

# **Attachment A**

## **Permit Renewal Application**





**2015 APPLICATION FOR RENEWAL**  
1006 - Municipal Landfill  
CEDAR HILLS SANITARY LAND



GHP Number : PR0015736  
FA Number : FA0012050  
BUSINESS NAME AND ADDRESS :

CEDAR HILLS SANITARY LAND  
16645 228TH AV SE  
MAPLE VALLEY, WA 98038

MAILING ADDRESS : CEDAR HILLS SANITARY LAND  
KING COUNTY SOLID WASTE DIV  
201 S JACKSONSUITE 701  
SEATTLE, WA 98104-3855

Make any changes for your business on this form.  
Or pay online if no changes to your business: [www.kingcounty.gov/health/portal](http://www.kingcounty.gov/health/portal)  
Make Checks payable to: SKCDPH  
Public Health - Seattle King County  
401 Fifth Avenue, Suite 1100  
Seattle, WA 98104

206-296-0189 (FAX)

DUE DATE	AMOUNT DUE
3/31/2015	\$ 369.10
4/10/2015	\$406.01 including \$36.91 late fee
IF PAID AFTER 4/30/2015	\$442.92 including \$73.82 late fee
5/30/2015	\$479.83 including \$110.73 late fee
X <i>[Signature]</i>	3/27/15
SIGNATURE OF APPLICANT	DATE

FOR OFFICE USE ONLY

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_  
X \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**ESTABLISHMENT INFORMATION**

FILL IN BLANKS AND NOTE ANY SIGNIFICANT CHANGE TO YOUR OPERATION FROM THE ORIGINAL APPLICATION (e.g. new equipment, dust, noise, litter, 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: 2,330 tpd Projected volume (10 yr) 11,400,000 cy  
Present in place volume (tons or cubic feet) Estimated if necessary 60,626,000 cy  
Est. number of vehicles per day: 117 vpd 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

Email: \_\_\_\_\_

**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](http://www.kingcounty.gov/health/portal)  
 VISA Print Name on Credit Card: \_\_\_\_\_  
 MasterCard Card Billing Address: \_\_\_\_\_  
 Discover Billing Zip: \_\_\_\_\_ Amount Charged: \$ \_\_\_\_\_  
Card #: \_\_\_\_\_  
Card Expires: \_\_\_\_\_ / \_\_\_\_\_ 3 Digit Code (on back of card): \_\_\_\_\_  
Required Signature (as on credit card): \_\_\_\_\_ Date: \_\_\_\_\_