

NOTIFICATION OF PERMIT BY RULE OPERATIONS

Please Type or Print:

I. FACILITY NAME _____

FACILITY ADDRESS/LOCATION _____

CITY _____ STATE _____ ZIP _____

OWNER/OPERATOR _____

ADDRESS _____ TELEPHONE () _____

CITY _____ STATE _____ ZIP _____

AUTHORIZED REPRESENTATIVE _____ TITLE _____

MAILING ADDRESS _____ TELEPHONE () _____

CITY _____ STATE _____ ZIP _____

SIGNATURE _____ DATE _____
(Please sign here)

II. TYPE OF OPERATION (Check only the block for the operation(s) for which you will be responsible)

A. Collection

B. Transfer Station

C. Inert Landfill Is property for disposal site owned leased by applicant?

If leased, Property Owner _____

Address _____

City _____ State _____ Zip _____

D. On-Site Processing or Thermal Treatment Processing Thermal Treatment

E. Wastewater Treatment or Pretreatment Plant Sludge Disposal

III. DESCRIPTION OF OPERATION (Describe briefly the general nature of the proposed operation and list the specific solid waste to be disposed, processed or treated.)

IV. STATUS OF OPERATION (Check) Existing Proposed Projected startup _____ / _____
Month Year

V. AREA TO BE SERVED (List County(s)) _____

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VI. INERT LANDFILL OPERATIONS ONLY:

ATTACH a letter from the host local jurisdiction which states that this operation is in compliance with all applicable local rules and ordinances, including erosion and sediment control.

ATTACH a drawing that documents that no portion of the waste disposal area will be located within one hundred (100) linear feet of any property line or enclosed structure.

VII. INERT LANDFILL, TRANSFER STATION, ON-SITE PROCESSING OR THERMAL TREATMENT OR WASTE WATER TREATMENT OR THERMAL TREATMENT PLANT SLUDGE DISPOSAL OPERATIONS:

ATTACH a street or highway map indicating location of site or facility.

NOTE

INCOMPLETE NOTIFICATIONS WILL BE RETURNED. OPERATIONS MUST MEET THE CONDITIONS IN PARAGRAPH (2) AND THE CONDITIONS IN PARAGRAPH (3) OF SECTION .06 OF THE RULES FOR SOLID WASTE MANAGEMENT IN ORDER TO OPERATE UNDER THE PERMIT BY RULE PROVISION.