



IOWA DEPARTMENT OF NATURAL RESOURCES



COMPOST FACILITY

PERMIT APPLICATION FORM 50A

- New Permit
- Permit Renewal (permit number) \_\_\_\_\_ -SDP- \_\_\_\_\_ - \_\_\_\_\_ -COM
- Permit Amendment

**SECTION 1. FACILITY CONTACT INFORMATION**

**Facility**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 County: \_\_\_\_\_

**Responsible Official for the Facility**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Owner of Site**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Site Legal Description**

Legal Description: \_\_\_\_\_  
 ¼, ¼, Section, Township (N), Range (E/W), County: \_\_\_\_\_

**Facility Owner/Operator**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Design Engineer (PE) (if any)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Iowa Engineer License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**SECTION 2. SITE INFORMATION**

This facility is part of the following solid waste comprehensive planning area:

Planning Area: \_\_\_\_\_ Date of Last Approved Plan: \_\_\_\_\_

Days and hours of operation of the facility: \_\_\_\_\_

Open to the public?  Yes  No

Type and expected weight (tons) of solid waste feedstocks 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. If an application is found by the department to be incomplete, it may be denied and returned to the applicant.

#### **Required Documents**

**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 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 provision requests, if any.

**Section B. Site Map or Aerial Photograph (IAC [567 105.8\(1\)](#))**

**No Revision Required** - See Doc ID#: \_\_\_\_\_

**Section C. Site Design Plan (IAC [567 105.8\(2\)](#))**

**No Revision Required** - See Doc ID#: \_\_\_\_\_

**Section D. Site Operation Plan (IAC [567 105.8\(3\)](#))**

**No Revision Required** - See Doc ID#: \_\_\_\_\_

**Section E. Operator Certification (IAC [567 105.10](#))**

**No Revision Required** - See Doc ID#: \_\_\_\_\_

**Section F. Site Closure Plan (IAC [567 105.13](#))**

**No Revision Required** - See Doc ID#: \_\_\_\_\_

**Section G. Proof of Financial Assurance (IAC [567 105.14](#))**

No Financial Assurance needed if receiving less than 5,000 tons of feedstock annually, bulking agent excluded.

### **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 of Permit Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Application for a solid waste compost facility must be accompanied by the plans, specifications, and additional information required by the applicable solid waste rules under Iowa Administrative Code 567 Chapter 105.

Send completed application with attached information to [Becky.Jolly@dnr.iowa.gov](mailto:Becky.Jolly@dnr.iowa.gov), or:

Iowa Department of Natural Resources  
Land Quality Bureau  
Solid Waste Section  
502 E 9<sup>th</sup> St  
Des Moines, IA 50319-0034

For questions concerning this application please contact the Department at 515-721-7979 or [Theresa.Stiner@dnr.iowa.gov](mailto:Theresa.Stiner@dnr.iowa.gov).