



K A N S A S

DEPARTMENT OF HEALTH AND ENVIRONMENT

PERMIT APPLICATION FOR A COMPOSTING 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. 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.

"Composting Facility" means any facility that composts wastes and has a composting area larger than one-half acre.

8. Attach a copy of the facility design plans per the following requirements:

- a. Yard Waste Composting Facility K.A.R. 28-29-25b(d)(1)
- b. Manure Composting Facility K.A.R. 28-29-25c(e)(1)
- c. Livestock Composting Facility K.A.R. 28-29-25d(e)(1)
- d. Source-Separated Organic Waste Composting Facility K.A.R. 28-29-25e(e)(1)
- e. Municipal Solid Waste Composting Facility K.A.R. 28-29-25f(e)(1)

9. Is the site an existing processing facility? ____ Is the site a proposed new processing facility? ____

10. 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.

11. Site characteristics (General Description)

12. Drainage of site (Provide drawings of drainage facilities)

- a. Natural _____ Acres
- b. Storm Sewers _____ Acres
- c. Farm Tile _____ Acres
- d. Open Ditch _____ Acres

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 _____ | d. | State _____ |
| b. | Township _____ | e. | Interstate _____ |
| c. | County _____ | f. | Other (explain) _____ |

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

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

16. Operations plan. The operations plan shall contain information per the following requirements:

- | | | |
|----|--|------------------------|
| a. | Yard Waste Composting Facility | K.A.R. 28-29-25b(d)(2) |
| b. | Manure Composting Facility | K.A.R. 28-29-25c(e)(2) |
| c. | Livestock Composting Facility | K.A.R. 28-29-25d(e)(2) |
| d. | Source-Separated Organic Waste Composting Facility | K.A.R. 28-29-25e(e)(2) |
| e. | Municipal Solid Waste Composting Facility | K.A.R. 28-29-25f(e)(2) |

17. Distance to Principal Community Center

- a. Average haul distance (miles one way) _____
- b. Characteristics of areas adjacent to major haul routes within one-half mile of the site (residential, commercial, schools, agricultural, etc.)

18. 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 _____

19. 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							

20. Attach a copy of the "**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.

21. 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 _____

22. Employees and Equipment

- a. Number of employees on site (average daily) _____
- b. Equipment on site (average usage) _____

23. Fire Protection Available

- a. Water _____
- b. Firebreak _____
- c. Municipal fire protection (specify) _____

24. Estimated Number of Loads Daily (estimate quantities in tons or cubic yards)
- a. Number of loads daily _____
- b. Quantity Tons _____ Cubic Yards _____
25. Attach a copy of the "**Closure Plan**" per the following requirements:
- | | | |
|----|--|------------------------|
| a. | Yard Waste Composting Facility | K.A.R. 28-29-25b(d)(3) |
| b. | Manure Composting Facility | K.A.R. 28-29-25c(e)(3) |
| c. | Livestock Composting Facility | K.A.R. 28-29-25d(e)(3) |
| d. | Source-Separated Organic Waste Composting Facility | K.A.R. 28-29-25e(e)(3) |
| e. | Municipal Solid Waste Composting Facility | K.A.R. 28-29-25f(e)(3) |
26. Attach the completed closure cost estimating worksheet "*Closure Cost Estimate Worksheet for Composting Facility*" provided by KDHE.
27. 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.**
28. Attach the completed "**DISCLOSURE STATEMENT**" provided by KDHE.
29. Three copies each of the completed application and attachments are required; however only one copy should be submitted for the department's initial review.
30. Comments: _____
29. Application fee of \$250. "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

COMPOSTING FACILITY PERMIT CERTIFICATION

Applicant's Name _____

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

(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.

The Facility Or Disposal Area Is Consistent With Solid Waste Management Plan

The Facility Or Disposal Area Is Not Consistent With Solid Waste Management Plan

Name (Print or Type)

Signature

Title

Date

Agency or County

Street Address

City, Zip Code

Zoning or Land Use Consistency

(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.

Zoned

The Facility Or Disposal Area Is Consistent With Local Land Use Restrictions Or Zoning

The Facility Or Disposal Area Is Not Consistent With Local Land Use Restrictions Or Zoning

Not Zoned

The Facility Or Disposal Area Is Compatible With Surrounding Land Use

The Facility Or Disposal Area Is Not Compatible With Surrounding Land Use

Name (Print or Type)

Signature

Title

Date

Agency or County

Street Address

City, Zip Code

If a special use permit is required, please attach a copy to this application.