



**SOLID WASTE LAND DISPOSAL FACILITY  
PERMIT APPLICATION**  
State Form 50404 (R2 / 8-11)  
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

**INDIANA DEPARTMENT OF  
ENVIRONMENTAL MANAGEMENT**  
Office of Land Quality  
Solid Waste Permits Section - Mail Code 65-45  
100 N. Senate Ave.  
Indianapolis, IN 46204-2251

**INSTRUCTIONS** This application form shall be used to apply for all solid waste land disposal facility permits and modifications pursuant to 329 IAC 10-11. When completed, please return this form and support documents to the address given in the box above.

This application is for a (check appropriate box):

<input type="checkbox"/> new (construction/operation permit)	<input type="checkbox"/> major permit modification (acreage expansion)
<input type="checkbox"/> minor permit modification	<input type="checkbox"/> major permit modification (height increase)

**SECTION A. APPLICANT(S) INFORMATION**

Name

Mailing Address: Street Apt. # P.O. Box Town/City

State ZIP Code Telephone Number (with area code)

**SECTION B. FACILITY OWNER(S) INFORMATION**

Name

Mailing Address: Street Apt. # P.O. Box Town/City

State ZIP Code Telephone Number (with area code)

**SECTION C. OPERATOR(S) INFORMATION**

Name

Mailing Address: Street Apt. # P.O. Box Town/City

State ZIP Code Telephone Number (with area code)

**SECTION D. PROPERTY OWNER(S) INFORMATION**

Name

Mailing Address: Street Apt. # P.O. Box Town/City

State ZIP Code Telephone Number (with area code)

Please note that in accordance with 329 IAC 10-13-4(b) the owner, operator & permittee of a solid waste facility, and the owner or owners of the land upon which the facility is located, shall be liable for any environmental harm caused by the facility.

**SECTION E. FACILITY INFORMATION**

Name of Facility

Mailing Address: Street Apt. # P.O. Box Town/City ZIP Code

Location Address: Street/County Road County Town/City

Type of Operation (check appropriate box):

<input type="checkbox"/> municipal solid waste landfill	<input type="checkbox"/> restricted waste site type I
<input type="checkbox"/> non-municipal solid waste landfill	<input type="checkbox"/> restricted waste site type II
<input type="checkbox"/> construction/demolition site	<input type="checkbox"/> restricted waste site type III

Planned Life of Facility in Years	Expected Daily Volume – Tons	Expected Daily Volume – Cubic Yards	Types of Waste Received	Contact Person
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**SECTION F. NAMES AND ADDRESSES OF AFFECTED GOVERNMENT OFFICIALS**

**1. Members of the board of county commissioners where facility is located**

<b>Typed Name</b>	<b>Typed Name</b>
Typed Address	Typed Address
Typed Address	Typed Address
Typed City, State, ZIP	Typed City, State, ZIP
<b>Typed Name</b>	<b>Typed Name</b>
Typed Address	Typed Address
Typed Address	Typed Address
Typed City, State, ZIP	Typed City, State, ZIP
<b>Typed Name</b>	<b>Typed Name</b>
Typed Address	Typed Address
Typed Address	Typed Address
Typed City, State, ZIP	Typed City, State, ZIP

**2. Mayor(s) of any city(s) affected by the permit application**

<b>Typed Name</b>	<b>Typed Name</b>
Typed Address	Typed Address
Typed Address	Typed Address
Typed City, State, ZIP	Typed City, State, ZIP
<b>Typed Name</b>	<b>Typed Name</b>
Typed Address	Typed Address
Typed Address	Typed Address
Typed City, State, ZIP	Typed City, State, ZIP

**SECTION F. NAMES AND ADDRESSES OF AFFECTED GOVERNMENT OFFICIALS *(continued)***

**3. President(s) of town council(s) of any town(s) affected by the permit application**

<b>Typed Name</b>	<b>Typed Name</b>
Typed Address	Typed Address
Typed Address	Typed Address
Typed City, State, ZIP	Typed City, State, ZIP
<b>Typed Name</b>	<b>Typed Name</b>
Typed Address	Typed Address
Typed Address	Typed Address
Typed City, State, ZIP	Typed City, State, ZIP

Please use additional sheets as needed to include all local officials affected by this permit application.

**SECTION G. SIGNATURES AND CERTIFICATION STATEMENTS**

329 IAC 10-11-3(d) requires that the signatory for a permit application sign the following certification statement:

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I further certify that I am authorized to submit this information."

Applicant's Name & Title Typed	Applicant's Signature	Date Signed <i>(month, day, year)</i>
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