

## 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 (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 comply with MDEQ location restrictions.

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

Anticipated Period of Operation: \_\_\_\_\_ to \_\_\_\_\_

### ADDITIONAL REQUIRED 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 OF RESPONSIBLE OFFICIAL

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE SUBMIT TO TRENT JONES:**

Email: [tjones@mdeq.ms.gov](mailto:tjones@mdeq.ms.gov)

MDEQ – Waste Division: P. O. Box 2261, Jackson, MS 39225

Phone: (601) 961-5171 Fax: (601) 961-5785