



IOWA DEPARTMENT OF NATURAL RESOURCES



INDUSTRIAL MONOFILL PERMIT APPLICATION FORM 50

- Permit type options: New Permit, Permit Renewal (with permit number, SDP, MLE), Revised Permit (facility/process change), Closure Permit. Includes a date range field from ___ to ___ (i.e. Municipal Waste to Monofill).

SECTION 1: PERMIT APPLICATION REQUIREMENTS

Form with 6 rows and 2 columns for providing contact and identification information for site owner, operator, applicant, design engineer, and responsible officials.

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| Facility Name/Address: |
| Facility Legal Description |
| Type, source, and expected volume or weight of waste to be handled per day, per week, or year. |

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 initial review. Upon written department approval, the documents shall be submitted in triplicate to the department for proper distribution.

| Required Plans and Specifications | Attached |
|---|--------------------------|
| <p>EXECUTIVE SUMMARY</p> <p>An executive summary shall address the following:</p> <ul style="list-style-type: none"> • Summary of modifications, if any, to the approved plans and specifications 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, if any. • Provide documentation and certification as required for new variance requests from Iowa Administrative Code requirements, if any. | <input type="checkbox"/> |
| A MAP OR AERIAL PHOTOGRAPH LOCATING BOUNDARIES AND OTHER ENVIRONS IN ACCORDANCE WITH PARAGRAPHS 115.13(3)"a-f" | <input type="checkbox"/> |
| AN ORGANIZATIONAL CHART IN ACCORDANCE WITH SUBRULE 115.13(5) | <input type="checkbox"/> |
| A DETAILED DESCRIPTION OF THE DISPOSAL PROCESS TO BE USED IN ACCORDANCE WITH SUBRULE 115.13(6) | <input type="checkbox"/> |
| A TABLE LISTING THE EQUIPMENT TO BE USED, ITS DESIGN CAPACITIES AND EXPECTED LOADS IN ACCORDANCE WITH 115.13(7) | <input type="checkbox"/> |

| | |
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| A CONTINGENCY PLAN DETAILING SPECIFIC PROCEDURES TO BE FOLLOWED IN CASE OF EQUIPMENT BREAKDOWN, OR FIRE IN EQUIPMENT OR VEHICLES, INCLUDING METHODS TO BE USED TO REMOVE OR DISPOSE OF ACCUMULATED WASTE IN ACCORDANCE WITH SUBRULE 115.13(8). | <input type="checkbox"/> |
| PROOF OF THE APPLICANT'S OWNERSHIP OF TH SITE OR LEGAL ENTLEMENT TO USE THE SITE FO THE DISPOSAL OF SOLID WASTE FO THE TERM OF THE PERMIT FOR WHICH APPLICATION IS MADE IN ACCORDANCE WITH SUBRULE 115.13(9). | <input type="checkbox"/> |
| A HYDROGEOLOGIC INVESTIGATION REPORT AND A HYDROLOGIC MONITORING SYSTEM PLAN IN ACCORDANCE WITH RULES 115.14 THROUGH 115.24 AND SUBRULES 115.26(3) THROUGH 115.26(9) | <input type="checkbox"/> |
| DESIGN AND OPERATIONAL PLANS AND SPECIFICATIONS FOR THE FACILITY, INCLUDING QUALITY CONTROL AND ASSURANCE, IN ACCORDANCE WITH SUBRULES 115.26(1) THROUGH 115.26(2); RULES 115.26(11) THROUGH 115.26(12); AND RULES 115.27 THROUGH 115.29. | <input type="checkbox"/> |
| A CLOSURE AND POSTCLOSURE PLAN IN ACCORDANCE WITH SUBRULE 115.13(10); 115.26(10); AND 115.26(13) THROUGH 115.26(14.) | <input type="checkbox"/> |
| AN EXPLOSIVE GAS CONTROL PLAN IN ACCORDANCE WITH SUBRULE 115.26(15) | <input type="checkbox"/> |
| AN EMERGENCY RESPONSE AND REMEDIAL ACTION PLAN IN ACCORDANCE WITH RULE 115.30. | <input type="checkbox"/> |

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 9th Street
 Des Moines, IA 50319**

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