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 www.co.kittitas.wa.us/health/

FOR OFFICIAL USE ONLY: Accepted By: _____ Permit #: _____ Date Processed: _____

SOLID WASTE FACILITY PERMIT APPLICATION

Facility Information

Facility Name: _____ Phone: _____

Mailing Address: _____ City: _____ Zip: _____

Contact Email: _____

Facility Owner /Operator /Manager: _____

Physical Address: _____

City: _____ Parcel #: _____

Facility Type (Please check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Composting Facility \$1,545 | <input type="checkbox"/> New Application Review \$3,660 |
| <input type="checkbox"/> Demolition/Inert Waste \$3,465 | <input type="checkbox"/> Piles \$1,285 |
| <input type="checkbox"/> Limited Purpose Landfill \$2,060 | <input type="checkbox"/> Recycling/ Material Recovery \$965 |
| <input type="checkbox"/> Moderate Risk Waste Facility \$1,285 | <input type="checkbox"/> Transfer Station \$1,670 |
| <input type="checkbox"/> MSW Closed Landfill \$1,480 | <input type="checkbox"/> Wood Waste \$1,305 |
| <input type="checkbox"/> MSW Active Landfill \$3,985 | <input type="checkbox"/> Other |

Waste Streams Accepted: _____

Check only one of the following

- New Application
 Renewal no changes
 Renewal with Changes

- Prior to changes or additions to buildings, equipment, new waste streams or solid waste handling procedures Kittitas County Public Health Department must be contacted to perform a review and give approval.
- The applicant is responsible for any legal fees incurred by KCPHD.
- Permit expires annually on June 30th.

The applicant certifies by signature that this application and the attached supporting documents have been prepared in accordance with WAC Chapter 173-304, 173-350, & 173-351. Permission is granted to allow the Health Officer and/or his representative to enter said facility at their discretion for the purpose of application evaluation and facility inspection.

Applicant Signature: _____ **Date:** _____

Property Owner's Signature: _____ **Date:** _____