Iowa Department of Natural Resources

Regional Collection Center License Application

Application for a Regional Collection Center Facility License must be accompanied by all information required by the applicable rules under Iowa Administrative Code 567 Chapter 123.

Send completed application with attached information to: Kathleen.hennings@dnr.iowa.gov or via USPS at

Iowa DNR
Kathleen L Hennings
502 E 9th St
Des Moines IA 50319-0034

For questions concerning this application please contact the Department at (515) 725-8359.

Facility Contact Information

Facility Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

Email: _____ Fax: _____

Responsible Official Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

Email: _____ Fax: _____

Design Engineer Name (if any): _____ Phone: _____

Address: _____ City, State, Zip: _____

Email: _____ License #: _____ Fax: _____

Site Information

Site Legal Description: _____ County: _____

_____ ¼ of _____ ¼ of _____ ¼ Section _____ Township _____ N, Range _____ ☐ E ☐ W

Proposed days and hours of operation of the facility: _____

Open to the public? ☐ Yes ☐ No

Service area of the facility: _____

List of Satellite Facilities (if any): _____

_____

_____

Dimensions of building(s) and design capacities of each:

_____

_____

_____

_____

License 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 with another license application, site specific copies of each is required to be provided with each license 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.

Attached	Required Documents
☐	Site Map or Photograph showing footprint of RCC proposed location*
☐	Proof of Ownership/Local Zoning Requirements
☐	Organizational Chart with Staff training certifications or date training will take place.
☐	Site Specific Layout for RCC and Haz Store
☐	Facility Operation Plan Site Specific
☐	Emergency Response Plan- Site Specific
☐	Site Closure Plan and cost estimate
☐	Description and Photographs of Mobile Unit (if applicable)

*You may hand draw with ruler, use an aerial photo from Google earth that is labeled, or use an existing photo with new RCC footprint noted.

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 filed onsite at the RCC; and in accordance with conditions imposed in the license issued by the Iowa Department of Natural Resources.

Signature: _____ Date: _____

Printed Name: _____ Title: _____