

GRANT COUNTY

County Courthouse
P.O. Box 37
Ephrata, WA 98823
(509) 754-6060



HEALTH DISTRICT

1021 W. Broadway
Moses Lake, WA 98837
(509) 766-7960

APPLICATION FOR SOLID WASTE LAND APPLICATION SITE

All owners/operators of solid waste disposal facilities shall file an application for a disposal site permit with the Grant County Health District. A permit is not generally required for the following, unless a nuisance or a potential for pollution exists:

A person owning or occupying a single family residence or single family farm depositing his/her own waste on his/her own property (RCW 70.95.240), unless prohibited by local or other regulations. RCW 70.95.240 does not include exemptions for industry or large corporate enterprises depositing waste within their property boundaries.

Instructions for permitting of solid waste land application sites:

1. Complete the permit application, which requires completing and submitting a proposal.
2. Complete the SEPA environmental checklist for the proposal.
3. Submit both the permit application and the SEPA checklist to the Health District along with the appropriate fees.
4. The Health District will review the application, proposal, and the SEPA checklist for completeness and accuracy.
5. Notification of the proposal and determination on the SEPA checklist will be published in the newspaper closest to the proposed location for 2 consecutive weeks. Adjacent landowners will also be notified of the proposal and the determination on the SEPA checklist. Copies of the SEPA environmental checklist will be available at the Health District. The public comment period starts with the first publication date and ends 15 days later.
6. Once the comment period is over, and all other SEPA requirements have been met, the applicant will either be issued or denied a permit.

Summary of Fees:

Annual Permit Fee for Utilization of BioSolids and Agricultural Waste	\$500.00
Site Evaluation for Land Application of BioSolids and Agricultural Waste	<u>\$150.00</u>
Total	\$650.00*

* Fees according to Fee Schedule, Grant County Health District Ordinance 99-6

SOLID WASTE LAND – APPLICATION PERMIT APPLICATION

Proposed Name of Site: _____

Date of Application _____

Name of Applicant: _____

Address: _____

Phone: _____

Fax: _____

Name of Consultant: _____

Address: _____

Phone: _____

Fax: _____

Legal Description of Property Sec. _____ Twn. _____ Rng. _____

Property Tax Parcel # _____

Property Owner _____

A. List all proposed sites if more than the one listed above (include Sec, Twn, Rng and Tax Parcel numbers for each, attach additional page if necessary).

Sec. _____ Twn. _____ Rng. _____ Tax Parcel # _____

Sec. _____ Twn. _____ Rng. _____ Tax Parcel # _____

Sec. _____ Twn. _____ Rng. _____ Tax Parcel # _____

Sec. _____ Twn. _____ Rng. _____ Tax Parcel # _____

B. Total area available for land application (acres): _____

C. Write a proposal for the landspreading, with maps drawn to scale, including:

1. Location of site(s)
2. Origination of waste and details of processing
3. Amount and composition of waste (test waste for the following: pH, N, TKN, % solids, As, Cd, Cu, Pb, Hg, Mo, Ni, Se, Zn).
4. Details on soils (soil types, depths, depth to groundwater, nutrient and metal values (test for same values listed in #3, with exception to % solids).
5. Land spreading methods and equipment to be used to incorporate material.
6. Agronomic rates specified to crops, crop yields, soil, and waste (use information from #3 & #4 to determine agronomic rates).
7. Topography of site
8. Transportation routes

9. Location of existing well(s) and piping on property, all wells within 1000 ft. of property, and surface water on and within 300 ft. of property line.
10. A map showing boundary lines, easements and rights-of-way, and vicinity sketch including dimensions.
11. Drainage through the site(s); include natural drainage ways and/or irrigation drainage ways and easements.
12. Slope of the land; indicate areas with a slope in excess of 10%
13. If the waste will be stored in piles, how long will the waste remain in place?
Maximum capacity of the pile?
14. Sign and date the plan.

I certify that I have read and examined this application and believe all information presented is correct. I further certify that I grant permission to allow the Health Officer and/or his representative(s) to enter the said property at their discretion for the purpose of application evaluation or any subsequent inspections.

Preparer of Application

Date

Property Owner

Date

*****Office Use Only*****

Date Paid _____ Receipt # _____ Amt Rcvd _____ Initials _____