



APPLICATION
for a
TRANSFER STATION PERMIT

For Department Use Only

**ALABAMA DEPARTMENT
OF PUBLIC HEALTH**

_____ County Health Dept.

_____ County Health Dept. ID No.

_____ Date Received

_____ Date Permit Issued

TO BE COMPLETED AND SIGNED BY THE APPLICANT

1. _____ Initial Application _____ Permit Modification
 _____ Permit Renewal _____ Facility Modification

2. Facility Name _____

Facility Address _____

City _____ State _____ Zip _____

Phone Number _____

3. Owner/ Proprietor Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Number _____

4. Manager/ Operator Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Number _____

5. Days and Hours of Operation _____

6. List all waste types that will be accepted and their point of generation.

Generator/ Community

Waste Type

7. List facilities which have agreed to accept waste managed through the transfer station and the type of waste each facility has agreed to accept.

Facility Name

Address

Waste Type

8. Anticipated volume of waste to be managed through the facility on a daily basis.

_____ tons per day

9. In case of equipment failure or work-stoppage, waste received at this facility will be diverted to:

Facility Name

Address

Waste Type

10 The following persons/communities/collection operations are authorized to use the facility.

Name

Location

I hereby certify that the above statements are true and correct, and I (we) agree to comply with all of the applicable provisions of Chapter 420-3-5 Rules of the State Board of Health and hereby agree to allow representatives of the County and State Boards of Health to inspect the transfer station facility and any equipment associated with the operation and maintenance of the facility. I (we) agree to keep adequate records and make them available to health personnel upon request, and to notify the County and State Board of Health of any changes to the information listed above.

Signature of Applicant _____

Representing _____

Date _____

Notary Public _____

Date Notarized _____

Please submit this application with all attachments and documentation to the local health department. If this is for a new facility or a modification to an existing facility, a copy of the complete application package should also be sent to Attn: Solid Waste Branch, Division of Community Environmental Protection, 201 Monroe Street, Suite 1250, P.O. Box 303017, Montgomery, Alabama 36130-3017.

TO BE COMPLETED BY ENGINEER

For new facilities or modification to an existing facility or permit

In preparing the request for the applicant's Transfer Station Permit for his proposed site for the transfer of solid waste, I have taken into consideration those requirements as found in Chapter 420-3-5, Solid Waste Collection and Transportation Rules, and have attached the following materials:

- ____ Site plan with required details
- ____ U.S. Geological Survey topo map with required details
- ____ Legal description of property
- ____ Boundary plat
- ____ Copies of property deed (easements, covenants)
- ____ List of setback distances (include buffer zones)
- ____ Presence of any protected natural resource, wetland, critical habitat
- ____ Source of water supply
- ____ Documentation – ADEM approval for waters management
- ____ List of maximum waste handling and storage capacities
- ____ List of access roads and their load limits
- ____ List of vehicle types to be used in conjunction with the operation and their load limits
- ____ Plan for vehicular flow
- ____ Facility maintenance plan
- ____ Approved fire prevention plan
- ____ Equipment failure back-up plan
- ____ Prohibited waste identification and notification plan (include attendant qualifications)
- ____ Verification of waste acceptance agreements

____ Documentation – Alabama Historical Commission Approval

____ Performance bond and estimates

____ List of employee protective gear and it's use

____ Supervisor/management qualifications

____ Plan for record-keeping (example forms)

____ Operation manual (instruction and availability)

I have attached materials requesting modifications in the areas indicated below.

____ Buffer Zone reduction request

____ Request for setback distance approval

____ Temporary exemption request for construction improvements
(address each Section from which an exemption is requested)

____ Compliance plan (to be attached to exemption request)

____ Request for approval to retain waste > 24 hours

____ Permit modification – original permit application and attachments

Signed _____ **Registration No.** _____

Date _____