

Nebraska Department of Environmental Quality
Integrated Solid Waste Management Section
Suite 400, 1200 "N" Street, The Atrium
P.O. Box 98922
Lincoln, NE 68509-8922
(402) 471-4210

SOLID WASTE DISPOSAL AREA CONSTRUCTION CERTIFICATION

Name of Facility: _____

Mailing Address: _____

City/State/Zip: _____ Telephone: _____

Legal Description of Facility: (NE, SE, NW, SW) Quarter, (NE, SE, NW, SW) Quarter,

Section _____, Township _____ (N) (S), Range _____ (E) (W),
County: _____

- Municipal Solid Waste Disposal Area Industrial Waste Disposal Area
 Fossil Fuel Combustion Ash Disposal Area Construction and Demolition Waste Disposal Area

Phase of Development: _____

I hereby certify that the above referenced solid waste disposal facility has been constructed pursuant to the facility's permit application approved by the Nebraska Department of Environmental Quality and the rules and regulations of Title 132 – Integrated Solid Waste Management Regulations.

Date of Construction Completion

Signature of Owner Date or _____
Signature of P.E. Date
Registered in the State of Nebraska

Printed Name of Owner or _____
Printed Name of P.E.

(Professional Engineer Seal)