



**IOWA DEPARTMENT OF NATURAL
RESOURCES**
**BENEFICIAL USE DETERMINATION
APPLICATION FORM**



Send completed applications with attached information to:

Iowa Department of Natural Resources
Land Quality Bureau
Solid Waste Section
502 East Ninth Street
Des Moines, IA 50319-0034

For questions concerning this application please contact the Department at (515) 725-8350.

SECTION 1. CONTACT INFORMATION [IAC 567-108.5]

Provide the name, address and telephone number for the following

Address of the site where the project will be located

Site Owner Name: _____ Phone Number: _____
 Site Address: _____ County: _____
 City: _____ State: _____ Zip Code: _____
 _____ 1/4 of _____ 1/4 of _____ 1/4 Section _____ Township _____ N Range _____ East West
(you may attach a legal description from your county assessor)

Beneficial Use Determination Applicant

Name: _____ Phone Number: _____
 Site Address: _____
 City: _____ State: _____ Zip Code: _____

Individual responsible for operation of the project

Name: _____ Phone Number: _____
 Site Address: _____
 City: _____ State: _____ Zip Code: _____

Professional engineer (P.E.) licensed in the state of Iowa and retained for the design of the facility, if any

Name: _____ License #: _____
 Site Address: _____ Phone Number: _____
 City: _____ State: _____ Zip Code: _____

Agency to be served by the project, if any

Name of Agency: _____

Responsible Official: _____ **Phone Number:** _____

Site Address: _____

City: _____ **State:** _____ **Zip Code:** _____

SECTION 2. FACILITY OPERATIONAL INFORMATION

A description of the solid by-product under review and its proposed use:

The chemical and physical characteristics of the solid by-product:

A demonstration that there is a known or reasonably probable market for the intended use of the solid by-product:

A demonstration that the proposed use of the solid by-product will not adversely affect human health and environment:

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. If an application is found by the department to be incomplete, it may be denied and returned to the applicant.

Required Document	Attached
Solid By-product Management Plan [IAC 567 Chapter 108.5(6)]	<input type="checkbox"/>
Site Map	<input type="checkbox"/>
Solid By-product Analytical Results [IAC 567 Chapter 108.5]	<input type="checkbox"/>

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 project 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 determination issued by the Iowa Department of Natural Resources.

Signature: _____

Date: _____

Printed Name: _____

Title: _____