



11811 South Sunset Drive – Suite 2700, Olathe, Kansas 66061

PERMIT APPLICATION FOR OPERATION OF A SOLID WASTE TRANSFER STATION

PERMIT FEE More than 20,000 tons [] Permit Number _____
Less than 20,000 tons []

Applicant's Name and Title: _____

Site Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Telephone: _____ Fax: _____ Email: _____

Site owned by applicant: [] Site leased by applicant: []

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

Owner of Record: _____

Mailing Address: _____
Street City State Zip

Telephone: _____ Fax: _____ Email: _____

Date lease negotiated: _____ Duration of lease: _____

Political subdivision (unit of government, city, township): _____

State agency: [] Private individual or firm: [] Other: [] Explain other: _____

Site Location:

County: _____ Section: _____ Township: _____ Range: _____

Is the transfer station an existing facility: Yes [] No []

Is an updated operations plan and contingency plan for the transfer station available at the facility:

Yes [] No [] Attach any new or updated plans

Site area (acres): _____ Area to be used for disposal (acres): _____

Attach a copy of the "Site Plan"

The following **maps** must be used and included as part of a **site plan**:

- a. A **site** location map showing section, township, range, and site boundaries. A description of adjacent properties including land use, names and addresses of property owners. If proposed site is adjacent to a public road or street include property across the street or road.
- b. A **site layout drawing** showing the size and location of all pertinent constructed and natural features of the site including roads, fire lanes, ditches, berms, culverts, structures, wetlands, location of all water supplies, floodways, surface waters and projected site utilization including all site structures (such as buildings, fences, gates, entrances and exits, parking areas, on-site roadways and signs).
- c. A **FEMA floodplain map** with the site location drawn on it.
- d. A **facilities layout drawing** which shows the arrangement of equipment on the site, storage facilities, traffic flow and waste storage areas.

Is the site approved by the local governing board: Yes No

Land characteristics (general description):

Drainage (provide drawing of drainage facilities and contour map):

Natural: Acres: _____ Storm sewers: Acres: _____
 Farm tile: Acres: _____ Open ditch: Acres: _____

Soil classification from soil conservation district or county agent (do not complete if soil survey or drill logs are attached):

Sand: _____ % Silt texture classification: _____ % Clay: _____ %

Land use permitted under official land use plan within one mile radius (attach land use map if permitted):

Land not zoned- mark "0"; land use agrees with zoning- mark "Z"; land use and zoning do not agree- mark "V";

	South	West	North	East
Residential:	_____	_____	_____	_____
Commercial:	_____	_____	_____	_____
Light industrial:	_____	_____	_____	_____
Heavy industrial:	_____	_____	_____	_____
Rural:	_____	_____	_____	_____
Mixed:	_____	_____	_____	_____

Is site properly zoned for landfill operation: Yes: No: If no, explain: _____
 (if yes, attach copy of conditional use permit)

Are there any nearby wells: Yes: No:

Access roads serving site:

City: Township: County: State: Interstate: Other:

If other, explain: _____

Type of road surface on site:

Concrete: Asphalt: Seal coat: Gravel: Soil cement: Dirt:

Crushed stone: Other: If other, explain: _____

Method of solid waste handling:

Compaction: Bailing: Shredding: Separation: Recycling: Composting:

If other or combination, explain: _____

Service areas:

Disposal site to serve: City: Township: County: Business: Other:

If other, explain: _____

Will facility be open to the general public: Yes No Facility hours of operation: _____

List public and private collectors who are expected to use the landfill. (Attach license city or county issues collection licenses):

Collector	Private	Public
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

Employees and Equipment:

Average number of employees on site daily: _____

Attach list of equipment on site.

Estimated number of daily loads – specify if in tons or cubic yards:

From public collection vehicles: _____ From private collection vehicles: _____

Other vehicles, specify vehicle and tons or cubic yards: _____

Waste stream:

Types of solid waste accepted:

Residential: Commercial: Agricultural: Industrial: Demolition: Other:

If other, explain: _____

Materials accepted at facility:

Yard waste/ wood debris: Household hazardous waste: Construction debris: Garbage:

Grass clippings: Waste oil: Sewage solids: Street sweepings: Large appliances:

Demolition waste: Other: Specify other: _____

Estimated number of daily loads – specify if in tons or cubic yards:

From public collection vehicles: _____ From private collection vehicles: _____

Other vehicles, specify vehicle and tons or cubic yards: _____

Estimated capacity of site:

In cubic yards: _____ In years: _____

Proposed completed site usage:

Parks: Playgrounds: Agriculture: Parking: Light industrial:

Landfills to which waste is transferred:

Permit number	Name	Waste type
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach a copy of the “Closure Plan” as required by KSA 65-3406

The closure plan shall include:

- a. When or under what circumstances the site will be closed.
- b. How will the site be properly closed

- c. A schedule for the applicable closure procedures, including the time period for completing the closure procedures.
- d. Closure cost estimates must be third party costs and submitted on the proper form found in the Closure Cost Estimating Handbook.

Additional Comments:

Signature of Applicant	Title
Organization	Date

Do Not Write Below This Line

Reviewed by Johnson County Department of Health and Environment
Environmental Program Manager

Approved Disapprove:
 Comments

Signature of Environmental Program Manager	Date
--	------

Current fee enclosed \$ _____ Application period _____ to _____