



DIS240 - Natural Disaster Waste: Local Government Application for Disposal without a Permit

Disposal Without a Permit Authorized by K.S.A. 65-3407c(a)(6)

NOTE: The application must be submitted by the local governmental authority having jurisdiction over the area impacted by the natural disaster.

Applicant Information

Local unit of government _____

Contact name (printed) _____

Position/Title _____

Mailing address _____

Phone _____ E-mail _____

Waste and Disposal Information

Type of waste _____

Amount of waste _____

Date and type of disaster _____

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. The exact location and design of the disposal unit will be determined in coordination with the Kansas Department of Health and Environment (KDHE).
2. Disposal may not begin until this application is approved by KDHE.
3. The waste being disposed of will only be waste generated from the natural disaster described in this application or from additional demolition required because of the natural disaster (unless otherwise approved in writing by KDHE).
4. If additional demolition is required after the disaster and the waste is from multiple houses or a public or commercial building, the applicant will coordinate with KDHE's Asbestos Program before any demolition or debris handling begins.
5. No waste may be brought to the site after the approved disposal period (unless approved in writing by KDHE).
6. 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.

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

_____ 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).

_____ APPLICANT: Within 60 days of site closure, submit to KDHE* a closure report and post-closure plan that includes: (1) an "as-built" sketch or aerial photo (e.g., Google Earth) of the site, showing the location and dimensions of the disposal pit, property lines, and nearby structures, roads, water bodies, etc; (2) the final cover thickness; (3) the estimated quantity (cubic yards) of debris disposed of and if the debris was compacted; (4) the dates of final disposal and completion of cap construction; (5) site storm water drainage characteristics; and (6) plans for long-term site inspection and repair.

_____ APPLICANT: Within 90 days of initial placement of waste, submit a permit modification to KDHE* to incorporate the disposal area into facility permit #_____.

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

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 and close the disposal site, and to perform post-closure maintenance and repair.
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 _____

Local Government or Zoning Authority Approval

I hereby attest that by signing this application below I have the authority to approve of this disposal on behalf of the local governmental or zoning authority having jurisdiction over the disposal location.

Local Gov/Zoning Auth Name _____

SIGNATURE _____ DATE _____

Same as applicant signatory. Same as property owner signatory. *[If not the same as either, complete the following.]*

Name (printed) _____ Position/Title _____

Phone _____ E-mail _____

KDHE Approval

Approved disposal period _____

SIGNATURE _____ DATE _____

Name (printed) _____ Position/Title _____

Phone _____ E-mail _____

Comment _____