



Application for Deferral of Solid Waste Permit per WAC 173-350-710(8)

General Information				
Application Date	County where facility is located			
Company Name, Government Entity, etc.: Name of Applicant (see WAC 173-350.715(3) for appropriate evidence of authority): Applicant's Position in Company or Government Entity:	Applicant is: <input type="checkbox"/> Facility owner <input type="checkbox"/> Facility operator <input type="checkbox"/> Other(specify) _____			
Applicant Mailing Address: Street: City: State: Zip:	Applicant phone: Fax: e-mail address:			
Facility Information				
Name of Facility				
Facility Address: Street: City: State: Zip:	Facility Mailing Address (if different) Street: City: State: Zip:			
Responsible Official: Position at Facility:	Facility phone: Fax: e-mail address:			
Facility Location, if known (at front gate)				
Section	Township	Range	Latitude	Longitude
Facility Site Zoning				
Description of the solid waste handling units for which the facility is requesting deferral:				

Required or Existing Permits at the Facility Site

Type of permit <i>(check box)</i>	Consider for deferral	Need to Obtain	Existing Permit		
			Regulating Authority	Permit #	Expiration Date
<input type="checkbox"/> NPDES permit					
<input type="checkbox"/> Biosolids permit					
<input type="checkbox"/> State waste discharge permit					
<input type="checkbox"/> Conditional use permit					
<input type="checkbox"/> Stormwater permit					
<input type="checkbox"/> Hydraulic permit					
<input type="checkbox"/> DNR Surface mining permit					
<input type="checkbox"/> Flood control permit					
<input type="checkbox"/> Fire permit					
<input type="checkbox"/> Wetlands permit					
<input type="checkbox"/> Air operating permit					
<input type="checkbox"/> DNR Forest Practices					
<input type="checkbox"/> Other					
<input type="checkbox"/> Other					

Addition Information Required

Attach a demonstration that identifies each applicable requirement of chapter 173-350 WAC and a detailed description of how the other environmental permits will provide an equivalent or superior level of environmental protection.

Attach evidence that the facility is in conformance with the approved comprehensive solid waste management plan and/or the approved hazardous waste management plan.

Attach evidence of compliance with chapter 197-11 WAC, SEPA rules (SEPA checklist and Determination of Non-Significance)

Attach other information that the jurisdictional health department or the Department of Ecology has required in accordance with WAC 173-350-710 (8)(d)(vi).

Ecology is an Equal Opportunity Employer.

Signature and Verification of Applicant (Refer to WAC 173-350.715(3) for appropriate evidence of authority)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

_____	_____
(Applicant's Signature – printed)	(Title)
_____	_____
(Applicant's Signature)	(Date)

Notary Public Verification

State of _____	
County of _____	
Signed or attested before me on _____	by _____
(seal or stamp)	_____
	(Signature)
	My appointment expires: _____
	(Date)