



# Renewal Application for a Solid Waste Permit

Permit Number  
(For official use only)

*Under Chapter 173-350 WAC and Chapter 173-351 WAC*

## PART I. General Information

Application Date	County where facility is located
Name of Applicant (see WAC 173-350-715(3) or WAC 173-351-730(7) for appropriate evidence of authority):  Company Name, Government Entity, etc.:  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:

## PART II. Solid Waste Activity/Facility Type

**Identify all solid waste handling activities/facilities that are included in this permit renewal application.**

<input type="checkbox"/> Municipal Solid Waste Landfill Unit per chapter 173-351 WAC <input type="checkbox"/> Municipal Solid Waste Landfill Unit per chapter 173-304 WAC <input type="checkbox"/> Recycling and material recovery per WAC 173-350-210 <input type="checkbox"/> Composting per WAC 173-350-220 <input type="checkbox"/> Land application per WAC 173-350-230 <input type="checkbox"/> Energy recovery and incineration per WAC 173-350-240 <input type="checkbox"/> Anaerobic digester per WAC 173-350-250 <input type="checkbox"/> Transfer station per WAC 173-350-310 <input type="checkbox"/> Drop box facility per WAC 173-350-310 <input type="checkbox"/> Piles used for storage or treatment per WAC 173-350-320	<input type="checkbox"/> Surface impoundment per WAC 173-350-330 <input type="checkbox"/> Tank per WAC 173-350-330 <input type="checkbox"/> Waste tire storage per WAC 173-350-350 <input type="checkbox"/> Moderate risk waste handling per WAC 173-350-360 <input type="checkbox"/> Limited purpose landfill per WAC 173-350-400 <input type="checkbox"/> Inert waste landfill per WAC 173-350-410 <input type="checkbox"/> Other per WAC 173-350-490 (specify) _____
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## PART III. Facility Information

Name of Facility	
Facility Address: Street: City: State:    Zip:	Facility Mailing Address (if different) Street: City: State:    Zip:

## PART IV. Permit Renewal Details

The permit for the above named facility shall reflect current operations and structures present at the facility. To ensure the permit represents the current status of the facility, please check the appropriate box next to the topic listed below. Please provide a short summary in the space provided below for all boxes checked "Yes".

Is there a change in:

Waste stream:	<input type="checkbox"/> Yes	<input type="checkbox"/> No, Refer to current approved application	<input type="checkbox"/> N/A
Waste volumes:	<input type="checkbox"/> Yes	<input type="checkbox"/> No, Refer to current approved application	<input type="checkbox"/> N/A
Plan of operation:	<input type="checkbox"/> Yes	<input type="checkbox"/> No, Refer to current approved application	<input type="checkbox"/> N/A
Env. monitoring plans:	<input type="checkbox"/> Yes	<input type="checkbox"/> No, Refer to current approved application	<input type="checkbox"/> N/A
Closure/Post-Closure plan:	<input type="checkbox"/> Yes	<input type="checkbox"/> No, Refer to current approved application	<input type="checkbox"/> N/A
Financial Assurance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No, Refer to current approved application	<input type="checkbox"/> N/A

Details of any boxes checked "Yes" above, or any other changes (attach additional sheets if necessary):

The applicant shall review information collected from inspections, complaints, or known changes in the operation and provide a summary encompassing the last permit cycle (attach additional sheets if necessary):

## PART V. Signature and Verification of Applicant

(Refer to WAC 173-350-715(3) or WAC 173-351-730(7) 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 Name – printed)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

**Submit this application and any attachments to :**

**The jurisdictional health agency for the county in which the facility is located.**