LAND TREATMENT VARIANCE APPLICATION

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF WASTE MANAGEMENT
SFN 51601 (4-2007)

Clear Fields

FOR STATE USE ONLY

File
County

Section 33-20-01.1-14 NDAC states variances may be granted if the Department "finds that by reason of exceptional circumstances strict conformity with any provisions of this article would cause undue hardship or would be unreasonable, impractical, or not feasible...." Please consult the Department and any pertinent Land Treatment Guidelines before completing the variance application. Variances may be granted for a one-time event only. Repeat operations may require a full permit. In addition, applicable portions of the state solid waste management regulations should be referenced in completing the application. The location of a Land Treatment unit shall comply with NDAC 33-20-04.1-01., General Location Standards, Subpart 1., and Subpart 2. Applications must be thorough and complete to be considered. A written Land Treatment 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 - please attach copies of pertinent waste analysis

Waste Source/Facility Name		Waste Type		Approximate Volume
How was the waste generated?				
Release Site Legal Description/Street Address	County	Section	Township	Range
Generator/Owner				Telephone
Street or Mailing Address		City	State	Zip Code

2. Proposed Land Treatment Location and Ownership

Section	Township	Range	County
Total Acreage			
Property Owner			Telephone
Street or Mailing Address		City	State / Zip Code
Present Land Use		Future Land Use	

3. Maps

Indicate which maps accompany the application (see Instructions in Disposal Site Selection of guideline):

☐ Published Soil Survey Map ☐ Unpublished Soil Survey Map ☐ CFSA Map ☐ Topographic Map

Exact location must be marked on the soil survey or other map.

4. Site and Soil Characteristics and Proposed Operation - attach any assessment of soil nutrients

Site Slope (percent)	Distance to Surface Water ☐ Feet ☐ Miles	Distance to Nearest Building or Residence (feet)	Depth to Seasonal High Water Table (feet)
Area of Land to be Used ☐ Square Feet ☐ Acres		Land Treatment Procedures and Monitoring	
Expected Date(s) of Fertilizer Application (see Guidelines)		Application Thickness (inches)	
Expected Date of Waste Application		Expected Date(s) of Tillage (see Guidelines)	

5. Local Zoning Approval

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

The undersigned acknowledge(s) that the above-described waste management or land treatment activities do not conflict with local zoning ordinances.

Signature of County Official	Printed Name			Date
Address	City	State	Zip Code	Telephone
Signature of City or Township Official	Printed Name			Date
Address	City	State	Zip Code	Telephone

6. Signatures

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who will manage this system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. Activities will be conducted in accordance with Departmental procedures and as described herein. I am aware that there are significant penalties for submitting false information.

Applicant's Signature				Date
Printed Name	Official Title			
Address	City	State	Zip Code	Telephone

Operator's Signature				Date
Printed Name	Official Title			
Address	City	State	Zip Code	Telephone

Property Owner's Signature (as listed on page 1)	Date
Printed Name	Official Title

Engineer's or Consultant's Signature	Date
Printed Name	Registration

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

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

Signature of Staff or Health District Inspector (or other authorized person)	Date