



Iowa Department of Natural Resources  
Regional Collection Center  
License Modification Request



Request for modification of 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 request with attached information to: [Kathleen.hennings@dnr.iowa.gov](mailto:Kathleen.hennings@dnr.iowa.gov) or via USPS at

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

For questions concerning this application please contact the Department at (515) 229-6692.

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: \_\_\_\_\_

Days and hours of operation of the facility: \_\_\_\_\_

Open to the public? ☐ Yes ☐ No

Service area of the facility: \_\_\_\_\_

Satellite service changes: \_\_\_\_\_

Building or site changes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Modification documents

Please enclose any documents that will illustrate the modifications requested.

One (1) copy of each document shall be submitted via email attachment or USPS.

Attached	Modification Documents that may be needed
<input type="checkbox"/>	Site Map or Photograph showing modified footprint of RCC proposed location*
<input type="checkbox"/>	Proof of Ownership/Local Zoning Requirements
<input type="checkbox"/>	Organizational Chart with Staff training certifications or date training will take place.
<input type="checkbox"/>	Site Specific Layout for RCC and Haz Store
<input type="checkbox"/>	Facility Operation Plan Site Specific
<input type="checkbox"/>	Emergency Response Plan- Site Specific
<input type="checkbox"/>	Site Closure Plan and cost estimate
<input type="checkbox"/>	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.

### RCC Facility 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: \_\_\_\_\_

**567-123.3(7) License modification.** An RCC shall request to modify its license by notifying the department of changes to any provision of its license via hard-copy or electronic correspondence. An RCC shall notify the department within 30 calendar days of a planned change to the provisions of its license and within 7 calendar days of an unplanned change to the provisions of its license. Upon approval of a request to modify an RCC license, the department will issue a license modification within 14 business days of approving the license modification request.