



DIS270 - Transportation Accident Waste: Application for Disposal without a Permit

Disposal Without a Permit Authorized by K.S.A. 65-3407c(a)(4)

NOTE: This form is only for non-hazardous wastes disposed of on property adjacent to or near the accident site.

Applicant Information

Individual or organization name _____

Contact name (printed) _____

Position/Title _____

Mailing address _____

Phone _____ E-mail _____

Waste and Accident Information (Note: Food waste must be evaluated by KDA)

Type of waste _____

Amount of waste _____

Date and description of transportation accident _____

Accident site county _____ Legal description 1/4 _____ 1/4 _____ Sec _____ Twp _____ Range _____

Accident site address _____

Disposal Information

Date disposal will begin _____ Projected date disposal will end _____

Disposal site county _____ Legal description 1/4 _____ 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. Disposal may only take place during the disposal period approved by the Kansas Department of Health and Environment (KDHE).
2. The design and construction of the disposal unit will be determined in coordination with KDHE.
3. The waste being disposed of will only be waste described in this application (unless approved in writing by KDHE).
4. No waste may be brought to the site after the approved disposal period (unless approved in writing by KDHE).
5. 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* the following: (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; and (2) plans for site maintenance and repair.

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

_____ Site-specific requirement(s) applicable to: ___ APPLICANT ___ PROPERTY OWNER

Note: The applicant and property owner requirements set forth in this document and approved in writing by KDHE will serve as the closure plan specified in KSA 65-3407c(a)(4)

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, clean up, and close the disposal site.
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 _____

Name (printed) _____ Position/Title _____

Phone _____ E-mail _____

KDHE Authorized Representative Approval

Approved disposal period _____

SIGNATURE _____ DATE _____

Name (printed) _____

Position/Title _____

Phone _____ E-mail _____

Comment _____