

**Solid Waste Permit Renewal Form**

<b>Facility Name</b>	<b>Contact Name</b>
<b>Site Address</b>	<b>Permit Number</b>

**I. SOLID WASTE OPERATIONS**

Check all operations that apply to the site and/or facility.

**Solid Waste Operations**

Check all operations that apply to the site and/or facility.

- |                                                            |                                                               |
|------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Compost Facility                  | <input type="checkbox"/> Moderate Risk Waste Facility         |
| <input type="checkbox"/> Energy Recovery                   | <input type="checkbox"/> Limited Purpose Landfill             |
| <input type="checkbox"/> Inert Waste Landfill              | <input type="checkbox"/> Piles used for storage and treatment |
| <input type="checkbox"/> Intermediate Solid Waste Handling | <input type="checkbox"/> Surface Impoundment & Tanks          |
| <input type="checkbox"/> Land Application                  | <input type="checkbox"/> Waste Tire Storage                   |
- The facility did not accept or process solid waste in the last calendar year

**II. OTHER PERMITS / APPROVALS**

Check all that apply and complete the dates of issuance and expiration.

Permit Type	Date Issued	Expiration Date
Conditional Use Permit -Snohomish County		
Conditional Use Permit -Incorporated Areas		
Stormwater Permit - Ecology		
Air Approval / Permit - PSCAA		
Other Agency		

**III. OPERATIONAL OR DESIGN CHARACTERISTICS**

Attach additional pages if necessary.

- Describe any changes to your waste acceptance policy, facility design, and/or changes to the operational plan made during the previous year.
- Describe any proposed changes to your waste acceptance policy, facility design, and/or changes to the operational plan in the upcoming year.

3. Will there be a significant increase or decrease in the amount of the wastes which your facility will be processing during the upcoming operating year? If yes, please explain.
  
4. If operating an active landfill, what is the estimated remaining capacity or life expectancy.

**IV. POST CLOSURE MONITORING** (These questions are applicable to closed landfills)

Attach additional pages if necessary.

1. Describe any changes to your post-closure monitoring plan or sampling and analysis plan (SAP)?
  
2. Describe any observed changes over the past year at the landfill in the following areas:
  - a. Landfill cover
  
  - b. Ground water monitoring quality
  
  - c. Surface water monitoring quality
  
  - d. Landfill gas production or migration
  
3. Describe any proposed site work or construction on the landfill and/or on the property that the landfill is on.

**V. REQUIRED ENCLOSURES**

Review your permit conditions, approved operation plan, and submit all outstanding documentation required. Example of reports include:

- |                          |                                                                                |
|--------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> | Compost analysis results                                                       |
| <input type="checkbox"/> | Ground/surface water monitoring reports                                        |
| <input type="checkbox"/> | Treated soil analysis                                                          |
| <input type="checkbox"/> | Waste analysis results (e.g. biosolids, septage, petroleum contaminated soils) |
| <input type="checkbox"/> | Other specific documentation as required in your facility permit               |