

SECTION 2. SITE INFORMATION

<input type="checkbox"/> This facility is part of the following solid waste comprehensive planning area: Planning Area: Date of Last Approved Plan:	<input type="checkbox"/> This facility does not participate in a planning area within the state of Iowa other than its own. <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>
Days and hours of operation of the facility:	Open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No
Service area of the facility:	
Type, source <u>and</u> expected volume or weight (tons) of waste to be handled per day, week and year at the facility: Type of waste: Source of waste: Expected volume or weight: per day per week per year	
List of Satellite facilities (if any):	
List of equipment to be used and dimensions of building and design capacities of each:	

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 567 123.5(1)“c”	<input type="checkbox"/>
Section C.	Proof of Ownership/Local Zoning Requirements	IAC 567 123.5(1)“m”	<input type="checkbox"/>
Section D.	Organizational Chart	IAC 567 123.5(1)“g”	<input type="checkbox"/>
Section E.	Staff Qualifications	IAC 567 123.5(1)“k”	<input type="checkbox"/>
Section F.	Site Design Plan	IAC 567 123.5(1)“h” IAC 567 123.5(1)“i”	<input type="checkbox"/>
Section G.	Site Operation Plan	IAC 567 123.5(1)“l”	<input type="checkbox"/>
Section H.	Emergency Response and Remedial Action Plan	IAC 567 123.5(1)“o”	<input type="checkbox"/>
Section I.	Site Closure Plan	IAC 567 123.5(1)“n”	<input type="checkbox"/>
Section J.	Proof of Financial Assurance and Closure Cost Estimate	IAC 567 123.13	<input type="checkbox"/>
Section K.	Schematic Plans/Description and Photographs of Mobile Unit	IAC 567 123.5(1)“j”	<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: _____