



IOWA DEPARTMENT OF NATURAL RESOURCES

MUNICIPAL SOLID WASTE LANDFILL



PERMIT APPLICATION FORM 50

- Permit type options: New Permit, Permit Renewal (SDP, MLF), Revised Permit, Closure Permit

SECTION 1: PERMIT APPLICATION REQUIREMENTS

Form with 4 rows and 2 columns for applicant information: Owner of site, Certified Operator, Permit Applicant, Design Engineer, Responsible Official, Agency.

<b>Facility Name/Address:</b>
<b>Facility Legal Description</b>
<b>Landfill is part of the following solid waste comprehensive planning area:</b>  <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; border-top: 1px solid black; text-align: center;">             _____              (Planning Area Name)           </div> <div style="width: 45%; border-top: 1px solid black; text-align: center;">             _____              (Date of Last Approved Plan)           </div> </div>
<b>Service area of the landfill (include unincorporated areas and out of state generators):</b>    
<b>Population Served:</b>

**SECTION 2: PERMIT APPLICATION SUPPORTING DOCUMENTATION**

**PLANS AND SPECIFICATIONS**

Unless otherwise requested by the department, one copy of plans, specifications and supporting documents shall be sent to the department for review.

Required Plans and Specifications	Attached
<b>EXECUTIVE SUMMARY</b> An executive summary shall address the following: <ul style="list-style-type: none"> <li>• Summary of modifications, if any, to the approved plans and specifications 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, if any.</li> <li>• Provide documentation and certification as required for equivalency review requests, if any.</li> <li>• Provide documentation and certification as required for new variance requests from Iowa Administrative Code requirements, if any.</li> </ul>	<input type="checkbox"/>
<b>AN ORGANIZATIONAL CHART IN ACCORDANCE WITH SUBPARAGRAPH 113.5(1)"b"</b>	<input type="checkbox"/>
<b>A SITE EXPLORATION AND CHARACTERIZATION REPORT FOR THE FACILITY THAT COMPLIES WITH THE REQUIREMENTS OF SUBRULE 113.6(4)</b>	<input type="checkbox"/>

DESIGN PLANS AND SPECIFICATIONS FOR THE FACILITY, AND QUALITY CONTROL AND ASSURANCE (QC&A) PLANS, THAT COMPLY WITH THE REQUIREMENTS OF SUBRULE 113.7	<input type="checkbox"/>
A DEVELOPMENT AND OPERATIONS (DOPS) PLAN FOR THE FACILITY, AN EMERGENCY RESPONSE AND REMEDIAL ACTION PLAN (ERRAP), AND PROOF OF MSWLF OPERATOR CERTIFICATION THAT COMPLY WITH THE REQUIREMENTS OF RULE 113.8(455B)	<input type="checkbox"/>
AN ENVIRONMENTAL MONITORING PLAN THAT COMPLIES WITH THE REQUIREMENTS OF RULES 113.9(455B) AND 113.10(455B)	<input type="checkbox"/>
THE PROJECT GOALS AND TIME LINES, AND OTHER DOCUMENTATION AS NECESSARY TO COMPLY WITH SUBRULE 113.4(10) AND OTHER REQUIREMENTS OF THE DEPARTMENT IF AN RD&D PERMIT IS BEING REQUESTED OR RENEWED	<input type="checkbox"/>
PROOF OF FINANCIAL ASSURANCE IN COMPLIANCE WITH RULE 113.14(455B).	<input type="checkbox"/>
A CLOSURE AND POSTCLOSURE PLAN THAT COMPLIES WITH THE REQUIREMENTS OF RULES 113.12(455B) AND 113.13(455B)	<input type="checkbox"/>
COMPREHENSIVE PLAN REQUIREMENTS Attach a copy of the most recent comprehensive plan approval or amendment letter.	<input type="checkbox"/>
HOUSEHOLD HAZARDOUS MATERIALS (HHM) COLLECTION CERTIFICATION, IF APPLICABLE Include a plan for HHM temporary collection and storage in accordance with IAC 567 Chapter 123 (455B, 455D, 455F).	<input type="checkbox"/>

In addition to the documents required above, the permit holder shall comply with the implementation plan requirements of subrule 113.2(9), the public notice requirements of subrule 113.4(12), and the record-keeping and reporting requirements of rule 113.11.

If the department finds the permit application information to be incomplete, the department shall notify the applicant of that fact and of the specific deficiencies. If the applicant fails to correct the noted deficiencies within 30 days, the department may reject the application and return the application materials to the applicant. The applicant may reapply without prejudice.

**SECTION 3: APPLICANT SIGNATURE**

Signature of Permit Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Applications for sanitary disposal projects must be accompanied by the plans, specifications and additional information required by the applicable solid waste rules under Iowa Administrative Code.**

**Send completed applications with attached information to:**

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

**For questions concerning this application contact Nina Koger at 515-281-8986.**