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) 782-7116 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:

- ☐ Recyclables drop-off - glass, paper, plastic, metal
- ☐ Lead Acid Batteries
- ☐ Used Oil
- ☐ Antifreeze
- ☐ White Goods Collection
- ☐ Tires
- ☐ Electronics Collection (including Cathode Ray Tubes)
- ☐ Scrap Metal Salvaging
- ☐ Appliance Demanufacturing
- ☐ Electronics Demanufacturing
- ☐ Yard Waste Composting
- ☐ Yard Waste Collection
- ☐ HHM/RCC
- ☐ 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 are required to be provided with each permit application. 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 (567 IAC 101.405(455B) and 567 IAC 100.5(1)"c")**

☐ **Section C. Proof of Ownership/Local Zoning Requirements (567 IAC 101.405(455B) and 567 IAC 100.5(1)"h")**

☐ **Section D. IDALS Scale Certificate (567 IAC 101.406(2)"b")**

☐ **Section E. Site Design Plan (567 IAC 101.405(1)"a")**

☐ **Section F. Site Operation Plan (567 IAC 101.405(1)"b")**

☐ **Section G. Emergency Response and Remedial Action Plan (567 IAC 101.405(455B) and 567 IAC 100.14(455B))**

☐ **Section H. Site Closure Plan (567 IAC 101.411(455B) and 567 IAC 100.10(455B,455D))**

☐ **Section I. Proof of Financial Assurance (567 IAC 100.5(1)"k" and 567 IAC 101.413(455B))**

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 567 Iowa Administrative Code Chapter 101, Division V.

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.