

IOWA DEPARTMENT OF NATURAL RESOURCES

# BENEFICIAL USE DETERMINATION APPLICATION FORM



wa Departm	nent of Natural		n to:							
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estions con	cerning this app	lication please contai	ct the Department	at (515) 201-8272.						
<u>ON 1. CONT</u> ving	ACT INFORMAT	<u>[ION [IAC 567-108.5]</u>	Provide the name	, address and telephon	e number for the					
ess of the site	e where the pro	ject will be located								
Site Owner Name:				Phone Number:						
				County:						
				Zip Code:						
¼ of			Township	N Range	East West					
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dual respons	sible for operat	ion of the project								
			Phone Number:							
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:				License #:						
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	wa Departm nd Quality I blid Waste & 2 E 9th St es Moines I/ destions com <u>DN 1. CONT</u> ing ss of the sit wner Name: ddress:	wa Department of Natural nd Quality Bureau blid Waste & Contaminated b2 E 9th St es Moines IA 50319-0034 destions concerning this app ON 1. CONTACT INFORMAT ring ss of the site where the pro- wner Name: 	wa Department of Natural Resources nd Quality Bureau bild Waste & Contaminated Sites Section 2 E 9th St ass Moines IA 50319-0034 destions concerning this application please contact DN 1. CONTACT INFORMATION [IAC 567-108.5] ing ss of the site where the project will be located wner Name: 	nd Quality Bureau Mid Waste & Contaminated Sites Section 12 E 9th St as Moines IA 50319-0034 testions concerning this application please contact the Department DN 1. CONTACT INFORMATION [IAC 567-108.5] Provide the name fing ss of the site where the project will be located where Name: 	wa Department of Natural Resources nd Quality Bureau lidi Waste & Contaminated Sites Section 2 E 9th St estions concerning this application please contact the Department at (515) 201-8272. DN 1. CONTACT INFORMATION [IAC 567-108.5] Provide the name, address and telephone ing ss of the site where the project will be located where Name: Phone Number: ddress: County: State: County: ddress: State: Zip Code: Vof X Section Township N Range (you may attach a legal description from your county assessor) icial Use Determination Applicant : State: Phone Number: ddress: State: Zip Code: dual responsible for operation of the project : State: Zip Code: ddress: State: Zip Code: y to be served by the project, if any of Agency: State: Phone Number: ddress: Phone Number: ddress: State: Zip Code: y to be served by the project, if any of Agency: Phone Number: ddress: Phone Number: ddress: Phone Number: ddress: State: Phone Number: sbile Official: Phone Number: ddress: State: Phone Number:					

# 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 Documents**

Solid By-product Management Plan [IAC 567 Chapter 108.5(6)]
Site Map
Solid By-product Analytical Results [IAC 567 Chapter 108.5]

## 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,

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:	