

LOCAL GOVERNMENT REQUEST FOR A TEMPORARY EMERGENCY DEBRIS MANAGEMENT SITE

(A separate form should be completed for each emergency site requested)

CONTACT INFORMATION

Local Government: _____ County: _____

Primary Local Government Contact Person:

Name: _____

Title: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Primary Site Operations Contact (if known):

Name: _____

Title: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

SITE INFORMATION

Type of Temporary Emergency Debris Management Site (check all that apply):

Vegetative Debris (trees, limbs, leaves, etc.): ☐ Staging ☐ Chipping ☐ Other: _____

Structural Debris (brick, lumber, siding, roofing, furniture, etc.): ☐ Staging

Physical Address of Site: _____

☐ Attach a high quality topographic map or aerial photograph (with property boundaries, if possible).

☐ Attach a description of the site's ability to comply with MDEQ location restrictions.

GPS Location (if available): Latitude: N _____° _____' _____" Longitude: W _____° _____' _____"

Anticipated Period of Operation: _____ to _____

ADDITIONAL INFORMATION

☐ Attach a copy of a local government resolution declaring the need for this emergency debris site, including debris type and quantity estimates and a discussion on the availability of existing solid waste disposal facilities in the area.

☐ Attach documentation demonstrating the local government has the consent of the property owner(s) to conduct the proposed emergency operations at the location.

☐ Attach a description of the final disposal or beneficial use plans for all debris, chipped wood, and other solid waste managed at the site.

SIGNATURE

Name (print): _____

Date: _____

Signature: _____

Title: _____

Mail, email, or fax:

MDEQ – Waste Division

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