

Suite 400, 1200 "N" Street, The Atrium

P.O. Box 98922 Lincoln, NE 68509-8922

(402) 471-4210

**SOLID WASTE PROCESSING FACILITY CONSTRUCTION CERTIFICATION**

Name of Facility:

Mailing Address:

City/State/Zip: Telephone:

Legal Description of Facility: (NE, SE, NW, SW) Quarter, (NE, SE, NW, SW) Quarter,

Section , Township (N) (S), Range (E) (W),

County:

Materials Recovery Facility Transfer Station Compost Site Other Processing Facility

**I hereby certify that the above referenced solid waste processing facility has been**

**constructed pursuant to the facility’s permit application approved by the Nebraska Department of Environment and Energy and the rules and regulations of Title 132 – Integrated Solid Waste Management Regulations.**

Date of Construction Completion

Signature of Owner **or** Date

PE Registered in the State of Nebraska

Printed Name of Owner **or**

PE Registered in the State of Nebraska (Professional Engineer Seal)

Revised 1-2020 WAS054-2020