APPLICATION TO MODIFY A SOLID WASTE DISPOSAL FACILITY PERMIT

Date: ____________________________  County: ____________________________

Send to:
Solid Waste Permitting Unit
Land Protection Division
Dept. of Environmental Quality
707 N. Robinson (PO Box 1677)
Oklahoma City, OK
73101-1677

proposes to modify the permit of

(Applicant’s Name)

the ____________________, located at ________________________________

(Facility Name)  (Exact legal description:

metes & bounds, platted lot, or land survey. Append extra sheets if necessary)

in ______________ County, Oklahoma. We hereby make application for a modification of existing permit number ________ as required by the Oklahoma Solid Waste Management Act and the Rules pursuant thereto.

Remarks & brief description of proposed modification:

________________________________________

________________________________________

Applicant or Authorized Agent:  Preparing Engineer:

_____________________________  ______________________________

Signature  Signature

_____________________________

Typed Name  Typed Name

Address:________________________  Address:________________________

City:________________________  State:________________________

Date signed:________________________  Date signed:________________________

Phone:________________________

Facility Address (if any):________________________

FOR DEQ USE

DEQ Log No. __________
No. Copies __________
Date Received: __________

DEQ USE ONLY

July 2016
DEQ Form #515-020
VERIFICATION

STATE OF OKLAHOMA )
) ss
COUNTY OF__________________________ )

____________________________________, of lawful age, being first duly sworn, upon oath state that I have read the foregoing APPLICATION TO MODIFY A SOLID WASTE DISPOSAL FACILITY PERMIT, that I am familiar with the matters set forth therein, and that the same are true to the best of my information and belief.

____________________________________
Applicant

Subscribed and sworn to before me this_____day of___________________, 20___,
by_____________________________________(Applicant or legal representative).

____________________________________
Notary Public

My commission expires:

____________________________________

________________________

1 This Verification is required for a Tier III modification application.