

IOWA DEPARTMENT OF NATURAL RESOURCES

BENEFICIAL USE DETERMINATION APPLICATION FORM



lowa Departme Land Quality Bu	ent of Natural ureau		0:			
Solid Waste an	d Contaminat	ed Sites Section				
6200 Park Ave						
Des Moines IA	50321					
For questions conce	erning this app	blication please contact t	he Departmen	t at (515) 201-8272.		
SECTION 1. CONTA following	<u>CT INFORMAT</u>	<u>'ION [IAC 567-108.5]</u> Pro	ovide the name	e, address and telephone	number for	the
Address of the site	where the pro	oject will be located				
Site Owner Name:				Phone Number:		
Site Address:				 County:		
City:		State:		Zip Code:		
¼ of		¼ Section		N Range	East	West
		ou may attach a legal desc	· · · · · · · · · · · · · · · · · · ·			
Beneficial Use Dete	armination An	nlicant				
		-		Phone Number:		
Site Address:						
		State:		Zip Code:		
,		_				
Individual responsi	ble for operat	ion of the project				
Name:				Phone Number:		
Site Address:						
City:		State:		Zip Code:		
Professional engine	eer (P.E.) licen	sed in the state of Iowa	and retained f	for the design of the facili	ity, if any	
Namo	. ,			License #:		
Site Address:				Phone Number:		
City:		State:		Zip Code:		
Agency to be serve	d by the proje	ect, if any				
Name of Agency:	-					
Responsible Official	:			Phone Number:		
Site Address:						
City:		State:		Zip Code:		
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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]

Printed Name: _____

SECTION 4. APPLICANT 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:	

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