

Certification of Compliance with Local Siting Requirements

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: _____

Mark one of the following:

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, as applicable.

I certify that the above-referenced-solid waste management facility **DOES NOT REQUIRE** local siting approval in accordance with Neb. Rev. Stat. Sections 13-1701 to 13-1714, or with Section 13-2035, as applicable.

Name of Authorized Local Government Official (Please print)

Title

Signature of Authorized Local Government Official

Date

Representing _____
(Name of County or Municipality)