



**SECTION 2. SITE INFORMATION**

<p><b>Days and hours of operation of the facility:</b></p>
<p><b>Type, source <u>and</u> expected weight (tons) of solid waste to be handled per day, week and year at the facility:</b></p> <p>Type:</p> <p>Source:</p> <p><b>Expected Weight:</b></p> <p style="padding-left: 40px;">per day</p> <p style="padding-left: 40px;">per week</p> <p style="padding-left: 40px;">per year</p>
<p><b>Description of the waste handling process to be used:</b></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. 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
<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 567 121.7(1)“a”(1)	<input type="checkbox"/>
<b>Section C.</b>	<b>Organizational Chart</b>	IAC 567 102.12(5)	<input type="checkbox"/>
<b>Section D.</b>	<b>Proof of Ownership/Local Zoning Requirements</b>	IAC 567 121.7(1)“b”(6)	<input type="checkbox"/>
<b>Section E.</b>	<b>Soil Map(s)</b>	IAC 567 121.7(1)“a”(2)	<input type="checkbox"/>
<b>Section F.</b>	<b>Evidence of NRCS Review</b>	IAC 567 121.7(1)“a”(3)	<input type="checkbox"/>

Required Documents (Cont'd)			Attached
Section G.	Site(s) Acreage Information	IAC 567 121.7(1)"a"(4)	<input type="checkbox"/>
Section H.	Well Specifications	IAC 567 121.7(1)"a"(5)	<input type="checkbox"/>
Section I.	Soil Loss Information	IAC 567 121.7(1)"a"(6) through IAC 567 121.7(1)"a"(8)	<input type="checkbox"/>
Section J.	Site(s) Soil Testing	IAC 567 121.7(1)"a"(9)	<input type="checkbox"/>
Section K.	Site(s) Water Table Levels	IAC 567 121.7(1)"a"(10)	<input type="checkbox"/>
Section L.	Method of Waste Treatment Prior to Disposal	IAC 567 121.7(1)"a"(11)	<input type="checkbox"/>
Section M.	Waste Analytical Results	IAC 567 121.7(1)"a"(12)	<input type="checkbox"/>
Section N.	Description of Disposal Process & Equipment	IAC 567 121.7(1)"a"(13) IAC 567 121.7(1)"a"(14)	<input type="checkbox"/>
Section O.	Evidence Waste Application Will Not Cause Adverse Affects	IAC 567 121.7(1)"a"(15) through IAC 567 121.7(1)"a"(17)	<input type="checkbox"/>
Section P.	Site Operation Plan	IAC 567 121.7(1)"a"(18)	<input type="checkbox"/>
Section Q.	Emergency Response and Remedial Action Plan	IAC 567 102.14	<input type="checkbox"/>
Section R.	Site Closure Plan	IAC 567 102.12(10)	<input type="checkbox"/>
Section S.	Proof of Financial Assurance and Closure Cost Estimate	IAC 567 121.8	<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: \_\_\_\_\_