NDDOT PROJECTS-INERT WASTE DISPOSAL VARIANCE APPLICATION

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF WASTE MANAGEMENT
SFN 54344 (02-2006)

Clear Fields

Telephone: 701-328-5166
Fax Number: 701-328-5200
Website: www.ndhealth.gov/wm

This form is for contractors awarded a project by the North Dakota Department of Transportation (NDDOT) only.
Please read the Department's Guideline 22 - Inert Waste Disposal Variance before completing this variance application. Applications must be thorough and complete to be considered. **Adequate maps and project information should be attached with application.** This form must be completed, signed, and returned to the Department before disposal begins. Please call the Department's Solid Waste Program at 701-328-5166 if there are any questions.

Section 1. Inert Waste Description

Waste Source		Waste Project Number
County	Date of Contract	Completion Date
Road Description		
Project Location		
Responsible Party (contractor awarded bid)		
Waste Type	Waste Volume	

Section 2. Reason or Justification for Variance (reason why waste will not be recycled or reused)

Section 3. Proposed Inert Waste Disposal Location (please be as concise as possible)

SITE LOCATION	Street			City		Total Acreage
	OR	1/4 1/4	Section	Township	Range	County
Name of Property Owner					Telephone Number	
Street Address			City		State	Zip Code
Mailing Address			City		State	Zip Code
Present Land Use			Future Land Use			

Section 4. Contractor for Waste Disposal (List any subcontractors on a separate sheet. The main contractor shall remain liable for disposal activities.). Please note that project payments may be suspended subject to successful completion of any disposal activity

Name	Contact		
Street Address	City	State	Zip Code
Mailing Address	City	State	Zip Code
Telephone Number	Mobile/Cell Phone		
Equipment Used for Waste Disposal			

Section 5. Maps Mark which maps accompany the application (see Guideline 22 instructions for Disposal Site Selection)

☐ Published Soil Survey Map ☐ Unpublished Soil Survey Map ☐ CFSA Map ☐ Topographic Map

Section 6. Disposal Site and Soil Characteristics (NRCS Information) - Include NRCS Soil Maps, Soil Description, and Topographic Map

Site Slope (percent)	Distance to Surface Water (feet)
Soil Type and Texture	Depth to Seasonal High Water Table (feet)

Section 7. Disposal Site Design (enclose appropriate diagrams, maps, cross sections, and narrative)

Site Plan View	
One to Two Cross Sections Showing: Trench Depth	Waste Placement
Final Cover Design	Final Vegetation
Application must include diagrams of these components — are these enclosed? ☐ Yes ☐ No	

Section 8. District

Name of ND DOT District	District Telephone Number	
Name of District Engineer		
District Address	City	Zip Code

Section 9. Local Zoning Approval

Inert waste disposal must not conflict with local zoning ordinances. Consult with representatives of the applicable zoning jurisdiction (county, township, or city) to determine compliance with zoning ordinances. A representative of the local zoning jurisdiction must sign the application.

Print Name	Zoning Jurisdiction
Signature	Date

Section 10. Signatures. Signatures are required by the party (contractor) responsible for the waste and the owner of the inert waste disposal site

Party Responsible for Waste: The inert waste and/or the structure scheduled for demolition has been inspected. Prohibited waste or materials described in the Department's Guideline 22 will not be disposed and/or will be removed prior to demolition. The inert waste disposal site will be operated and closed according to the Department's Guideline 22.

Contractor Signature	Date

Disposal Site Owner: Disposal on my property is acceptable to me and I am knowledgeable of the Department's Guideline 22 Inert Waste Disposal Variance and state requirements. The site will be maintained after closure to minimize erosion and prevent exposure of waste materials. State inspectors may review and inspect the property described above. No further disposal other than that approved by the Department will occur on this site. An "Affidavit and Notice of Disposal Facility" will be completed according to Guideline 22 and filed with the County Register of Deeds. The Department will be provided with a certified copy of the Affidavit within thirty (30) days of filing.

Owner Signature	Date

(Attach additional pages if needed)

Return completed application and supplemental forms/pages to:

ND Department of Health
Environmental Health Section
Division of Waste Management
918 E. Divide Ave., 3rd Floor
Bismarck, ND 58501-1947
Telephone: (701) 328-5166
Fax: (701) 328-5200