Attachment A

Permit Renewal Application
### ESTABLISHMENT INFORMATION

**FILL IN BLANKS AND NOTE ANY SIGNIFICANT CHANGE TO YOUR OPERATION FROM THE ORIGINAL APPLICATION** (e.g. new equipment, dust, noise, leachate, traffic measures, etc.) Attach additional pages as needed

- **Change of Name**
- **Sole Owner**: X
- **Partnership**: 
- **Corporation**: 

**LANDFILLS, TRANSFER STATIONS, COMPOSTING/SLUDGE UTILIZATION/TREATMENT/MRW COLLECTION SITES:**

- **Estimated sludge application rate (dry tons per acre)**: N/A
- **Est. average volume of weight**: 2330 tpd
- **Projected volume (10 yr)**: 11,400,000 cuv
- **Present in place volume (tons or cubic feet)**
- **Estimated if necessary**: 60,626,000 cuv
- **Est. number of vehicles per day**: 117 tpd
- **Projected date of closure**: 2026, or when filled.
- **Final disposal destination**: N/A

### OWNERSHIP INFORMATION:

(please update if needed)

- **Name of owner**: KING COUNTY SOLID WASTE DIVISI
- **Address of owner**: 
- **City**: Zip Code: Daytime Phone: 

- **Name of owner**: 
- **Address of owner**: 
- **City**: Zip Code: Daytime Phone: 

- **Change of Business Name**: 
- **Change of Ownership**: 
- **Classification Change**: 
- **Mailing Address Change**: 

### PAYMENT INFORMATION

- **Check or Money Order Payable to**: SKCDPH
- **OR if no changes to business, pay online at no additional fee**: www.kingcounty.gov/health/portal

- **VISA**
- **MasterCard**
- **Discover**

- **Print Name on Credit Card**: 
- **Billing Address**: 
- **Billing Zip**: Amount Charged: $ 

- **Card #**: 
- **Card Expires**: / 
- **3 Digit Code (on back of card)**: 

- **Required Signature (as on credit card)**: Date: