

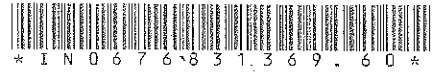
Attachment A

Permit Renewal Application



2016

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 :

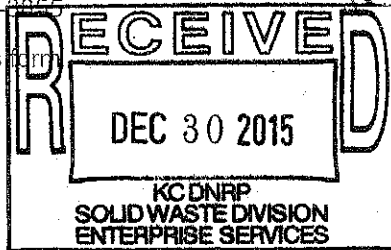
CEDAR HILLS SANITARY LAND
KING COUNTY SOLID WASTE DIV
201 S JACKSONSUITE 701
SEATTLE, WA 98104-8855

DUE DATE	AMOUNT DUE
12/31/2015	\$ 369.60
1/10/2016	\$ 466.56
IF PAID AFTER 1/30/2016	\$ 443.52
2/29/2016	\$ 480.48

Signature: [Handwritten Signature] For ADM 12-25-15
SIGNATURE OF APPLICANT DATE

Make any changes for your business on this form

Make Checks payable to: SKCDPH
Public Health - Seattle King County
401 Fifth Avenue, Suite 1100
Seattle, WA 98104



FOR OFFICE USE ONLY

APPROVED _____ DISAPPROVED _____

X _____

206-296-0189 (FAX)

RETURN THIS ORIGINAL FORM WITH YOUR PAYMENT

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

See attached

Change of Name _____ Sole Owner 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: 2,390 tpd Projected volume (10 yr) 11,748,966 cy
Present in place volume (tons or cubic feet) Estimated if necessary 61,976,000 cy
Est. number of vehicles per day: 123 vpd Projected date of closure: 2027, 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
- Change of Management

Email: _____

PAYMENT INFORMATION

Check or Money Order Payable to: SKCDPH

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: _____

Exp. Account: 55280
 ORG: 720103
 Project: 1033471
 Award: 11,000,000.00
 Signature: _____ Date: _____

Changes to Operation

- South Solid Waste Area excavated. Waste from the area was placed in Area 7. Contaminated soil from the area was used for daily cover and clean soil was stockpiled on Area 6.
 - A new South Perimeter Road was constructed to allow traffic to avoid the South Solid Waste Area excavation project.
 - Stage 2 final and interim final cover were placed over Area 7 exterior slopes.
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