



IOWA DEPARTMENT OF NATURAL RESOURCES

COAL COMBUSTION RESIDUE MONOFILL

PERMIT APPLICATION FORM 50



Permit Number _____ - SDP - _____ - CCR _____

New Permit

Permit Renewal

Closure Permit

SECTION 1: PERMIT APPLICATION REQUIREMENTS

Owner of site

Name: _____ Phone: _____

Address: _____ Fax: _____

City, State, Zip: _____ E-mail: _____

Certified Operator Responsible for Operation at Facility

Name: _____ Phone: _____

Address: _____ Fax: _____

City, State, Zip: _____ E-mail: _____

Permit Applicant

Name: _____ Phone: _____

Address: _____ Fax: _____

City, State, Zip: _____ E-mail: _____

Design Engineer (PE)

Name: _____ Phone: _____

Address: _____ Fax: _____

City, State, Zip: _____ E-mail: _____

Iowa Engineer License #: _____ Expiration Date: _____

Responsible Official for the Facility

Name: _____ Phone: _____

Address: _____ Fax: _____

City, State, Zip: _____ E-mail: _____

Agency and Responsible Official of Agency Served (if any)

Name: _____ Phone: _____

Address: _____ Fax: _____

City, State, Zip: _____ E-mail: _____

Facility

Name: _____

Address: _____ City, State, Zip: _____

Legal Description: _____

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, additional copies may be required for proper distribution.

Required Plans and Specifications

Executive Summary

An executive summary shall address the following:

- 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.

Site requirements in accordance with subrule 103.1(1)

Permit application requirements in accordance with subrule 103.1(2)

Design criteria requirements in accordance with subrule 103.1(3)

Operating requirements in accordance with subrule 103.1(4)

Closure/Postclosure requirements in accordance with subrule 103.1(5)

Emergency response and remedial action plan requirements in accordance with rule 103.2

Financial assurance requirements in accordance with rule 103.3

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
Solid Waste Section
Iowa Department of Natural Resources
502 E 9th Street
Des Moines, IA 50319

For questions concerning this application contact Nina Booker at 515-537-4051.