



INERT WASTE DISPOSAL VARIANCE APPLICATION

NORTH DAKOTA DEPARTMENT OF HEALTH

DIVISION OF WASTE MANAGEMENT

SFN 50278 (3-2007)

FOR STATE USE ONLY

File
County

Please read the Department's Inert Waste Disposal Variance Guideline before completing this variance 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 Waste Disposal Variance must be received from the Department before disposal 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
Address	City	State Zip Code

2. Reason or Justification for Variance

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3. Proposed Inert Waste Disposal Location

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

4. Contractor For Waste Disposal

Name	Contact		
Address	City	State	Zip Code
Telephone	Mobile Telephone		
Equipment Used For Waste Disposal			

5. Maps

Indicate which maps accompany the application (see Instructions in <u>Disposal Site Selection</u> of guideline):
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6. Disposal Site And Soil Characteristic

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

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
Diagrams Enclosed of These Components	

8. Supplemental Application Forms

Indicate which supplemental forms are completed and attached to the application:
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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 inert waste disposal compliance with zoning ordinances. A representative of the local zoning jurisdiction must sign the application.

I, the undersigned, certify that inert waste disposal 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 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 - Inert Waste Disposal Variance" will not be disposed and/or will be removed from the structure prior to demolition.

Signature	Printed Name	Date
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Contractor: The inert waste disposal site will be operated and closed according to Guideline 22.

Signature	Printed Name	Date
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Disposal 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
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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