

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 of Site: _____

Attach a high quality topographic map or aerial photograph.

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 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

Name (print): _____ Date: _____

Signature: _____ Title: _____

Mail, email, or fax:

MDEQ - Solid Waste Programs

P. O. Box 2261, Jackson, MS 39225 Email: Mark.Williams@deq.state.ms.us

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