



MISSOURI DEPARTMENT OF NATURAL RESOURCES
SOLID WASTE MANAGEMENT PROGRAM

**APPLICATION FOR SOLID WASTE DISPOSAL AREA OR PROCESSING FACILITY
CONSTRUCTION PERMIT**

NAME OF DISPOSAL AREA OR PROCESSING FACILITY TO APPEAR ON PERMIT _____

GENERAL LEGAL DESCRIPTION _____ 1/4 _____ 1/4 _____ 1/4 _____, SECTION _____ TOWNSHIP _____ RANGE _____
LATITUDE _____ LONGITUDE _____ COUNTY _____

CHECK TYPE OF DISPOSAL AREA OR PROCESSING FACILITY PROPOSED	DISPOSAL AREA	PROCESSING FACILITY
	<input type="checkbox"/> SANITARY LANDFILL <input type="checkbox"/> DEMOLITION LANDFILL <input type="checkbox"/> SPECIAL WASTE LANDFILL (INDICATE TYPE BELOW) <input type="checkbox"/> UTILITY WASTE LANDFILL <input type="checkbox"/> OTHER (SPECIFY BELOW)	<input type="checkbox"/> INCINERATOR <input type="checkbox"/> TRANSFER STATION <input type="checkbox"/> COMPOST PLANT <input type="checkbox"/> RESOURCE RECOVERY FAC. <input type="checkbox"/> INFECTIOUS WASTE PROCESSING FACILITY (INDICATE TYPE BELOW) <input type="checkbox"/> OTHER (SPECIFY BELOW)

BRIEF DESCRIPTION OF FACILITY AND OPERATION:

SIZE _____ PROPOSED OPERATING HOURS _____

CAPACITY (TON/DAY) _____ OPERATING LIFE _____

TYPE OF WASTE ACCEPTED _____

DESCRIPTION OF PHYSICAL LOCATION (DIRECTIONS AND ADDRESS) _____

REGISTERED ENGINEER OR CONSULTING ENGINEERING FIRM SUBMITTING PLANS (Name of Engineer or Consulting Engineering Firm)

NAME	COMPANY	TELEPHONE NO.	
ADDRESS	CITY	STATE	ZIP CODE

THE PERMIT WILL BE ISSUED TO THE "PERSON(S)" DESIGNATED BELOW AS THE "OWNER" AND THE "OPERATOR." "Person" is defined by 260.200, RSMo to mean; individual, partnership, corporation, association, institution, city, county, other political subdivision, authority, state agency or institution, or federal agency or institution.

OPERATOR ("Person" principally responsible for the day to day operation and management of disposal area or facility.)

OPERATOR NAME	TELEPHONE NO.	
ADDRESS	CITY	STATE ZIP CODE

OWNER ("Person" which appears on general warranty deed as property landowner.)

OWNER NAME	TELEPHONE NO.	
ADDRESS	CITY	STATE ZIP CODE

If granted this permit, we the undersigned, agree to abide by state and federal laws, and the rules, orders and decisions of the Missouri Department of Natural Resources. We understand that in the event of any false or fraudulent information in the application, plans and data, or of failure to construct the area or facility in a proper and legal manner, the permit may be revoked after due notice from the Missouri Department of Natural Resources. We understand the permit is issued jointly to the owner and operator, as designated above.

SIGNATURE OF OPERATOR (OR AUTHORIZED REPRESENTATIVE) _____

PRINT **NAME AND TITLE** OF THE INDIVIDUAL WHO SIGNED ABOVE FOR THE **OPERATOR**

SIGNATURE OF OWNER (OR AUTHORIZED REPRESENTATIVE) _____

PRINT **NAME AND TITLE** OF THE INDIVIDUAL WHO SIGNED ABOVE FOR THE **OWNER**