



K A N S A S

DEPARTMENT OF HEALTH AND ENVIRONMENT

REGISTRATION FOR THE OPERATION OF A COMPOSTING SITE UNDER ½ ACRE IN SIZE

This form must be completed to comply with one of the following K.A.R. 28-29-25a, 28-29-25c, 28-29-25d, 28-29-25e, or 28-29-25f.

1. Registrant's Name _____

Address _____
(Street or Rural Route) (City & State) (Zip)

Person to contact _____ Title _____

Telephone (_____) _____ Fax (_____) _____ E-Mail _____

2. State Agency _____ Private Individual or Firm _____ County _____ City _____ Township _____

3. Site Address _____
(Street Number, Road, Highway) (City)

4. Site Location (Legal Description)

County _____, 1/4 Section _____, Section _____, Township _____, Range _____

5. Composting Site Area (square feet) _____ ("Composting area" means the area used for receiving, processing, curing, and storage of compostable materials and compost. K.A.R. 28-29-03(h))

6. Types of materials to be composted. Yard waste _____ Manure _____ Livestock _____
Source Separated _____ Municipal Solid Waste _____
If source separated, designate types of materials _____

7. Approximate quantity of material handled per year. _____ tons or cubic yards

8. Include drawing of site on 8 ½ x 11 sheet of paper. This drawing should show all relevant features and dimensions.

Signature _____ Date _____

After completion, please mail this form and the required drawing to:

KDHE - Bureau of Waste Management
Solid Waste Permits Section
1000 SW Jackson, Suite 320
Topeka, KS 66612-1366

BUREAU OF WASTE MANAGEMENT
CURTIS STATE OFFICE BUILDING, 1000 SW JACKSON ST., STE. 320, TOPEKA, KS 66612-1366
Voice 785-296-1600 Fax 785-296-1592 www.kdheks.gov/waste