



**IOWA DEPARTMENT OF NATURAL  
RESOURCES**  
**BENEFICIAL USE DETERMINATION  
APPLICATION FORM**



Send completed applications with attached information to:

Planning, Permitting & Engineering Section  
Energy & Waste Management Bureau  
Iowa Department of Natural Resources  
502 E 9<sup>th</sup> Street  
Des Moines, IA 50319

For questions concerning this application contact Matt McDonald at 515/281-8150 or [matt.mcdonald@dnr.state.ia.us](mailto:matt.mcdonald@dnr.state.ia.us)

**SECTION 1. CONTACT INFORMATION [IAC 567-108.5]**

Provide the name, address and telephone number for the following

Address of the site where the project will be located

Site Owner Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*(you may attach a legal description from your county assessor)*

\_\_\_\_\_ 1/4 of \_\_\_\_\_ 1/4 of \_\_\_\_\_ 1/4 Section \_\_\_\_\_ Township \_\_\_\_\_ N Range \_\_\_\_\_ E/W County \_\_\_\_\_

**Beneficial Use Determination Applicant**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Individual responsible for operation of the project**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Professional engineer (P.E.) licensed in the state of Iowa and retained for the design of the facility, if any**

Name: \_\_\_\_\_ License #: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Agency to be served by the project, if any**

Agency Name: \_\_\_\_\_  
Responsible Official: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**SECTION 2. FACILITY OPERATIONAL INFORMATION**

A description of the solid by-product under review and its proposed use:

**The chemical and physical characteristics of the solid by-product:**

**A demonstration that there is a known or reasonably probable market for the intended use of the solid by-product:**

**A demonstration that the proposed use of the solid by-product will not adversely affect human health and environment:**

**SECTION 3. PERMIT APPLICATION CHECKLIST**

Checking the appropriate boxes below certifies that the documents submitted in conjunction with this application form are complete and in compliance with the applicable chapters of the Iowa Administrative Code. If an application is found by the department to be incomplete, it may be denied and returned to the applicant.

Required Document	Attached
Solid By-product Management Plan [IAC 567 Chapter 108.5(6)]	<input type="checkbox"/>
Site Map	<input type="checkbox"/>
By-product Analytical Results [IAC 567 Chapter 108.5]	<input type="checkbox"/>

**SECTION 4. APPLICANT CERTIFICATION**

**CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

I further certify that the construction and operation of the above described project will be in accordance with the plans, specifications, reports and related communications accepted by the Iowa Department of Natural Resources and on file in its office; and in accordance with conditions imposed in the determination issued by the Iowa Department of Natural Resources.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

# DOCUMENTS TO BE ATTACHED

## **SOLID BY-PRODUCT MANAGEMENT PLAN [IAC 567 CHAPTER 108.6]**

- ➡ Attach a Plan that meets the following requirements:
  - (1) List the source(s) of the solid by-product.
  - (2) List procedures for periodic testing of the solid by-product to ensure that the chemical and physical composition has not changed significantly.
  - (3) Provide a description of storage procedures including:
    - Storage location(s)
    - Maximum anticipated inventory, including dimensions of any stockpiles
    - Run-on and run-off controls, which may include a storm water National Pollutant Discharge Elimination System (NPDES) permit
    - Management practices to minimize uncontrolled dispersion of the solid by-product
    - Maximum storage time, not to exceed six months unless authorized in writing by the department

## **SITE MAP**

- ➡ Provide a site map showing the following:
  - (1) North and other principal compass points.
  - (2) Homes and buildings within 250 feet.
  - (3) Section lines or other legal boundaries.
  - (4) Marker showing site location

## **BY-PRODUCT ANALYTICAL RESULTS [IAC 567 CHAPTER 108.5]**

- ➡ Attach the following testing results:
  - (1) Toxicity Characteristics Leaching Procedure (TCLP, EPA Method 1311) of by-product
  - (2) Total Metals Testing including Thallium of by-product
  - (3) Synthetic Precipitation Leaching Procedure (SPLP, EPA Method 1312) of by-product – **For projects where solid by-product will be beneficially used as fill material only**

Beneficial Use of Solid By-products (IAC 567 Chapter 108) regulations can be accessed on the IDNR web site at

<http://www.iowadnr.com/waste/policy/administrative.html>