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 www.co.kittitas.wa.us/health/

FOR OFFICIAL USE ONLY:
 Accepted By: _____
 Permit #: _____
 Date Processed: _____

SOLID WASTE FACILITY PERMIT APPLICATION

Facility Information

Facility Name: _____ Phone: _____

Mailing Address: _____ City: _____ Zip: _____

Contact Email: _____

Facility Owner /Operator /Manager: _____

Physical Address: _____

City: _____ Parcel #: _____

Facility Type (Please check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> <i>Composting Facility \$1,720</i> | <input type="checkbox"/> <i>New Application Review \$3,850</i> |
| <input type="checkbox"/> <i>Demolition/Inert Waste \$3,645</i> | <input type="checkbox"/> <i>Piles \$1,375</i> |
| <input type="checkbox"/> <i>Limited Purpose Landfill \$1,995</i> | <input type="checkbox"/> <i>Recycling/ Material Recovery \$1,030</i> |
| <input type="checkbox"/> <i>Moderate Risk Waste Facility \$1,445</i> | <input type="checkbox"/> <i>Transfer Station \$1,815</i> |
| <input type="checkbox"/> <i>MSW Closed Landfill \$1,305</i> | <input type="checkbox"/> <i>Wood Waste \$1,375</i> |
| <input type="checkbox"/> <i>MSW Active Landfill \$4,195</i> | <input type="checkbox"/> <i>Other</i> |

Waste Streams Accepted: _____

Check only one of the following

- New Application Renewal no changes Renewal with Changes

- Prior to changes or additions to buildings, equipment, new waste streams or solid waste handling procedures Kittitas County Public Health Department must be contacted to perform a review and give approval.
- The applicant is responsible for any legal fees incurred by KCPHD.
- Permit expires annually on June 30th.

The applicant certifies by signature that this application and the attached supporting documents have been prepared in accordance with WAC Chapter 173-304, 173-350, & 173-351. Permission is granted to allow the Health Officer and/or his representative to enter said facility at their discretion for the purpose of application evaluation and facility inspection.

Applicant Signature: _____ **Date:** _____

Property Owner's Signature: _____ **Date:** _____