

PERMIT NO. _____

JOHNSON COUNTY, KANSAS
ENVIRONMENTAL DEPARTMENT

PERMIT APPLICATION
FOR
OPERATION OF A SOLID WASTE TRANSFER STATION OR RECYCLING/COMPOSTING FACILITY

1. Applicant's Name _____

Mailing Address _____
(Street or Rural Route) (City & State) (ZIP)

Telephone _____

2. Political Subdivision _____
(Unit of Government - County, City, Township)

3. State Agency _____ Private Individual or Firm _____ Other _____

If Other, explain _____

4. Site Location

County _____, Section _____, Township _____, Range _____

5. Type of site applied for: Transfer Station _____ Recycling Facility _____
 Composting Facility _____ Other _____

If Other, explain _____

6. Site Address _____
(Street Number, Road, Highway)

7. Site Area (acres) _____ Area to be used for waste processing (acres) _____

8. Provide Sketch of Site (attach)

9. Site owned by applicant _____ Site leased by applicant _____

If site is leased, please fill in the following information:

Owner of Record _____

Address _____
(City) (State) (ZIP)

Lease negotiated (date) _____ Duration of lease _____

10. Is the site an existing processing facility? _____ Is the site a proposed new site? _____

11. Land characteristics (general description)

12. Drainage (Provide sketch of drainage facilities and contour map)

- a. Natural _____ Acres
- b. Storm Sewers _____ Acres
- c. Farm Tile _____ Acres
- d. Open Ditch _____ Acres

13. Soil Classification - From soil conservation district or county agent
(Do not complete if soil survey or drill logs are attached)

_____% Sand

_____% Silt Tecture Classification

_____% Clay

14. Land use permitted under official land use plan within one mile radius (if there is a land use map, please attach)

	South	West	North	East
a. Residential	_____	_____	_____	_____
b. Commercial	_____	_____	_____	_____
c. Light Industrial	_____	_____	_____	_____
d. Heavy Industrial	_____	_____	_____	_____
e. Rural	_____	_____	_____	_____
f. Mixed	_____	_____	_____	_____

(If land use is not zoned, use "0"; if land use agrees with zoning, mark "Z"; if land use and zoning do not agree, mark "V")

Is site properly zoned for landfill operation?

Yes _____, please attach copy of conditional use permit

No _____, explain _____

15. Are there any nearby water wells? Yes _____ No _____

Location _____

16. Access roads serving the site

- | | | | |
|-------------|-------|--------------------|-------|
| a. City | _____ | d. State | _____ |
| b. Township | _____ | e. Interstate | _____ |
| c. County | _____ | f. Other (explain) | _____ |

17. Types of road surface on site

- | | | | |
|----------------|-------|------------------|-------|
| a. Concrete | _____ | e. Gravel | _____ |
| b. Asphalt | _____ | f. Crushed Stone | _____ |
| c. Seal Coat | _____ | g. Dirt | _____ |
| d. Soil Cement | _____ | h. Other | _____ |

18. Method of Solid Waste Handling

- | | |
|-------------------------|-------|
| a. Compaction | _____ |
| b. Baling | _____ |
| c. Shredding | _____ |
| d. Separation | _____ |
| e. Recycling | _____ |
| f. Composting | _____ |
| g. Other or combination | _____ |

19. Service Areas

a. Transfer or Recycling/Composting Facility to serve:

City _____ Township _____ County _____ Business _____ Other _____

b. Will site be open to the general public? Yes _____ No _____

c. List public and private collectors who are expected to use the (landfill. (If city or county issues collection licenses, attach list of licenses.)

Collector	Private	Public
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

20. Restrictions

a. Types of solid wastes accepted:

- | | | | |
|--------------|-------|------------|-------|
| Residential | _____ | Industrial | _____ |
| Commercial | _____ | Demolition | _____ |
| Agricultural | _____ | Other | _____ |

b. Materials accepted at disposal site:

All Garbage/Rubbish	_____	Large Appliances	_____
Yard Wastes	_____	Demolition Wastes	_____
Waste Oil	_____	Construction Debris	_____
Sewage Solids	_____	Street Sweepings	_____
Junked Automobiles	_____	Tires	_____

Other (specify) _____

21. Employees and Equipment

a. Number of employees on site(s) (average daily) _____

b. Equipment on site (average usage) _____

22. Estimated Number of Loads Daily (estimate quantities in tons or cubic yards)

	Tons	Cubic Yards
a. From public collection vehicles	_____	_____
b. From private collection vehicles	_____	_____
c. From other vehicles (specify) _____		

23. Landfills to which waste is transferred:

Name	Permit #	Waste Type

Current License Fee Enclosed \$ _____

Application Period _____ to _____

Signature of Applicant

Title

Organization

Date

APPLICANT WILL NOT WRITE BELOW THIS LINE

Review by Johnson County Environmental Director

Approved _____

Disapproved _____

Comments _____

Signature of Environmental Director

Date