

Certification of Local Siting Approval

Name of Facility: _____

Mailing Address: _____

City/State/Zip: _____ Tele #: _____

Legal Description: (NE/SE/NW/SW) Quarter, (NE/SE/NW/SW) Quarter, Section _____
Township _____ (N) (S), Range _____ (E)(W). County: _____

Type of Facility:

- Solid Waste Disposal Area
- Compost Site
- Incinerator

I certify that the above referenced solid waste management facility has received local siting approval in accordance with Neb. Rev. Stat. Sections 13-1701 to 13-1714, or with Section 13-2035, if applicable. This approval process has included notification of nearby property owners, a written request for hearing, published notice of hearing, the public hearing and the development of a record of hearing. The appropriate documentation is attached hereto, including: (1) copy of request for approval (if private facility); (2) copy of 14-day notice to adjacent owners; (3) copies of all public notices; (4) written comments, if received; and (5) public hearing record showing criteria considered and outcome of any vote taken.

Signature of Facility Owner

Date

Signature of Authorized Local Government Official

Title

Date

Representing _____
(Name of County or Municipality)