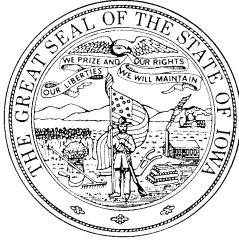


New Permit  
Amendment

Permit Renewal # \_\_\_-SDP-\_\_\_-\_\_\_-COM

Permit



## IOWA DEPARTMENT OF NATURAL RESOURCES

### Compost Facility

#### PERMIT APPLICATION FORM 50A



Applications for a solid waste compost facility must be accompanied by the plans, specifications and additional information required by the applicable solid waste rules under Iowa Administrative Code 567 Chapter 105.

Send completed applications with attached information to:

Planning, Permitting & Engineering Services  
Land Quality Bureau  
Iowa Department of Natural Resources  
502 East 9<sup>th</sup> Street  
Des Moines, IA 50319

For questions concerning this application please contact the Department at (515) 281-8150.

#### SECTION 1. FACILITY CONTACT INFORMATION

Facility Name/Address:	Site Legal Description:
Phone #:                      Fax #:	____ 1/4 of ____ 1/4 of ____ 1/4 Section ____ Township ____ N Range ____ E/W County ____
Name/Address of Responsible Official:	Facility Owner/Address:
Phone #:                      Fax #:	Phone #:                      Fax #:
Name of Facility Operator:	Name/Address of Design Engineer (P.E.), if any:
Phone #:                      Fax #:	License #: Phone #:                      Fax #:

**SECTION 2. SITE INFORMATION**

<p><b>This facility is part of the following solid waste comprehensive planning area:</b></p> <p>Planning Area:</p> <p>Date of Last Approved Plan:</p>	
<p>Days and hours of operation of the facility:</p>	<p><b>Open to the public?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>Type <u>and</u> expected weight (tons) of solid waste feedstocks to be handled per day, week and year at the facility:</p> <p>Type:</p> <p style="margin-left: 40px;">per day</p> <p style="margin-left: 40px;">per week</p> <p style="margin-left: 40px;">per year</p>	

**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. While some of the documents below may have been submitted previously, updated copies of each is required to be provided with each permit renewal application. Three (3) copies of each document shall be submitted. If an application is found by the department to be incomplete, it may be denied and returned to the applicant.

Required Documents			Attached
<b>Section A.</b>	<p><b>Executive Summary (<i>permit renewals only</i>)</b></p> <ul style="list-style-type: none"> <li>Summary of modifications, if any, to the facility that occurred during the current permit cycle.</li> <li>Summary of each special provision of the current permit to determine if it is to remain the same, be revised or be removed.</li> <li>Summary of each permit amendment, if any, that occurred during the current permit cycle to determine if it shall be included with the renewed permit, be revised or be removed.</li> <li>Provide documentation and certification as required for new permit amendment requests and new variance requests from Iowa Administrative Code, if any.</li> </ul>		<input type="checkbox"/>
<b>Section B.</b>	<b>Site Map or Aerial Photograph</b>	IAC 567 105.8(1)	<input type="checkbox"/>
<b>Section C.</b>	<p><b>Storm Water Discharge Requirements</b></p> <ul style="list-style-type: none"> <li>Document compliance with state and federal storm water discharge requirements by contacting the Department at (515) 281-7017 or <a href="http://www.iowadnr.com/water/stormwater/index.html">http://www.iowadnr.com/water/stormwater/index.html</a></li> </ul>	IAC 567 64.3(455B)	<input type="checkbox"/>
<b>Section D.</b>	<b>Organizational Chart</b>	IAC 567 102.12(5)	<input type="checkbox"/>
<b>Section E.</b>	<b>Operator Certification</b>	IAC 567 105.10	<input type="checkbox"/>
<b>Section F.</b>	<b>Site Design Plan</b>	IAC 567 105.8(2)	<input type="checkbox"/>
<b>Section G.</b>	<b>Site Operation Plan</b>	IAC 567 105.3 IAC 567 105.8(3) IAC 567 105.9	<input type="checkbox"/>
<b>Section H.</b>	<b>Emergency Response and Remedial Action Plan</b>	IAC 567 102.14	<input type="checkbox"/>
<b>Section I.</b>	<b>Site Closure Plan</b>	IAC 567 105.13	<input type="checkbox"/>
<b>Section J.</b>	<b>Proof of Financial Assurance and Closure Cost Estimate</b>	IAC 567 105.14	<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 facility 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 permit issued by the Iowa Department of Natural Resources.

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

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

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

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