IOWA DEPARTMENT OF NATURAL RESOURCES

COMPOST FACILITY REGISTRATION

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 Location

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

Facility Owner/Operator

Name: _____ Phone: _____

Address: _____

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

FEEDSTOCK TYPES

Type A feedstocks include yard waste, clean wood waste, crop residues, and other vegetative materials.

Type B feedstocks include source-separated pre- and postconsumer food residuals; food processing residuals; dead animals; raw rendering material; certified compostable products; and animal excreta, manure, animal bedding and litter not regulated under 567—Chapter 65 or other provisions of Iowa law.

Type C feedstocks include industrial process waste, sludges, biosolids, diapers, solid or semi-solid material from composting toilets, and industrial by-products not covered in Type B feedstocks.

TYPE OF FACILITY: check the box that describes your facility

☐ **Unlimited amount of Type A, Type B**, or both feedstocks generated on the premises and up to a total of 250 tons per year of Type A, Type B, or both feedstocks generated off site. (Notification is not required for tier 1 facilities)

☐ **Tier 2.** Unlimited amount of Type A feedstock generated on premises, off premises, or both; an unlimited amount of Type B feedstocks generated on the premises; and up to 250 tons per year of Type B feedstocks generated off the premises.

☐ **Tier 3 composting facilities.** unlimited amount of Type A feedstock generated on or off the premises, an unlimited amount of type B feedstock generated on the premises, and up to 1,000 tons per year type B feedstock generated off premises.

☐ **Tier 4 composting facility.** Any amount of Type A, B, and C feedstock. (Tier 4 requires an individual permit. Please complete Form XXX)

COMPOST FACILITY OPERATION INFORMATION. In this section provide information as to how the composting facility operates. 567-102.7(1) and 567-102.8(1)

What is the maximum throughput and capacity of the facility? _____

What method/s of composting is employed at the facility

☐ Turned piles/windrows ☐ Aerated static piles/windrows

☐ In-vessel ☐ Other (please describe) _____

What is the source of the feedstock? _____

Please attached an aerial photo identifying wells, streams, creeks, rivers, ponds, sinkholes, and drainage wells within one-half mile of the closest portion of the facility.

CERTIFICATION

I certify under penalty of law that I am the owner, operator, or authorized representative of the owner or operator and that I have examined and am familiar with the information reported above, and that I believe the information is true, accurate and complete.

Signature: _____ **Date:** _____

Name & agency of Person Certifying: _____

Email: _____ **Phone Number:** _____

Additional Comments:

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.