



**APPLICATION FOR SITE EVALUATION AND PERMIT TO OPERATE A DISPOSAL SITE**

|                      |  |               |  |        |       |                      |                      |
|----------------------|--|---------------|--|--------|-------|----------------------|----------------------|
| APPLICATION NO.      |  | DATE RECEIVED |  | COUNTY |       | HEALTH DEPT/DISTRICT |                      |
| SITE OPERATOR'S NAME |  | ADDRESS       |  | CITY   | STATE | ZIP CODE             | TELEPHONE NO.<br>( ) |
| OWNER'S NAME         |  | ADDRESS       |  | CITY   | STATE | ZIP CODE             | TELEPHONE NO.<br>( ) |
| LOCATION OF SITE:    |  | COUNTY        |  |        | CITY  |                      |                      |
| DIRECTION TO SITE:   |  |               |  |        |       |                      |                      |

**ATTACH THESE DOCUMENTS WITH THE APPLICATION**

- |   |  |
|---|--|
| 1. ( ) SCALED AND DIMENSIONED SITE PLAN   | 10. ( ) PATHOGEN REDUCTION AND VECTOR CONTROL PLAN       |
| 2. ( ) NUMBER OF ACRES WITH SITE BOUNDARIES                                       | 11. ( ) LAND USAGE AND NITROGEN REQUIREMENT              |
| 3. ( ) STRUCTURES AND OTHER FACILITIES  | 12. ( ) APPLICATION RATE                                 |
| 4. ( ) PROPOSED DISPOSAL AREAS  | 13. ( ) APPROVAL LETTER FROM LOCAL PLANNING AND ZONING   |
| 5. ( ) SET BACK DISTANCES ON/OFF SITE   | 14. ( ) ENDANGERED SPECIES STATEMENT (STATE AND FEDERAL) |
| 6. ( ) NORTH AND PREVAILING WIND DIRECTION  | 15. ( ) DISPOSAL SITE CLOSURE PLAN                       |
| 7. ( ) ACCESS ROADS   | 16. ( ) CERTIFICATION STATEMENT                          |
| 8. ( ) PROPOSED OPERATIONS PLAN   | 17. ( ) WRITTEN CLOSURE PLAN                             |
| 9. ( ) METHODS AND EQUIPMENT FOR APPLICATION,<br>TREATMENT, RECYCLING, OR STORAGE | 18. ( ) OTHER REQUIRED BY CABINET                        |

I, \_\_\_\_\_ do affirm or attest that the information given to the \_\_\_\_\_ Health Department is true and correct to the best of my knowledge.

\_\_\_\_\_  
(Owner Signature) Date

**(TO BE COMPLETED BY THE HEALTH DEPARTMENT)**

**SITE EVALUATION**

| DISPOSAL METHOD       | SITE TOPOGRAPHY | LANDSCAPE POSITION | SOIL TEXTURE | DEPTH TO RESTRICTIVE HORIZON | DEPTH TO WATER TABLE | SOIL DEPTH | AVAILABLE SPACE |
|-----------------------|-----------------|--------------------|--------------|------------------------------|----------------------|------------|-----------------|
| SURFACE APPLICATION   |                 |                    |              |                              |                      |            |                 |
| SHALLOW INCORPORATION |                 |                    |              |                              |                      |            |                 |
| DEEP INCORPORATION    |                 |                    |              |                              |                      |            |                 |

ARE SET BACK DISTANCES MET?  YES  NO If no, list missing setbacks

|                                   |  |  |  |  |                |
|-----------------------------------|--|--|--|--|----------------|
| EVALUATION FEE                    |  | PAID: (check one) <input type="checkbox"/> YES <input type="checkbox"/> NO |  | DATE EVALUATION TO BE CONDUCTED  |                |
| EVALUATION DATE                   |  | CONDUCTED BY   | SITE APPROVED:<br><input type="checkbox"/> YES <input type="checkbox"/> NO | PERMIT TO OPERATE:<br><input type="checkbox"/> YES <input type="checkbox"/> NO | PERMIT NUMBER: |
| COUNTY/DISTRICT HEALTH DEPARTMENT |  | ENVIRONMENTALIST   |  | HEARING REQUESTED: <input type="checkbox"/> YES <input type="checkbox"/> NO    |                |
| OWNER/OPERATOR (MUST BE PRESENT)  |  |  | OWNER/OPERATOR'S SIGNATURE   |  | DATE           |



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