



COUNTY OF MAUI – DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

2200 Main Street, Suite 225 • Wailuku, HI 96793 • Phone (808) 270-7875 • Fax (808) 270-7843

LANDFILL TIPPING FEE WAIVER REQUEST

Please Complete the REQUESTER INFORMATION Section and Submit Online, By Certified Mail, or Drop-Off to the above address.

REQUESTER INFORMATION

Name:	_____	Date:	_____
Address:	_____	Organization:	_____
City, State, Zip Code:	_____	Telephone Number:	_____
Email Address:	_____	Fax Number:	_____

IN ORDER TO QUALIFY THE FOLLOWING CONDITIONS MUST BE MET (Yes to either 1 or 2 and then Yes to either 3 or 4)

1. Is the Organization an IRS Code Section 501(c) (3) or 501(d) Non-profit Organization? YES NO
(If YES, is a copy of the 501(c) (3) or 501(d) certification attached?) YES NO
2. Is the Organization participating in a County-sponsored event? YES NO
IF YES TO EITHER 1 OR 2 CONTINUE (If NO your Organization Does Not Qualify for Waivers)
4. Does the Organization have a recycling operating permit issued by the State of Hawaii, Department of Health? YES NO
5. Is the Recycling Verification Form Part A completed? YES NO
IF YES TO EITHER 4 OR 5 CONTINUE (If NO your Organization Does Not Qualify for Waivers)
6. If the material being taken to the landfill is from construction or demolition (C&D), is approved C&D form attached? YES NO

Describe in detail the types of materials that will be taken to the landfill: _____

Waivers will be used during:	<input type="checkbox"/> FY 2022 (7/1/2021 – 6/30/2022)	<input type="checkbox"/> FY 2023 (7/1/2022 – 6/30/2023)		
Material will be delivered to:	<input type="checkbox"/> Central Maui Landfill	<input type="checkbox"/> Molokai Landfill	<input type="checkbox"/> Lanai Landfill	<input type="checkbox"/> Hana Landfill
Vehicle Capacity in cubic yards: _____	Number of Waivers Requested: _____			
*Note: One Waiver required per truck load.				
Name of Transporter/Hauler: _____	Hauling/Disposal Dates: _____			

Completed Landfill Tipping Fee Waiver Requests must be submitted to the County of Maui Solid Waste Division at least thirty (30) days prior to event. Incomplete and un-timely requests will be denied. Requester is required to maintain all records for a period of three (3) years from the hauling/disposal date for County of Maui review. Failure to provide records upon request will result in future waiver request denial. Any exceedance in max tons waived will result in future waiver request denial.

I certify that the information provided herein is accurate and true to the best of my knowledge and belief. Furthermore, I will follow all State of Hawaii and County of Maui rules and regulations governing the County of Maui landfills.

_____ Authorized Signature of Organization Manager/Administrator	_____ Printed Name & Title	_____ Date
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WAIVER REQUEST DETERMINATION (For Official Use Only)		
<input type="checkbox"/> Approved for _____ waivers. (Note: A maximum of 5 tons cumulative per year, per organization is allowed.) All waivers expire on _____ <input type="checkbox"/> Denied waivers	Remarks	
	Director of Environmental Management	Date



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RECYCLING VERIFICATION FORM

County Of Maui Ordinance Information Pertaining To Landfill Waivers:

8.04.050 E. – Disposal Charges.

E. The director may waive disposal charges for non-profit organizations and organizations participating in a County-sponsored event if the organization:

1. Has a recycling operating permit issued by the State of Hawaii, Department of Health;
 - or
 2. Submits information, on a form specified by the department, verifying the organization's participation in recycling programs or projects.
- (Ord. 3562 § 1 (part), 2008: Ord. 3052 § 8, 2002)

Part A To be filled out by Requester at time of submission of Landfill Tipping Fee Waiver Request.

Explain the recycling/diversion activities associated with the Waiver Request that will take place and estimated tons of material.

Attach additional pages, if necessary: _____

Assuming one (1) cubic yard is equal to **0.13 tons NON-COMPACTED** or **0.25 tons COMPACTED** Municipal Solid Waste, provide the following:

Total Estimated Tons to be Recycled/Diverted from Landfill: _____ (A)

Total Estimated Tons to be Landfilled: _____ (B)

Anticipated Percentage of Recycled/Diverted Material: _____ $\frac{A}{(A+B)} \times 100\%$

Note: Anticipated Recycled/Diverted Material percentage must be greater than Twenty-Five (25%) percent, for Waiver Approval. A Maximum of 5 Tons/Fiscal year of landfill disposal charges will be waived per Organization, regardless of the # of waivers approved.

 Authorized Signature of Organization Printed Name & Title Date

Part B To be filled out by Requester AFTER project completion.

Waiver Number(s) Redeemed					
Landfill Invoice Number(s)					
Total Actual Tons on Landfill Invoice(s)		-	-		
Total Actual Tons Diverted/Recycled from Landfill Associated with these specific waiver number(s)					
Description of Diverted/Recycled Materials; Name & Location of End Recycler/Processor (Not name of local hauling company)					
Date(s) when Diverted/Recycled Materials were picked up.					

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I certify that the information provided herein is accurate and true to the best of my knowledge and belief. Furthermore, I will follow all State of Hawaii and County of Maui rules and regulations governing the County of Maui landfills.