



PART I. General Information

Facility Name:	County where facility is located:
Facility Address: Street: City: State: Zip:	Current Solid Waste Permit Number: Expiration Date:
Name of Applicant: Company Name, Government Entity, etc.: Applicant's Position in Company or Government Entity:	Applicant is: <input type="checkbox"/> Facility owner <input type="checkbox"/> Facility operator <input type="checkbox"/> Other(specify) _____
Applicant Mailing Address: Street: City: State: Zip:	Applicant phone: Fax: e-mail address:

PART II.
Solid Waste Activity/Facility Type for Which Permit Modification is Requested
Identify all solid waste handling activities/facilities that are included in this permit modification request.

<input type="checkbox"/> Composting per WAC 173-350-220	<input type="checkbox"/> Surface impoundment per WAC 173-350-330
<input type="checkbox"/> Land application per WAC 173-350-230	<input type="checkbox"/> Tank per WAC 173-350-330
<input type="checkbox"/> Energy recovery and incineration per WAC 173-350-240	<input type="checkbox"/> Waste tire storage per WAC 173-350-350
<input type="checkbox"/> Recycling and material recovery per WAC 173-350-210	<input type="checkbox"/> Moderate risk waste per WAC 173-350-360
<input type="checkbox"/> Anaerobic digester per WAC 173-350-250	<input type="checkbox"/> Limited purpose landfill per WAC 173-350-400
<input type="checkbox"/> Transfer station per WAC 173-350-310	<input type="checkbox"/> Inert waste landfill per WAC 173-350-410
<input type="checkbox"/> Drop box facility per WAC 173-350-310	<input type="checkbox"/> Other per WAC 173-350-490 (specify)
<input type="checkbox"/> Piles used for storage or treatment per WAC 173-350-320	_____

For Office Use Only

Part III: Impacts of Chapter 173-350 WAC

Describe how this regulation has impacted the facility in the following areas

Identify proposed modifications to the facility operation, including changes to operating, environmental monitoring, closure, or post-closure plan/s. Attach modified plans or amendments to existing plans as applicable. Identify relevant sections of 173-350 WAC:

Identify proposed modifications to the facility design, if any. Attach construction documents if applicable. Identify relevant sections of WAC 173-350

What is the time frame for the modification/s?

PART IV. Signature and Verification of Applicant

[Refer to WAC 173-350-715(3) for appropriate evidence of authority]

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

(Applicant's Name – printed)

(Title)

(Applicant's Signature)

(Date)

PART VI. Notary Public Verification

State of _____

County of _____

Signed or attested before me on _____

by _____

(seal or stamp)

(Signature)

My appointment expires:

(Date)

ECY 070-401 (REV 01/19)

ModificationSolidWasteHandlingPermitAppl_EH_12_2025_JL