

Solid Waste Facility Permit Application Form

For SHWD Use Only

Facility Name:	SHWD File No.:
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Applicant Information

Name:	Phone:
Address:	
City, State, Zip:	

Landowner Information

Name:	Phone:
Address:	
City, State, Zip:	

Lienholder Information

Name:	Phone:
Address:	
City, State, Zip:	

Facility Information

Application Type:	Facility Type:	
Township:	Range:	Section:
County:	Total Acreage:	
Service Area:		
Total Disposal Capacity:		
Total Transfer/Treatment/Storage Capacity:		
Waste Type(s):		

Landowner Approval

I have read this application and consent to the operations which are described herein. I understand the land use restrictions and any deed notice which are part of this application.

Signature _____ Date _____

Lienholder Approval

I have read this application and consent to the operations which are described herein. I understand the land use restrictions and deed notice which are part of this application.

Signature _____ Date _____

Professional Engineer Certification

I am a registered professional engineer in the State of Wyoming and am qualified to design solid waste management facilities. I certify that this application was prepared by me or under my direct supervision (Stamp, sign and date)

Signature _____ Date _____

Professional Geologist Certification

I am a registered professional geologist in the State of Wyoming. I certify that the geologic services and work contained in this application were prepared by me or under my direct supervision. (Stamp, sign and date)

Signature _____ Date _____

Applicant Oath

I (we) have prepared or reviewed this application and swear that the information contained in it is accurate and represents actual site conditions. I (we) understand that submission of false information subjects me (us) to a penalty for perjury in accord with W.S. 35-11-506. I (we) shall allow the administrator or an authorized representative, upon the presentation of credentials and other documents as may be required by law to enter upon the premises where a regulated facility or activity is located or conducted, or where records must be kept under the conditions of this permit; have access to and copy, at reasonable times, any records that must be kept under the conditions of this permit; inspect at reasonable times any facilities, equipment (including monitoring and control equipment), practices, or operations regulated or required under this permit; and sample or monitor at reasonable times, for the purposes of assuring permit compliance or as otherwise authorized by the appropriate rules and regulations of the department, any substances or parameters at any location.

Applicant signature _____ title _____ date _____

Applicant signature _____ title _____ date _____

The forgoing permit application form was acknowledged before me by _____,
Applicant(s)

in _____ County, State of _____, this _____ day of _____, _____.

Witness my hand and official seal.

Notary Public signature

My commission expires: _____