

IOWA DEPARTMENT OF NATURAL RESOURCES

MULTI-USE LANDFARMING



PERMIT APPLICATION FORM 50P

Permit Renewal (permit number) -SDP-	-	PCS
Permit Amendment		
SECTION 1. FACILITY CONTACT INFORMATION		
Applying Agency		
Name:		Phone:
Address:		
Property Owner(s) of the Multi-use Landfarming Site		
Name:		Phone:
Address:		
County:		
Responsible Official		
Name:		Phone:
Address:		
City, State, Zip:		
Agency Owner		
Name:		Phone:
Address:		
City, State, Zip:		
Emergency Contact		
Name:		Phone:
Address:		Fav.
City, State, Zip:	E-mail:	
Individual Responsible for Recordkeeping and Reporting		
Name:		Phone:
Address:		
City, State, Zip:		
SECTION 2. SITE INFORMATION		
Type <u>and</u> expected volume (cubic yards) of petroleum conta facility:	aminated soil to be ha	andled per day, week and year at the
per day		
per week		
per year		
Description of the waste handling process to be used:		

Site Legal Descript 1/2 of		1/2 Section	Township	N Range	ПΕ	\square w		
County:	/4 01	¼ Section	10W113111P	N Range		**		
SECTION 3. PERM			a documents subm	itted in conjunction	with this an	alication form		
		elow certifies that the vith the applicable cl						
•	· ·	submitted previous	·					
	•	ss a prior document r	• • • • • • • • • • • • • • • • • • • •	-	-			
application is foun	d by the depart	tment to be incomple	ete, it may be denie	d and returned to th	e applicant.			
Required Docume	nts							
		ysis (IAC 567 120.5(2	l) and IAC 567-120.	5(1)"c")				
Section B. Groundwater Monitoring Plan (IAC 567 120.5(1)"d")								
Section C. Plar	n of Operation	(IAC 567 120.5(1)"e'	')					
=		nse and Remedial Ac						
=		Use for 3 years afte						
Section F. Prod	of of Financial i	Assurance and Closu	re Cost Estimate (IA	AC 567 120.13)				
SECTION 4. APPLIC	CANT CERTIFICA							
			Certification					
· · · · · · · · · · · · · · · · · · ·	•	this document and		• •	•	•		
•	•	I properly gathered a sponsible for gatherion						
	-	rate, and complete.	ig the information,	the information sub-	illitted is, to	the best of my		
ooage ama se	,,	atte, and complete.						
		tion and operation o		•				
•		d communications ac	•	•				
	accordance wi	th conditions impose	ed in the permit issu	ed by the lowa Depa	artment of N	atural		
Resources.								
Signature of Perm	it Applicant:			Date:				
Printed Name:			Title:					
• •	-	arming permit must licable solid waste rul	•					
illioithation requir	ed by the appli	cable solid waste ful	es under lowa Adılıı	mstrative code 307	Chapter 120	'•		
Send completed a	pplications with	n attached informatio	on to:					
lowa Department	of Natural Reso	ources						
Land Quality Burea								
Solid Waste Sectio	n							
502 E 9 th St	240 0024							
Des Moines, IA 503	319-0034							

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For questions concerning this application please contact the Department at (515) 725-8331.