Year: <u>2025</u>

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	Primary Site Operations Contact (if known):		
Name:	Name:		
Title:			
Address 1:			
Address 2:			
City: State:			
Phone: Fax:	Phone: Fax:		
Email:	Email:		
	SITE INFORMATION		
Type of Temporary Emergency Debris Man	agement 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.			
\Box 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.			
SIGNATUR	E OF RESPONSIBLE OFFICIAL		
Name (print):	Title:		
Signature:	Date:		
PLEASE SUBMIT TO TRENT JONES:			
Email: <u>tjones@mdeq.ms.gov</u> MDEQ – Waste Division: P. O. Box 2261, Jackson, MS 39225 Phone: (601) 961-5171 Fax: (601) 961-5785			