



Solid Waste Facility Permit Application Form

For SHWD Use Only

Facility Name:	SHWD File No.:
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Applicant Information

Name: Mike Dimick dba Hopper Disposal	Phone: 307-840-2850
Address: 415 W 3rd St. PO Box 213	
City, State, Zip: Shoshoni WY 82649	

Landowner Information

Name: David Long	Phone: 307-856-1454
Address: 11007 HWY 789	
City, State, Zip: Riverton WY 82501	

Lienholder Information

Name:	Phone:
Address:	
City, State, Zip:	

Facility Information

Application Type: Low volume treatment	Facility Type: Solid waste transfer, treatment storage, and processing facility	
Township: 01N	Range: 004E	Section: 25 N / 25 WSW
County: Fremont	Total Acreage: 7	
Service Area: State of Wyoming		
Total Disposal Capacity:		
Total Transfer/Treatment/Storage Capacity:		* 1,000 scrap tires * Green waste / clean wood (10,000 sq ft) * 500 lead acid batteries * 5000 gal used oil * 5000 gal used antifreeze
* 100 cu. yds. construction / demolition waste * 150 cu. yds. mixed solid waste * 50 cu. yds. electronic waste * 50 cu. yds. CRTs		
Waste Type(s):		
* Municipal solid waste * construction / demolition waste * clean wood / green waste * Industrial solid waste		



FINAL

Landowner Approval

I have read this application and consent to the operations which are described herein. I understand the land use restrictions and any deed notice which are part of this application.

Debra M. Long 9-7-17
 Signature Date

Lienholder Approval

I have read this application and consent to the operations which are described herein. I understand the land use restrictions and deed notice which are part of this application.

 Signature Date

Professional Engineer Certification

I am a registered professional engineer in the State of Wyoming and am qualified to design solid waste management facilities. I certify that this application was prepared by me or under my direct supervision (Stamp, sign and date)

 Signature Date

Professional Geologist Certification

I am a registered professional geologist in the State of Wyoming. I certify that the geologic services and work contained in this application were prepared by me or under my direct supervision. (Stamp, sign and date)

 Signature Date

Applicant Oath

I (we) have prepared or reviewed this application and swear that the information contained in it is accurate and represents actual site conditions. I (we) understand that submission of false information subjects me (us) to a penalty for perjury in accord with W.S. 35-11-506. I (we) shall allow the administrator or an authorized representative, upon the presentation of credentials and other documents as may be required by law to enter upon the premises where a regulated facility or activity is located or conducted, or where records must be kept under the conditions of this permit; have access to and copy, at reasonable times, any records that must be kept under the conditions of this permit; inspect at reasonable times any facilities, equipment (including monitoring and control equipment), practices, or operations regulated or required under this permit; and sample or monitor at reasonable times, for the purposes of assuring permit compliance or as otherwise authorized by the appropriate rules and regulations of the department, any substances or parameters at any location.

Mike Dimick President 8/23/17
 Applicant signature title date

Applicant signature title date


The forgoing permit application form was acknowledged before me by Mike Dimick, Applicant(s)

in Fremont County, State of Wyoming, this 23 day of August, 2017.

Witness my hand and official seal.

Melinda McKee
 Notary Public signature

My commission expires: Nov. 19, 2018



JAN 19