



Iowa Department of Natural Resources
Solid Waste Land Application
Permit Application Form



Application for a solid waste land application must be accompanied by the plans, specifications and additional information required by the applicable solid waste rules under Iowa Administrative Code 567 Chapter 121.

Send completed applications with attached information to Becky.Jolly@dnr.iowa.gov, or:

Iowa Department of Natural Resources
 Land Quality Bureau
 Solid Waste Section
 502 E 9th St
 Des Moines, IA 50319-0034

For questions concerning this application please contact the Department at 515-721-7979.

- New Permit
 Permit Renewal # _____ -SDP- _____ - _____ -LAN

Section 1. Contact Information

Solid Waste Generator Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

Email: _____ Fax: _____

Physical Location of Generating Facility:

Address: _____ City, State, Zip: _____

Responsible Official Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

Email: _____ Fax: _____

Certified Professional Agronomist Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

Email: _____ License #: _____ Fax: _____

Consultant Name (if any): _____ Phone: _____

Address: _____ City, State, Zip: _____

Email: _____ Fax: _____

Section 2. Waste Type

Does the material to be land applied contain free liquids¹? Yes No

If the material is a sludge, is it generated by a:

- Commercial or industrial wastewater treatment facility
- Water supply treatment facility
- Air pollution control facility
- Other; Please elaborate: _____

Expected weight (tons) of solid waste to be land applied per year by the facility: _____

¹ The presence of free liquids is determined by the paint filter test. The paint filter test is done by placing a 100-milliliter or 100-gram representative sample of the material into a standard mesh number 60 (fine mesh size) conical paint filter for five minutes. Any free liquid visible below the funnel indicates sample failure.

Section 3. Permit Application Checklist

The following items must be attached. If the permit is being renewed and there is no change from what was submitted with previous applications, the Doc Id# may be listed in lieu of resubmitting the document. Analytical results and a cost closure estimate (for facilities storing material at the application sites) must be submitted with each renewal. 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 Iowa Administrative Code. If an application is found by the DNR to be incomplete, it may be denied and returned to the applicant.

Required Documents		Attached or Doc Id#	
Executive Summary (<i>permit renewals only</i>) <ul style="list-style-type: none"> 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. 			NA
Description of the material including source, quantity and method of treatment prior to land application	567 IAC 121.7(1)"a"(11)	<input type="checkbox"/>	
Description of the land application process, including method of application, when application will take place, and equipment to be used	567 IAC 121.7(1)"a"(13) 567 IAC 121.7(1)"a"(14)	<input type="checkbox"/>	
Analytical results	567 IAC 121.7(1)"a"(12)	<input type="checkbox"/>	NA
Evidence waste application will not cause adverse effects	567 IAC 121.7(1)"a"(15) through 567 IAC 121.7(1)"a"(17)	<input type="checkbox"/>	
Site Operation Plan	567 IAC 121.7(1)"a"(18)	<input type="checkbox"/>	
Emergency Response and Remedial Action Plan	IAC 567 102.14	<input type="checkbox"/>	
Site Closure Plan	IAC 567 102.12(10)	<input type="checkbox"/>	
Proof of financial assurance and closure cost estimate (only if material will be stored at application sites)	567 IAC 121.8	<input type="checkbox"/>	NA
Table of land application sites. Include the following for each application site: <ul style="list-style-type: none"> Site ID County and township Legal description of site Total acres in site Acres eligible for land application Name of landowner 	567 IAC 121.7(1)"a"(4)	<input type="checkbox"/>	
For each <u>new</u> application site, include the following:			
Aerial photograph with the application area(s) designated	567 IAC 121.7(1)"a"(1)	<input type="checkbox"/>	NA
Soil map	567 IAC 121.7(1)"a"(2)	<input type="checkbox"/>	NA
Water table levels	567 IAC 121.7(1)"a"(10)	<input type="checkbox"/>	NA
Location of wells within one mile of the site	567 IAC 121.7(1)"a"(5)	<input type="checkbox"/>	NA
Evidence of Natural Resources Conservation Service (NRCS) review and soil loss information	567 IAC 121.7(1)"a"(3) 567 IAC 121.7(1)"a"(6) through 567 IAC 121.7(1)"a"(8)	<input type="checkbox"/>	NA
Site soil testing	567 IAC 121.7(1)"a"(9)	<input type="checkbox"/>	NA
Proof of ownership or legal entitlement to use the site (agreement with the land owner)	567 IAC 121.7(1)"b"(6)	<input type="checkbox"/>	NA

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: _____