

E. Name and address of lessee, if appropriate:

Telephone: _____

F. Facility Name and Location:

Name: _____ Kekaha Municipal Solid Waste Landfill
Address: _____ 6900-D Kaumualii Highway

Lihue, HI 96766
Tax Map Key: _____ 1-2-02: Por. 1

(if appropriate)

Latitude: _____ 21 _____ ° _____ 59 _____ ' _____ 01 _____ " N
Longitude: _____ 159 _____ ° _____ 44 _____ ' _____ 52 _____ " W
UTM Coordinates: Zone _____ 4 _____ East _____ 422,800 _____ North _____ 422,800

G. Type of Facility (check all that apply)

1.	Landfill		
	MSW (daily tonnage <u>250-</u>)		<div style="border: 1px solid red; padding: 2px; display: inline-block;">12/16/24 - Change to 275 TPD X</div>
	C&D (daily tonnage _____)	_____	
2.	Incinerator (daily tonnage _____)	_____	
3.	Solid Waste Processing		
	Transfer Station (daily tonnage _____)	_____	
	Recycling/materials recovery	_____	
	Salvage	_____	
4.	Reclamation Facility		
	Composting	_____	
	Remediation	_____	
5.	Special Waste		
	Special waste landfill	_____	
	Medical waste	_____	
	Foreign waste	_____	
	Other Non-Specified Technology	_____	
	Please briefly explain _____	_____	
6.	Waste Treatment/Processing/Storage for Disposal	_____	

IV. Normal Operating Schedule

A. Shifts Worked: _____ HOURS OF DAY

1.	From: _____ 08:00 _____	To: _____ 16:00 _____
2.	From: _____	To: _____
3.	From: _____	To: _____

B. Days per week: 7

C. Weeks per year: 52

D. Operation is seasonal or irregular, describe: _____