

**NOTIFICATION OF PERMIT BY RULE OPERATIONS**

Please Type or Print:

I. FACILITY NAME \_\_\_\_\_  
FACILITY ADDRESS/LOCATION \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
OWNER/OPERATOR \_\_\_\_\_  
ADDRESS \_\_\_\_\_ TELEPHONE ( ) \_\_\_\_\_ - \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
AUTHORIZED REPRESENTATIVE \_\_\_\_\_ TITLE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ TELEPHONE ( ) \_\_\_\_\_ - \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Please sign here)

II. TYPE OF OPERATION (Check only the block for the operation(s) for which you will be responsible)

- A.  Collection
- B.  Transfer Station
- C.  On-Site Processing or Thermal Treatment
- D. Facility will be  Private or  Public (open to general public)

III. DESCRIPTION OF OPERATION(S) (Describe briefly the general nature of the proposed operation and list specific solid waste to be disposed, processed or treated.)

\_\_\_\_\_  
\_\_\_\_\_

IV. STATUS OF OPERATION (Check)  Existing  Proposed Projected startup \_\_\_\_\_ / \_\_\_\_\_

V. AREA TO BE SERVED (List County(s)) \_\_\_\_\_

VI. Latitude and Longitudinal of facility: Latitude: \_\_\_\_\_ ° ' " Longitude \_\_\_\_\_ ° ' "

→ If this notification is for a transfer station, on-site processing or thermal treatment or wastewater treatment or thermal treatment plant sludge disposal operations the following item must be attached to the notification form:

- c. A street or highway map indicating location of site or facility.

**NOTE**

**INCOMPLETE NOTIFICATIONS WILL BE RETURNED. OPERATIONS MUST MEET THE CONDITIONS IN PARAGRAPH (2) AND THE CONDITIONS IN PARAGRAPH (3) OF SECTION .06 OF THE RULES FOR SOLID WASTE MANAGEMENT IN ORDER TO OPERATE UNDER THE PERMIT BY RULE PROVISION.**