IOWA DEPARTMENT OF NATURAL RESOURCES

Appliance Demanufacturer

PERMIT APPLICATION FORM 50D

☐ **New Permit** ☐ **Permit Renewal #** _____ **-ADP-** _____ **-** _____ ☐ **Permit Amendment**

SECTION 1. FACILITY CONTACT INFORMATION

Facility Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Name of Responsible Official: _____

Address: _____

Phone: _____ Email: _____

Name of Facility Operator: _____

Phone: _____ Email: _____

Physical Address of Facility: _____ County _____

Site Legal Description: _____

_____ ¼ of _____ ¼ of _____ ¼ Sec _____ Twp _____ N Range _____ ☐ E ☐ W

Facility Owner: _____

Address: _____

Phone: _____ Email: _____

Name of Design Engineer (P.E.), if any: _____ License #: _____

Address: _____

Phone: _____ Email: _____

SECTION 2. SITE INFORMATION

Days and hours of operation of the facility: _____

Open to the public? ☐ **Yes** ☐ **No**

Service area of the facility and final disposal destination of components:

Service Area: _____

Disposal Facility: _____

Type, source and number or weight of appliances 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			Attached Doc Id#	
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 variance requests from Iowa Administrative Code, if any.		☐	
Section B.	Aerial Photograph	567 IAC 100.5(1)"c"	☐	
Section C.	Proof of Ownership/Local Zoning Requirements/100 yr. flood elevation	567 IAC 100.5(1)"h" 567 IAC 102.604.11 and 102.605(3)	☐	
Section D.	For a fixed facility, schematic site plans of the facility, including the schematic floor plans of any buildings showing where activities will take place and where waste is stored. For mobile operations, schematic plans, or a description and photographs of the mobile van or trailer.	567 IAC 102.604(2) and (3)	☐	
Section E.	Operator Certification	567 IAC 102.604(9)	☐	
Section F.	The EPA approved refrigerant removal equipment that will be used	567 IAC 102.604(4)	☐	
Section G.	EPA Notification of PCB Activity	567 IAC 102.604(8)	☐	
Section H.	Unique Marking System	567 IAC 102.604(10)	☐	
Section I.	Operation Plan	567 IAC 102.604(5)	☐	
Section J.	Contingency Plan	567 IAC 102.604(6)	☐	
Section K.	Site Closure Plan	567 IAC 100.5(1)"i"	☐	
Section L.	A copy of the NPDES Stormwater General Permit Authorization number, if applicable	567 IAC 102.604(7)	☐	

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: _____ **Date:** _____

Printed Name: _____ **Title:** _____

Application for an appliance demanufacturer must be accompanied by the plans, specifications and additional information required by the applicable solid waste rules under Iowa Administrative Code 567-102.613.

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.