



**SOLID WASTE PROCESSING FACILITY  
PERMIT RENEWAL APPLICATION**

State Form 50387 (R5 / 9-22)  
Indiana Department of Environmental Management

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF LAND QUALITY  
SOLID WASTE PERMITS SECTION  
100 N. Senate Ave.  
Indianapolis, IN 46204-2251

**INSTRUCTIONS** This application form shall be used to apply for all solid waste processing facility permit renewals. Renewal application fees are established by 329 IAC 10-11-8 or 329 IAC 11-9-4.1. Pursuant to 329 IAC 11-9-4(a), this application must be received by the Commissioner of the Indiana Department of Environmental Management at least 120 days prior to the expiration date of your current permit. When completed, please return this form and support documents to the address given in the box above.

Section A. Applicant (permittee) Information			
Name			
Address (number and street)		Apartment number	P.O. Box
Town/City			
State	ZIP code	Telephone number (with area code)	

Section B. Property Owners(s) Information			
Name			
Address (number and street)		Apartment number	P.O. Box
Town/City			
State	ZIP code	Telephone number (with area code)	

Please note that in accordance with 329 IAC 11-11-4(b) the owner and operator 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 C. Facility Information		
Name of Facility	Permit Number	
Mailing Address (number and street)	Apartment number	P.O. Box
Town/City		
Address of Facility Location or Location Description	County	Town/City
Contact Person of Facility	Telephone number of Contact (with area code)	
Type of Operation (Please check one.)		
<input type="checkbox"/> Incinerator – Ten (10) tons/day or greater	<input type="checkbox"/> Transfer Station	
<input type="checkbox"/> Infectious Waste Incinerator – Seven (7) tons/day or greater	<input type="checkbox"/> Other Solid Waste Processing Facility	
Type of Waste Received	Daily Amount Received – (Cubic Yards or Tons per Day)	Total Facility Acreage

Section D. Names and Addresses of Affected Government Officials	
1. Members of the board of county commissioners where facility is located (Please type.)	
Name	Name
Address (number and street, apartment number, or PO Box)	Address (number and street, apartment number, or PO Box)
Address (number and street, apartment number, or PO Box)	Address (number and street, apartment number, or PO Box)
City, State, and ZIP code	City, State, and ZIP code
Name	Name
Address (number and street, apartment number, or PO Box)	Address (number and street, apartment number, or PO Box)
Address (number and street, apartment number, or PO Box)	Address (number and street, apartment number, or PO Box)
City, State, and ZIP code	City, State, and ZIP code

**Section D. Names and Addresses of Affected Government Officials (continued)**

**1. Members of the board of county commissioners where facility is located (continued) (Please type.)**

<b>Name</b>	<b>Name</b>
Address (number and street, apartment number, or PO Box)	Address (number and street, apartment number, or PO Box)
Address (number and street, apartment number, or PO Box)	Address (number and street, apartment number, or PO Box)
City, State, and ZIP code	City, State, and ZIP code

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

<b>Name</b>	<b>Name</b>
Address (number and street, apartment number, or PO Box)	Address (number and street, apartment number, or PO Box)
Address (number and street, apartment number, or PO Box)	Address (number and street, apartment number, or PO Box)
City, State, and ZIP code	City, State, and ZIP code

<b>Name</b>	<b>Name</b>
Address (number and street, apartment number, or PO Box)	Address (number and street, apartment number, or PO Box)
Address (number and street, apartment number, or PO Box)	Address (number and street, apartment number, or PO Box)
City, State, and ZIP code	City, State, and ZIP code

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

<b>Name</b>	<b>Name</b>
Address (number and street, apartment number, or PO Box)	Address (number and street, apartment number, or PO Box)
Address (number and street, apartment number, or PO Box)	Address (number and street, apartment number, or PO Box)
City, State, and ZIP code	City, State, and ZIP code

<b>Name</b>	<b>Name</b>
Address (number and street, apartment number, or PO Box)	Address (number and street, apartment number, or PO Box)
Address (number and street, apartment number, or PO Box)	Address (number and street, apartment number, or PO Box)
City, State, and ZIP code	City, State, and ZIP code

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

## Section E. Attachments Required

1. A legal description (defined by 329 IAC 11-2-20) of the facility location, including acreage thereof.
2. A copy of the fee transmittal form and check for a renewal fee as established by 329 IAC 10-11-8 or 329 IAC 11-9-4.1. Submit each check and original of fee transmittal form to the address shown on transmittal form.
3. Facility information, including the following:
  - a. A description of the type of operation.
  - b. The volume of waste received at the facility in cubic yards per day or tons per day.
  - c. The type of waste received at the site.
4. In accordance with IC 4-21.5-3-4 and IC 4-21.5-3-5, the name and address of all owners or last taxpayers of record of property located adjacent to the facility boundary of the solid waste processing facility.

## Section F. Signatures and Certification Statements

329 IAC 11-9-3(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."

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