



IOWA DEPARTMENT OF NATURAL RESOURCES
COMPOST FACILITY REGISTRATION



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: _____

TYPE OF FACILITY: check the box that describes your facility

- Yard waste only (vegetative matter such as grass clippings, leaves, garden waste, brush, and trees)
- Food residuals singly or in combination with yard waste and/or agricultural waste (includes but is not limited to manure, crop residuals, bedding, and other vegetative by-products produced during farm processing. Dead animals are not included). Food waste and yard waste received from off premises is two tons or less per week. (If food waste and yard waste received from off premises is greater than two tons per week complete the Permitted Facilities section.)
- Dead farm animals and bulking agent only. Compost facility owner is owner of at least some of the sites where animals are generated. (If Compost facility owner does not own any of the sites where animals are generated or other materials are also composted complete the Permitted Facilities section.)

COMPOST FACILITY OPERATION INFORMATION. In this section provide information as to how the composting facility operates.

What method/s of composting is employed at the facility

- Turned piles/windrows
- Aerated static piles/windrows
- Vermicompost
- In-vessel
- Other (please describe) _____
- Facility is enclosed

CERTIFICATION

I certify under penalty of law that I am the owner, operator, or authorized representative of the owner or operator and that I have examined and am familiar with the information reported above, and that I believe the information is true, accurate and complete.

Signature: _____ **Date:** _____

Name & agency of Person Certifying: _____

Email: _____ **Phone Number:** _____

Additional Comments:

Send completed application with attached information to Becky.Jolly@dnr.iowa.gov, or:

Iowa Department of Natural Resources
Land Quality Bureau
Solid Waste Section
502 E 9th 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.