



K A N S A S

DEPARTMENT OF HEALTH AND ENVIRONMENT

PERMIT MODIFICATION REQUEST TO ADD COMPOSTING TO AN EXISTING SOLID WASTE FACILITY

Note: This form may be used to add new cells or activities on land which is currently permitted for the activities listed under item #5 of this form. A new application form will be required if the proposed modification will involve the adding of land area not previously permitted or if the site is not currently permitted as one of the facilities listed under item #5.

1. Applicant's Name \_\_\_\_\_ Address \_\_\_\_\_

(Street or Rural Route) (City & State) (Zip)

Current Permit Number \_\_\_\_\_

Person to contact \_\_\_\_\_ Title \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

2. Site Address \_\_\_\_\_

(Street Number, Road, Highway)

3. Site Location

County \_\_\_\_\_, 1/4 Section \_\_\_\_\_, Section \_\_\_\_\_, Township \_\_\_\_\_, Range \_\_\_\_\_

4. Site Area (acres) \_\_\_\_\_ Area Currently Used for Disposal (acres) \_\_\_\_\_

5. The current site is permitted as a(n)

\_\_\_\_\_ Municipal Solid Waste Landfill (MSWLF)

\_\_\_\_\_ Construction/Demolition Landfill

\_\_\_\_\_ Transfer Station

\_\_\_\_\_ Industrial Landfill

6. The facility will

\_\_\_\_\_ Increase in volume or elevation in excess of that which was originally permitted

\_\_\_\_\_ Add a construction/demolition waste cell

\_\_\_\_\_ Add an industrial waste cell

List specific types of industrial waste which will be disposed in the special waste cell

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Add a tire monofill \_\_\_\_\_ Add a compost site

\_\_\_\_\_ Add a friable asbestos cell (Note: friable asbestos cells can only be placed at an active permitted MSWLF or a site which was previously permitted as an MSWLF)

\_\_\_\_\_ Other; Explain \_\_\_\_\_

DIVISION OF ENVIRONMENT Bureau of Waste Management

CURTIS STATE OFFICE BUILDING, 1000 SW JACKSON ST., STE. 320, TOPEKA, KS 66612-1366 Voice 785-296-1600 Fax 785-296-8909 www.kdheks.gov/waste

**Submit three copies each of the completed application and required attachments.**

7. Attach a copy of the compost 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)

8. Attach a copy of amendments to the "**Operations Report**". \_\_\_\_\_

The operations plan for the compost facility 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)

9. Service Areas

- a. Disposal site to serve:  
City \_\_\_\_ Township \_\_\_\_ County \_\_\_\_ Business \_\_\_\_ Others \_\_\_\_
- b. Will site be open to the general public? Yes \_\_\_\_ No \_\_\_\_

10. Estimated Capacity of the New Area

- a. Cubic yards \_\_\_\_\_
- b. Tons \_\_\_\_\_

11. Attach a copy of amendment to the "**Closure Plan**" and attach a copy of amendments to the "**Post-Closure Plan**" as required by KSA 65-3406. \_\_\_\_\_

The closure plan shall include:

- a. **When** or under what circumstances the new area or cell(s) will be closed;
- b. **How** the new area, cell(s) or facility will be properly closed;
- c. A **schedule** for the applicable closure procedures, including the time period for completing the closure procedures; and
- d. A **description** of the land use after the site is properly closed;

12. Attach a copy of your "**closure and post-closure cost estimates and, if applicable, increased financial assurance**" as required by K.A.R. 28-29-2101 through 28-29-2113.

**Closure cost estimates** must be third party costs required to complete closure for the facility as described in the KDHE Closure Cost Estimate Worksheet Booklet.

Annual **post-closure care estimates** must be third party cost based on a thirty year post-closure care period as described in the KDHE Closure Cost Estimate Worksheet Booklet.

13. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return application and supporting documents to:  
Kansas Department of Health and Environment  
Bureau of Waste Management  
1000 SW Jackson, Suite 320  
Topeka, KS 66612-1366**

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Performance Bond Posted (if required by local agency) \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name (Print or Type)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Date