



# Application for Modification of Solid Waste Handling Permit

*Chapter 173-350 WAC*

**Permit Number  
(For official use only)**

## PART I. General Information

Facility Name:	County where facility is located:
Facility Address: Street: City:                      State:                      Zip:	Current Solid Waste Permit Number: _____ Expiration Date: _____
Name of Applicant: 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 for Which Permit Modification is Requested

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

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

### Part III: Impacts of Chapter 173-350 WAC

**Describe how this regulation has impacted the facility in the following areas**

Identify proposed modifications to the facility operation, including changes to operating, environmental monitoring, closure, or post-closure plan/s. Attach modified plans or amendments to existing plans as applicable. Identify relevant sections of WAC 173-350.

*If you require special accommodations or need this document in a format for the visually impaired, call the Solid Waste Management Program at (360) 407-6900. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.*

Identify proposed modifications to the facility design, if any. Attach construction documents if applicable. Identify relevant sections of WAC 173-350.

What is the time frame for the modification/s?

### PART IV. Signature and Verification of Applicant

[Refer to WAC 173-350-715(3) for appropriate evidence of authority]

\_\_\_\_\_  
*(Applicant Name— printed)*

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

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

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

**Submit this notice and any attachments to both:**

- The jurisdictional health agency for the county in which the facility is located, and
- The Ecology regional office for the region in which the facility is located, provided below.

**Southwest Regional Office**, (360) 407-6300  
Solid Waste Management Program  
P.O. Box 47775, Olympia, WA 98504-7775

**Northwest Regional Office**, (425) 649-7000  
Solid Waste Management Program  
3190 - 160th Ave. SE, Bellevue, WA 98008-5452

**Central Regional Office**, (509) 575-2490  
Solid Waste Management Program  
1250 W Alder Street, Union Gap, WA 98903-0009

**Eastern Regional Office**, (509) 329-3400  
Solid Waste Management Program  
4601 N Monroe, Spokane, WA 99205-1295

