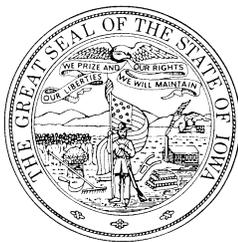


New Permit

_____ -SDP _____ - _____ -XFR

Permit Renewal



IOWA DEPARTMENT OF NATURAL
RESOURCES
Solid Waste Transfer Station
PERMIT APPLICATION FORM 50B



Application for a solid waste transfer station must be accompanied by the plans, specifications and additional information required by the applicable solid waste rules under Iowa Administrative Code 567 Chapter 106.

Send completed application with attached information to:

Iowa Department of Natural Resources
Land Quality Bureau
Solid Waste Section
502 East Ninth Street
Des Moines, IA 50319-0034

For questions concerning this application please contact the Department at (515) 725-8351.

SECTION 1. FACILITY CONTACT INFORMATION

Facility Name/Address: Phone #: _____ Fax #: _____	Site Legal Description: _____ ¼ of _____ ¼ of _____ ¼ Section _____ Township _____ N Range _____ E/W County _____
Name/Address of Responsible Official: Phone #: _____ Fax #: _____	Facility Owner/Address: Phone #: _____ Fax #: _____
Name of Facility Operator: Phone #: _____ Fax #: _____	Name/Address of Design Engineer (P.E.), if any: License #: Phone #: _____ Fax #: _____

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 <u>and</u> final disposal destination (<i>include unincorporated areas and out of state cities</i>): Service Area: Disposal Facility:			
Type, source <u>and</u> expected weight (tons) of solid waste to be handled per day, week and year at the facility: <div style="text-align: center; margin-top: 20px;"> per day per week per year </div>			
Description of the waste handling process to be used (<i>e.g., waste is unloaded onto tipping floor and loaded into solid waste transport vehicle with front end loader</i>):			
Check all other materials accepted/activities at the facility: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Recyclables drop-off – glass, paper, plastic, metal <input type="checkbox"/> Lead Acid Batteries <input type="checkbox"/> Used Oil <input type="checkbox"/> Antifreeze <input type="checkbox"/> White Goods Collection <input type="checkbox"/> Tires <input type="checkbox"/> Electronics Collection </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Scrap Metal Salvaging <input type="checkbox"/> Appliance Demanufacturing <input type="checkbox"/> Electronics Demanufacturing <input type="checkbox"/> Yard Waste Composting <input type="checkbox"/> Yard Waste Collection <input type="checkbox"/> HHM/RCC <input type="checkbox"/> Other </td> </tr> </table>		<input type="checkbox"/> Recyclables drop-off – glass, paper, plastic, metal <input type="checkbox"/> Lead Acid Batteries <input type="checkbox"/> Used Oil <input type="checkbox"/> Antifreeze <input type="checkbox"/> White Goods Collection <input type="checkbox"/> Tires <input type="checkbox"/> Electronics Collection	<input type="checkbox"/> Scrap Metal Salvaging <input type="checkbox"/> Appliance Demanufacturing <input type="checkbox"/> Electronics Demanufacturing <input type="checkbox"/> Yard Waste Composting <input type="checkbox"/> Yard Waste Collection <input type="checkbox"/> HHM/RCC <input type="checkbox"/> Other
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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>)		<input type="checkbox"/>
	<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. 		
Section B.	Site Map or Aerial Photograph	IAC 567 106.8(1)“c”	<input type="checkbox"/>
	No Revision Required - See Doc ID#:		
Section C.	Proof of Ownership/Local Zoning Requirements	IAC 567 106.8(1)“d”	<input type="checkbox"/>
	No Revision Required - See Doc ID#:		
Section D.	Organizational Chart	IAC 567 106.8(1)“i”	<input type="checkbox"/>
	No Revision Required - See Doc ID#:		
Section E.	Operator Certification (<i>if permitted for 20,000 tons or more per year</i>)	IAC 567 106.11(1)“d”	<input type="checkbox"/>
Section F.	IDALS Scale Certificate	IAC 567 106.10(2)“b”	<input type="checkbox"/>
Section G.	Site Design Plan	IAC 567 106.8(1)“j”	<input type="checkbox"/>
	No Revision Required - See Doc ID#:		
Section H.	Site Operation Plan	IAC 567 106.8(1)“k”	<input type="checkbox"/>
	No Revision Required - See Doc ID#:		
Section I.	Emergency Response and Remedial Action Plan	IAC 567 106.8(1)“m”	<input type="checkbox"/>
	No Revision Required - See Doc ID#:		
Section J.	Site Closure Plan	IAC 567 106.8(1)“l”	<input type="checkbox"/>
	No Revision Required - See Doc ID#:		
Section K.	Proof of Financial Assurance and Closure Cost Estimate	IAC 567 106.18	<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: _____