# NDDOT PROJECTS-INERT WASTE DISPOSAL VARIANCE APPLICATION

NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY
DIVISION OF WASTE MANAGEMENT
SFN 54344 (6-2019)

Telephone: 701-328-5166
Fax Number: 701-328-5200
Website: https://deq.nd.gov/WM

Clear Fields

**This form is for contractors awarded a project by the North Dakota Department of Transportation (NDDOT) only.**
Please read the Department's Guideline 22 - Inert Waste Disposal Variance before completing this variance application. Applications must be thorough and complete to be considered. **Adequate maps and project information should be attached with application.** This form must be completed, signed, and returned to the Department before disposal begins. Please call the Department's Solid Waste Program at 701-328-5166 if there are any questions.

## Section 1. Inert Waste Description

| | | |
|---|---|---|
| Waste Source | | Waste Project Number |
| County | Date of Contract | Completion Date |
| Road Description | | |
| Project Location | | |
| Responsible Party (contractor awarded bid) | | |
| Waste Type | Waste Volume | |

## Section 2. Reason or Justification for Variance (reason why waste will not be recycled or reused)

## Section 3. Proposed Inert Waste Disposal Location (please be as concise as possible)

| | | | | | | |
|---|---|---|---|---|---|---|
| SITE LOCATION | Street | | | City | | Total Acreage |
| | OR | 1/4 1/4 | Section | Township | Range | County |
| Name of Property Owner | | | | | Telephone Number | |
| Street Address | | | City | | State | ZIP Code |
| Mailing Address | | | City | | State | ZIP Code |
| Present Land Use | | | Future Land Use | | | |

## Section 4. Contractor for Waste Disposal (List any subcontractors on a separate sheet. The main contractor shall remain liable for disposal activities.). Please note that project payments may be suspended subject to successful completion of any disposal activity

| | | | |
|---|---|---|---|
| Name | Contact | | |
| Street Address | City | State | ZIP Code |
| Mailing Address | City | State | ZIP Code |
| Telephone Number | Mobile/Cell Phone | | |
| Equipment Used for Waste Disposal | | | |

## Section 5. Maps Mark which maps accompany the application (see Guideline 22 instructions for Disposal Site Selection)

☐ Published Soil Survey Map ☐ Unpublished Soil Survey Map ☐ CFSA Map ☐ Topographic Map

**Section 6. Disposal Site and Soil Characteristics (NRCS Information) -** Include NRCS Soil Maps, Soil Description, and Topographic Map

| | |
|---|---|
| Site Slope (percent) | Distance to Surface Water (feet) |
| Soil Type and Texture | Depth to Seasonal High Water Table (feet) |

**Section 7. Disposal Site Design** (enclose appropriate diagrams, maps, cross sections, and narrative)

| | |
|---|---|
| Site Plan View | |
| One to Two Cross Sections Showing: Trench Depth | Waste Placement |
| Final Cover Design | Final Vegetation |
| Application must include diagrams of these components — are these enclosed? ☐ Yes ☐ No | |

**Section 8. District**

| | | |
|---|---|---|
| Name of ND DOT District | District Telephone Number | |
| Name of District Engineer | | |
| District Address | City | ZIP Code |

**Section 9. Local Zoning Approval**

Inert waste disposal must not conflict with local zoning ordinances. Consult with representatives of the applicable zoning jurisdiction (county, township, or city) to determine compliance with zoning ordinances. A representative of the local zoning jurisdiction must sign the application.

| | |
|---|---|
| Print Name | Zoning Jurisdiction |
| Signature | Date |

**Section 10. Signatures**. Signatures are required by the party (contractor) responsible for the waste and the owner of the inert waste disposal site

**Party Responsible for Waste:** The inert waste and/or the structure scheduled for demolition has been inspected. Prohibited waste or materials described in the Department's Guideline 22 will not be disposed and/or will be removed prior to demolition. The inert waste disposal site will be operated and closed according to the Department's Guideline 22.

| | |
|---|---|
| Contractor Signature | Date |

**Disposal Site Owner:** Disposal on my property is acceptable to me and I am knowledgeable of the Department's Guideline 22 Inert Waste Disposal Variance and state requirements. The site will be maintained after closure to minimize erosion and prevent exposure of waste materials. State inspectors may review and inspect the property described above. No further disposal other than that approved by the Department will occur on this site. An "Affidavit and Notice of Disposal Facility" will be completed according to Guideline 22 and filed with the County Recorder. The Department will be provided with a certified copy of the Affidavit within thirty (30) days of filing.

| | |
|---|---|
| Owner Signature | Date |

(Attach additional pages if needed)

**Return completed application and supplemental forms/pages to:**

North Dakota Department of Environmental Quality
Environmental Health Section
Division of Waste Management
918 E. Divide Ave., 3rd Floor
Bismarck, ND 58501-1947
Telephone: (701) 328-5166
Fax: (701) 328-5200