



# K A N S A S

DEPARTMENT OF HEALTH AND ENVIRONMENT

## PERMIT APPLICATION FOR A SOLID WASTE INCINERATOR

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.

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 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)

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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 \_\_\_\_\_
- 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 operations plan.

- a. General information
  - 1. introduction,
  - 2. general handling procedures for waste received,
  - 3. screening procedures/operations (frequency of complete truck load inspections),
  - 4. fire prevention,
  - 5. special waste handling,
  - 6. vector control,

7. procedures for receiving unauthorized/unacceptable wastes,
8. litter control,
9. site personnel and training operations,
10. records and annual reporting,
11. equipment: list what equipment will be used on site, training for new personnel on equipment, location of fire extinguishes, &
12. contingency plan: a plan of action in case of emergency, temporary shutdown of the facility, a list of emergency numbers in case of fire or inappropriate wastes dumped at the site.

b. Specific incinerator operation information

1. ash handling,
2. ash sampling and testing procedures including which tests will be run,
3. ash disposal,
4. scrubber residue disposal.

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 "**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**" as required by KSA 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;

c. A **schedule** for the applicable closure procedures, including the time period for completing the closure procedures; and

- 26. Attach the completed closure cost estimating worksheet "*Closure Cost Estimate Worksheet for Solid Waste Incinerator*" 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:  


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- 31. Application fee of \$5000. "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)).

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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

# SOLID WASTE INCINERATOR 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	
_____ County or City	_____ 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.