



IOWA DEPARTMENT OF NATURAL RESOURCES  
**SOLID WASTE TRANSFER STATION**  
 PERMIT APPLICATION FORM 50B



- New Permit**  
 **Permit Renewal (permit number)** \_\_\_\_\_ -SDP- \_\_\_\_\_ - \_\_\_\_\_ XFR

**SECTION 1. FACILITY CONTACT INFORMATION**

**Facility**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 County: \_\_\_\_\_

**Responsible Official for the Facility**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Owner of Site**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Facility Operator**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Financial Assurance Engineer**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 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: \_\_\_\_\_

**This facility does not participate in a planning area within the state of Iowa other than its own.**  
 \*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) 725-8319 for instructions and requirements for completing a comprehensive plan.

Days and hours of operation of the facility: \_\_\_\_\_

Open to the public?  Yes  No

Service area of the facility and final disposal destination (*include unincorporated areas and out of state cities*):

Service Area: \_\_\_\_\_

Disposal Facility: \_\_\_\_\_

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

per day \_\_\_\_\_

per week \_\_\_\_\_

per year \_\_\_\_\_

Description of the waste handling process to be used (e.g., individuals unload trash into one of 3 roll-offs on site. Roll-offs are removed when full and replaced with empties.):

**Check all other materials accepted/activities at the facility:**

- |   |  |
|---|--|
| <input type="checkbox"/> Recyclables drop-off - glass, paper, plastic, metal  | <input type="checkbox"/> Scrap Metal Salvaging       |
| <input type="checkbox"/> Lead Acid Batteries                                  | <input type="checkbox"/> Appliance Demanufacturing   |
| <input type="checkbox"/> Used Oil   | <input type="checkbox"/> Electronics Demanufacturing |
| <input type="checkbox"/> Antifreeze   | <input type="checkbox"/> Yard Waste Composting       |
| <input type="checkbox"/> White Goods Collection                               | <input type="checkbox"/> Yard Waste Collection       |
| <input type="checkbox"/> Tires  | <input type="checkbox"/> HHM/RCC                     |
| <input type="checkbox"/> Electronics Collection (including Cathode Ray Tubes) | <input type="checkbox"/> Other _____                 |

**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 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 waiver requests from Iowa Administrative Code, if any.
  
- Section B. Site Map or Aerial Photograph (IAC 567 106.8(1)“c”)**  
**No Revision Required** - See Doc ID#: \_\_\_\_\_
  
- Section C. Proof of Ownership/Local Zoning Requirements (IAC 567 106.8(1)“d”)**  
**No Revision Required** - See Doc ID#: \_\_\_\_\_
  
- Section D. Organizational Chart (IAC 567 106.8(1)“i”)**  
**No Revision Required** - See Doc ID#: \_\_\_\_\_
  
- Section E. Operator Certification (if permitted for 20,000 tons or more per year) (IAC 567 106.11(1)“d”)**  
**No Revision Required** - See Doc ID#: \_\_\_\_\_

Section F. IDALS Scale Certificate (IAC 567 106.10(2)“b”)

Section G. Site Design Plan (IAC 567 106.8(1)“j”)

No Revision Required - See Doc ID#: \_\_\_\_\_

Section H. Site Operation Plan (IAC 567 106.8(1)“k”)

No Revision Required - See Doc ID#: \_\_\_\_\_

Section I. Emergency Response and Remedial Action Plan (IAC 567 106.8(1)“m”)

No Revision Required - See Doc ID#: \_\_\_\_\_

Section J. Site Closure Plan (IAC 567 106.8(1)“l”)

No Revision Required - See Doc ID#: \_\_\_\_\_

Section K. Proof of Financial Assurance (IAC 567 106.18)

**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 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  
6200 Park Ave Ste 200  
Des Moines, IA 50321

For questions concerning this application please contact the Department at (515) 201-8272.