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: _____

Mailing 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 Location

Physical Address: _____

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)

Name: _____ Phone: _____

Address: _____

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

Iowa Engineer License #: _____ Expiration Date: _____

SECTION 2. SITE INFORMATION

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. Previous documents may be found on the Solid Waste Doc DNR website. If an application is found by the department to be incomplete, it may be denied and returned to the applicant.

Required Documents (IAC 567-102.9 and IAC 567-100.5)

☐ **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 567-102.9(1)"a")**

No Revision Required - See Doc ID#: _____

☐ **Section C. Site Design Plan (IAC 567-102.9(1)"b")**

No Revision Required - See Doc ID#: _____

☐ **Section D. Stormwater Management Plan (IAC 567-102.9(1)"c")**

No Revision Required - See Doc ID#: _____

☐ **Section E. Flow Diagram of Operating Procedure (IAC 567-102.9(1)"d")**

No Revision Required - See Doc ID#: _____

☐ **Section F. Site Operation Plan (IAC 567-102.9(1)"e")**

No Revision Required - See Doc ID#: _____

☐ **Section G. Site Closure Plan (IAC 567-102.9(1)"f" and 567-100.10(455B, 455D))**

No Revision Required - See Doc ID#: _____

☐ **Section H. Operator Certification (IAC 567-102.9(1)"g")**

No Revision Required - See Doc ID#: _____

☐ **Section I. Proof of Financial Assurance (IAC 567-102.10(455D))**

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 and Contaminated Sites 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.