



# Application for Modification of Solid Waste Handling Permit

**Chapter 173-350 WAC**

<b>Permit Number</b> (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"/> 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 Intermediate solid waste handling per WAC 173-350-310 <input type="checkbox"/> Material recovery facility <input type="checkbox"/> Transfer station <input type="checkbox"/> Bailing and compaction site <input type="checkbox"/> Drop Box  <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 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) _____
---	---

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

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

Impacts on the operation of the facility, if any. Identify relevant sections of 173-350 WAC:
Identify proposed modifications to the facility operation, including development or changes to operating/closure plan/s:

If you require special accommodations or need this document in a format for the visually impaired, call the Waste 2 Resources 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.

What is the time frame for the modification/s?

Impacts on the design of the facility, if any. Identify relevant sections of 173-350 WAC:

Identify proposed modifications to the facility design:

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]

*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 Signature – printed)

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

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

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

**PART VI. Notary Public Verification**

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed or attested before me on \_\_\_\_\_ by \_\_\_\_\_

(seal or stamp)

\_\_\_\_\_  
(Signature)

My appointment expires:

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