Year: 2023

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:	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 (or Location) 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	
GPS Location (if available): Latitude: N ' " Longitude: W ' "	
Anticipated Period of Operation:	to
ADDITIONAL REQUIRED INFORMATION	
	declaring the need for this emergency debris site, including n the availability of existing solid waste disposal facilities in
Attach documentation demonstrating the local government the proposed emergency operations at the location.	vernment has the consent of the property owner(s) to conduct
Attach a description of the final disposal or benefities waste managed at the site.	ficial use plans for all debris, chipped wood, and other solid
SIGNATURE OF RESPONSIBLE OFFICIAL	
Name (print):	Title:
	Date:
PLEASE EMAIL:	

Email: Trent Jones tjones@mdeq.ms.gov MDEQ – Waste Division: P. O. Box 2261, Jackson, MS 39225 Phone: (601) 961-5171 Fax: (601) 961-5785