

**Certification of Compliance with Local Siting Requirements**

Name of Facility: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Tele #: \_\_\_\_\_

Legal Description: (NE/SE/NW/SW) Quarter, (NE/SE/NW/SW) Quarter,

Section \_\_\_\_\_ Township \_\_\_\_\_ (N) (S), Range \_\_\_\_\_ (E)(W). County: \_\_\_\_\_

Mark one of the following:

☐

I certify that the above-referenced solid waste management facility **HAS RECEIVED** local siting approval in accordance with Neb. Rev. Stat. Sections 13-1701 to 13-1714, or with Section 13-2035, as applicable.

☐

I certify that the above-referenced-solid waste management facility **DOES NOT REQUIRE** local siting approval in accordance with Neb. Rev. Stat. Sections 13-1701 to 13-1714, or with Section 13-2035, as applicable.

\_\_\_\_\_  
Name of Authorized Local Government Official (Please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Authorized Local Government Official

\_\_\_\_\_  
Date

Representing \_\_\_\_\_  
(Name of County or Municipality)