



## DIS250 - Natural Disaster Waste: Local Government Application for Storage without a Permit

Storage Without a Permit Authorized by K.S.A. 65-3407c(a)(7)

*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 Storage Information

Type of waste \_\_\_\_\_

Amount of waste \_\_\_\_\_

Date and type of disaster \_\_\_\_\_

Date storage will begin \_\_\_\_\_ Projected date storage will end \_\_\_\_\_

### Storage Site Information

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

Storage 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 storage area will be determined in coordination with the Kansas Department of Health and Environment (KDHE).
2. Storage may not begin until this application is approved by KDHE.
3. The waste being stored 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 storage period (unless approved in writing by KDHE).
6. All waste will be removed from the storage area by the end of the approved storage period (unless otherwise approved in writing by KDHE).

**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 storage as described in this document.
- 2. The applicant may access the site as necessary to operate and clean up the storage site.

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 storage period \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Name (printed) \_\_\_\_\_

Position/Title \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Comment \_\_\_\_\_