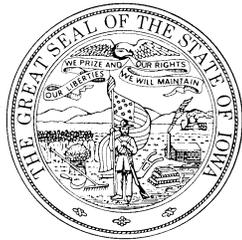


New Permit

Permit Renewal # _____ -SDP- _____ -PRO

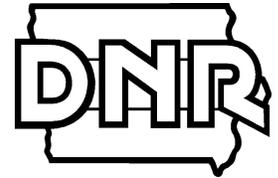
Permit Amendment



IOWA DEPARTMENT OF NATURAL RESOURCES

Solid Waste Processor

PERMIT APPLICATION FORM 50E



Application for a solid waste processing facility must be accompanied by the plans, specifications and additional information required by the applicable solid waste rules under Iowa Administrative Code 567 Chapters 102 and 104.

Send completed application with attached information to:

Iowa Department of Natural Resources
Land Quality Bureau
Solid Waste Section
502 East Ninth Street
Des Moines, IA 50319-0034

For questions concerning this application please contact the Department at (515) 725-8350.

SECTION 1. FACILITY CONTACT INFORMATION

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

SECTION 2. SITE INFORMATION

<p>This facility is part of the following solid waste comprehensive planning area:</p> <p>Planning Area:</p> <p>Date of Last Approved Plan:</p>	<p><input type="checkbox"/> This facility does not participate in a planning area within the state of Iowa other than its own.</p> <p><i>* A solid waste comprehensive plan must be developed and approved by the department prior to issuance of a sanitary disposal project permit. Please contact the department's Solid Waste Comprehensive Planning staff at (515) 281-8499 for instructions and requirements for completing a comprehensive plan.</i></p>														
<p>Days and hours of operation of the facility:</p>	<p>Open to the public?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>														
<p>Service area of the facility <u>and</u> final disposal destination of all residuals (<i>include unincorporated areas and out of state generators</i>):</p> <p>Service Area:</p> <p>Disposal Facility:</p>															
<p>Type, source <u>and</u> expected weight (tons) of solid waste to be handled per day, week and year at the facility:</p> <p>per day</p> <p>per week</p> <p>per year</p>															
<p>Description of the waste materials <u>and</u> handling process to be used:</p>															
<p>List equipment to be used, its design capacities and expected loads:</p>															
<p>Check all other materials accepted/activities at the facility:</p> <table border="0"><tr><td><input type="checkbox"/> Recyclables drop-off – glass, paper, plastic, metal</td><td><input type="checkbox"/> Scrap Metal Salvaging</td></tr><tr><td><input type="checkbox"/> Lead Acid Batteries</td><td><input type="checkbox"/> Appliance Demanufacturing</td></tr><tr><td><input type="checkbox"/> Used Oil</td><td><input type="checkbox"/> Electronics Demanufacturing</td></tr><tr><td><input type="checkbox"/> Antifreeze</td><td><input type="checkbox"/> Yard Waste Composting</td></tr><tr><td><input type="checkbox"/> White Goods Collection</td><td><input type="checkbox"/> Yard Waste Collection</td></tr><tr><td><input type="checkbox"/> Tires</td><td><input type="checkbox"/> HHM/RCC</td></tr><tr><td><input type="checkbox"/> Electronics Collection</td><td><input type="checkbox"/> Other</td></tr></table>		<input type="checkbox"/> Recyclables drop-off – glass, paper, plastic, metal	<input type="checkbox"/> Scrap Metal Salvaging	<input type="checkbox"/> Lead Acid Batteries	<input type="checkbox"/> Appliance Demanufacturing	<input type="checkbox"/> Used Oil	<input type="checkbox"/> Electronics Demanufacturing	<input type="checkbox"/> Antifreeze	<input type="checkbox"/> Yard Waste Composting	<input type="checkbox"/> White Goods Collection	<input type="checkbox"/> Yard Waste Collection	<input type="checkbox"/> Tires	<input type="checkbox"/> HHM/RCC	<input type="checkbox"/> Electronics Collection	<input type="checkbox"/> Other
<input type="checkbox"/> Recyclables drop-off – glass, paper, plastic, metal	<input type="checkbox"/> Scrap Metal Salvaging														
<input type="checkbox"/> Lead Acid Batteries	<input type="checkbox"/> Appliance Demanufacturing														
<input type="checkbox"/> Used Oil	<input type="checkbox"/> Electronics Demanufacturing														
<input type="checkbox"/> Antifreeze	<input type="checkbox"/> Yard Waste Composting														
<input type="checkbox"/> White Goods Collection	<input type="checkbox"/> Yard Waste Collection														
<input type="checkbox"/> Tires	<input type="checkbox"/> HHM/RCC														
<input type="checkbox"/> Electronics Collection	<input type="checkbox"/> Other														

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. One (1) copy 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
Section A.	Executive Summary (<i>permit renewals only</i>) <ul style="list-style-type: none"> • Summary of modifications, if any, to the facility that occurred during the current permit cycle. • Summary of each special provision of the current permit to determine if it is to remain the same, be revised or be removed. • 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. • Provide documentation and certification as required for new permit amendment requests and new variance requests from Iowa Administrative Code, if any. 		<input type="checkbox"/>
Section B.	Site Map or Aerial Photograph	IAC 567 102.12(3)	<input type="checkbox"/>
Section C.	Proof of Ownership/Local Zoning Requirements	IAC 567 102.12(9)	<input type="checkbox"/>
Section D.	Organizational Chart	IAC 567 102.12(5)	<input type="checkbox"/>
Section E.	Detailed Engineering Drawings	IAC 567 104.1(1)	<input type="checkbox"/>
Section F.	Site Design Plan	IAC 567 104.1(2), 104.2, 104.9 & 104.21	<input type="checkbox"/>
Section G.	Site Operation Plan	IAC 567 102.13 IAC 567 104.10	<input type="checkbox"/>
Section H.	Contingency Plan for Disposal of Solid Waste	IAC 567 102.12(8)	<input type="checkbox"/>
Section I.	Emergency Response and Remedial Action Plan	IAC 567 102.14	<input type="checkbox"/>
Section J.	Site Closure Plan	IAC 567 102.12(10), 102.13(9), & 104.11	<input type="checkbox"/>
Section K.	Proof of Financial Assurance and Closure Cost Estimate	IAC 567 104.26	<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: _____