



# WASTE DISPOSAL VARIANCE APPLICATION

NORTH DAKOTA DEPARTMENT OF HEALTH

DIVISION OF WASTE MANAGEMENT

SFN 51098 (3-2007)

FOR STATE USE ONLY

File
County

Please read the Department's 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		Approximate Waste Volume	
General Geographic Location					
Legal Description	County	Section	Township	Range	
Responsible Party				Telephone	
Address			City	State	Zip Code

### 2. Proposed Waste Disposal Location

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

### 3. Contractor For Waste Disposal

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

### 4. Maps

Indicate which maps accompany the application (see Instructions in <a href="#">Disposal Site Selection</a> of guideline):
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### 5. Disposal Site And Soil Characteristic

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

### 6. Disposal Site Design

Base Grade	
Linear Design	
Final Cover Design	
Leachate Collection System (if applicable)	
Diagrams Enclosed of These Components	

### 7. Supplemental Application Forms

Indicate which supplemental forms are completed and attached to the application:
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### 8. 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.

I, the undersigned, certify that 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

### 9. 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 waste disposal site.

**Party Responsible for Waste:** The waste and/or the structure scheduled for demolition has been inspected. Prohibited waste or materials described in the Department's Waste Disposal Variance Guideline 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 waste disposal site will be operated and closed according to Department's Waste Disposal Variance Guideline.

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 the Department's Waste Disposal Variance Guideline. Closed solid waste management units may not be used for cultivated crops, heavy grazing, buildings, or any other use which might disturb the protective vegetative and soil cover. 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