Revised February 01, 2021

SOLID WASTE ASSESSMENT FEE EXEMPTION APPLICATION

Persons applying for a Solid Waste Assessment Fee Exemption shall complete this application and resubmit one (1) copy of the completed application to:

WV Department of Environmental Protection
Division of Water and Waste Management
Solid Waste Management
601 57th Street SE
Charleston, WV 25304

NOTE: This exemption request must be signed and submitted by the solid waste facility that will receive the waste.

THE SOLID WASTE FACILITY that has agreed to accept the waste:

Name of Facility: ____________________________________________
Address: ________________________________________________

Permit Number: ___________________________________________
Contact Person: __________________________________________
Telephone: ______________________________________________
PROJECT COORDINATOR:
Name: ___________________________________________
Address: _________________________________________
_________________________________________________________________________
Telephone: ________________________________________________

NAME OF PROJECT and brief description of the type and estimated amount of waste (in tons):
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

PROJECT DATES:
Beginning Date: ____________________________________________
Ending Date: ______________________________________________

TYPE OF PROJECT:
☐ PPOD/Open Dump Reclamation
☐ Adopt-A-Highway Program
☐ County Sponsored Clean-up Project
☐ City of Community Sponsored Clean-up Project
☐ Solid Waste Authority Sponsored Clean-up Project
☐ Adopt-A-Dump Program
☐ Other (Please Describe)
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
CERTIFICATION

I, ________________________________, certify under penalty of law that
(Print Name of Applicant)

this exemption application and all attachments were prepared under my direction or supervision and that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of revocation of registration, fine and/or enforcement action for knowing violations.

_____________________________  __________________________
(Signature of Owner/Applicant)   (Date)

STATE OF WEST VIRGINIA
COUNTY OF: _______________________

Taken, subscribed and sworn to before me, a Notary Public in and for the County and State aforesaid this _________ day of ______________________, 20 ________.

My commission expires: ________________________________

_____________________________  __________________________
(Notary Public)                  

STAMP OR SEAL
We will process your personal information (email address, mailing address and/or telephone number) in accordance with the State of West Virginia’s Privacy Policy for appropriate and customary business purposes. Your personal information may be disclosed to other state agencies or third parties in the normal course of business or as needed to comply with statutory or regulatory requirements, including Freedom of Information Act requests. The Division of Water and Waste Management will appropriately secure your personal information. If you have any questions about our use of your personal information, please contact the DEP’s Chief Privacy officer at depprivacyofficer@wv.gov.