



IOWA DEPARTMENT OF NATURAL RESOURCES



COMPOST FACILITY

PERMIT APPLICATION FORM 50A

- New Permit
- Permit Renewal (permit number) _____ -SDP- _____ - _____ -COM
- Permit Amendment

SECTION 1. FACILITY CONTACT INFORMATION

Facility

Name: _____ Phone: _____
 Address: _____ City, State, Zip: _____
 County: _____

Responsible Official for the Facility

Name: _____ Phone: _____
 Address: _____
 City, State, Zip: _____ E-mail: _____

Owner of Site

Name: _____ Phone: _____
 Address: _____
 City, State, Zip: _____ E-mail: _____

Site Legal Description

Legal Description: _____
 ¼, ¼, Section, Township (N), Range (E/W), County: _____

Facility Owner/Operator

Name: _____ Phone: _____
 Address: _____
 City, State, Zip: _____ E-mail: _____

Design Engineer (PE) (if any)

Name: _____ Phone: _____
 Address: _____
 City, State, Zip: _____ E-mail: _____
 Iowa Engineer License #: _____ Expiration Date: _____

SECTION 2. SITE INFORMATION

This facility is part of the following solid waste comprehensive planning area:

Planning Area: _____ Date of Last Approved Plan: _____

Days and hours of operation of the facility: _____

Open to the public? Yes No

Type and expected weight (tons) of solid waste feedstocks to be handled per day, week and year at the facility:

per day _____

per week _____

per year _____

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, unless a prior document remains current and is identified by Doc ID# below. If an application is found by the department to be incomplete, it may be denied and returned to the applicant.

Required Documents

Section A. Executive Summary (permit renewals only)

- Summary of modifications, if any, to the facility that occurred during the current permit cycle.
- 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 provision requests, if any.

Section B. Site Map or Aerial Photograph (IAC [567 105.8\(1\)](#))

No Revision Required - See Doc ID#: _____

Section C. Site Design Plan (IAC [567 105.8\(2\)](#))

No Revision Required - See Doc ID#: _____

Section D. Site Operation Plan (IAC [567 105.8\(3\)](#))

No Revision Required - See Doc ID#: _____

Section E. Operator Certification (IAC [567 105.10](#))

No Revision Required - See Doc ID#: _____

Section F. Site Closure Plan (IAC [567 105.13](#))

No Revision Required - See Doc ID#: _____

Section G. Proof of Financial Assurance (IAC [567 105.14](#))

No Financial Assurance needed if receiving less than 5,000 tons of feedstock annually, bulking agent excluded.

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 of Permit Applicant: _____ **Date:** _____

Printed Name: _____ **Title:** _____

Application for a solid waste compost facility must be accompanied by the plans, specifications, and additional information required by the applicable solid waste rules under Iowa Administrative Code 567 Chapter 105.

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

Iowa Department of Natural Resources
Land Quality Bureau
Solid Waste Section
6200 Park Ave Ste 200
Des Moines, IA 50321

For questions concerning this application please contact the Department at 515-721-7979 or Theresa.Stiner@dnr.iowa.gov.