

Date disposal will begin _____ Projected date disposal will end _____

Disposal Site Information

County _____ Legal description $\frac{1}{4}$ _____ $\frac{1}{4}$ _____ Sec _____ Twp _____ Range _____

Disposal site address _____

Property owner: Same as applicant and applicant contact. *[If not the same, complete the following.]*

Property owner _____

Contact name (printed) _____

Position/Title _____

Mailing address _____

Phone _____ E-mail _____

Applicant Requirements

1. Disposal may only take place during the disposal period approved by the Kansas Department of Health and Environment (KDHE).
2. The bottom of the disposal unit will be as far above the static water level as practical.
3. The waste being disposed of will only be waste described in this application (unless approved in writing by KDHE). Household hazardous waste and chemical products should be removed and taken to a licensed facility for disposal.
4. No waste may be brought to the site after the site clean-up is complete.
5. After disposal is complete, the disposal area will be covered with at least of 2 feet of soil and seeded, rocked, or paved (unless otherwise approved in writing by KDHE). The final grades for the area will: be compatible with and not detract from the appearance of adjacent properties; facilitate drainage from the area; and prevent ponding of water.

*Note: The applicant and property owner requirements set forth in this document and approved in writing by KDHE will serve as the site clean-up and closure plan specified in KSA 65-3407c(a)(1).

Additional Applicant and/or Property Owner Requirements [Applicable if initiated by a KDHE representative]

_____ APPLICANT: If additional demolition is required after the event that generated the waste, and the waste is from multiple houses or a public or commercial building, coordinate with KDHE's Asbestos Program before any demolition or debris handling begins.

_____ PROPERTY OWNER: Within 30 days of site closure, prepare and file a restrictive covenant with the County Register of Deeds. Submit a copy of the filed restrictive covenant to KDHE** within 30 days of filing. A restrictive covenant form is available on the KDHE Bureau of Waste Management website (Form DS130).

** Submit information to KDHE by mail to the address at the bottom of page 1 or by email to kdhe.bwmweb@ks.gov

_____ Site-specific requirements applicable to: ___APPLICANT___PROPERTY OWNER

Applicant Certification

I, the applicant or authorized representative, agree to all applicant requirements specified in this document.

SIGNATURE _____ DATE _____

Same as applicant contact on page 1. *[If not the same, complete the following.]*

Name (printed) _____

Position/Title _____

Phone _____ E-mail _____

Property Owner Approval and Certification [If the property owner is the applicant, please sign again.]

I, the disposal site property owner or authorized representative, agree to the following:

1. This property may be used for disposal as described in this document.
2. The applicant may access the site as necessary to operate, clean up, and close the disposal site.
3. The property owner will comply with all property owner requirements specified in this document.

SIGNATURE _____ DATE _____

Same as property owner or property owner contact on page 1. *[If not the same, complete the following.]*

Name (printed) _____

Position/Title _____

Phone _____ E-mail _____

KDHE Authorized Representative Approval

Approved disposal period _____

SIGNATURE _____ DATE _____

Name (printed) _____

Position/Title _____

Phone _____ E-mail _____

Comment _____