INERT WASTE BENEFICIAL USE APPLICATION

NORTH DAKOTA DEPARTMENT OF HEALTH

DIVISION OF WASTE MANAGEMENT

SFN 58980 (7-2009)

Clear Fields

FOR STATE USE ONLY

File	
County	

Please read the Department's Inert Waste Disposal Variance Guideline before completing this beneficial use application. In addition, applicable portions of the state solid waste management regulations should be referenced in completing the applications. The source, type, and characteristics of your waste will determine which rules apply. Applications must be thorough and complete to be considered. A written Beneficial Use Variance must be received from the Department before inert waste beneficial use may begin. Please call the Department's Solid Waste Program at (701) 328-5166 to coordinate your application with a Department staff member.

1. Waste Description

Waste Source	Waste Type		Waste Volume
General Geographic Location		County	
Legal Description or Street Address			
Responsible Party		Telephone Number	
Address	City	State	Zip Code

2. Reason or Justification for Beneficial Use (Please describe beneficial use project)

3. Proposed Inert Waste Beneficial Use Location

of Section:	Township	Range	County
Total Acreage			
Property Owner		Telephone Number	
Address	City	State	Zip Code
Present Land Use	Future Land Use		

4. Contractor For Waste Beneficial Use

Name	Contact		
Address	City	State	Zip Code
Telephone Number	Mobile Telephone Number		
Equipment Used For Waste Beneficial Use			

5. Maps

Indicate which maps accompany the application (see Inert Waste Beneficial Use Requirements in Guideline 38):

☐ Published Soil Survey Map ☐ Unpublished Soil Survey Map ☐ CFSA Map ☐ Topographic Map

6. Beneficial Use Site And Soil Characteristics

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

7. Beneficial Use 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
Diagrams Enclosed of These Components ☐ Yes ☐ No	

8. Supplemental Application Forms

Indicate which supplemental forms are completed and attached to the application:

☐ Application for Open Burn Variance ☐ Notification of Demolition and Renovation ☐ Other

For sites located in wetlands, approval from the Division of Water Quality and/or U.S. Army Corps of Engineers may be required.

9. Local Zoning Approval

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

I, the undersigned, certify that inert waste beneficial use at the location described on this application does not conflict with local zoning ordinances.

Signature	Printed Name	Date
Zoning Jurisdiction	Printed Name	Date

10. Signatures

Signatures are required by the following: the party responsible for the waste and/or owner of the property scheduled for demolition; the contractor; and owner of inert waste beneficial use 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 - Inert Waste Disposal Variance” and "Guideline 38-Beneficial Use of Inert Waste" will not be disposed and/or will be removed from the structure prior to demolition.

Signature	Printed Name	Date

Contractor: The inert waste beneficial use site will be operated and closed according to Guideline 38.

Signature	Printed Name	Date

Beneficial Use Site Owner: A notification of inert waste disposal will be filed with the County Register of Deeds. The notification will be completed according to “Guideline 22 - Inert Waste Disposal Variance.” The Department will be provided with a certified copy of the notice within thirty (30) days of filing.

Signature	Printed Name	Date

Mail this application and supplemental forms to:

ND Department of Health
Division of Waste Management
918 E. Divide Ave., 3rd Fl.
Bismarck, ND 58501-1947