

Nebraska Department of Environmental Quality
Integrated Solid Waste Management Section
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 Environmental Quality and the rules and regulations of Title 132 – Integrated Solid Waste Management Regulations.

Date of Construction Completion

Signature of Owner Date

or

Signature of P.E. Date
Registered in the State of Nebraska

Printed Name of Owner

or

Printed Name of P.E.

(Professional Engineer Seal)