



**SOLID WASTE PROCESSING FACILITY
PERMIT APPLICATION**

State Form 50392 (R2 / 9-22)
Indiana Department of Environmental Management

**INDIANA DEPARTMENT OF ENVIRONMENTAL
MANAGEMENT**

Office of Land Quality
Solid Waste Permits Section
100 N. Senate Ave., Rm. 1154
Indianapolis, IN 46204-2251

INSTRUCTIONS This application form shall be used to apply for all solid waste processing facility permits and modifications pursuant to 329 IAC 11-9. 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):

- New (construction/operation permit) Major permit modification (capacity increase)*
 Minor permit modification

*Please note that IDEM considers the following additions or changes at a processing facility to be major modifications: 1. new bay loading area; 2. new loading tunnel; 3. expansion of an existing loading bay or tunnel so that additional transfer trailers can be loaded simultaneously; 4. expansion of the existing waste processing area by more than 50%, either through expansion of the area within an existing building or through addition of a new building; or 5. Addition of a major piece of equipment, such as a compactor, that increases the volume of waste being processed.

Section A. Applicant(s) Information

Name				
Mailing Address:	Street	Apt. #	P.O. Box	Town/City
State	ZIP Code	Phone (with area code)		

Section B. Facility Owner(s) Information

Name				
Mailing Address:	Street	Apt. #	P.O. Box	Town/City
State	ZIP Code	Phone (with area code)		

Section C. Operator(s) Information

Name				
Mailing Address:	Street	Apt. #	P.O. Box	Town/City
State	ZIP Code	Phone (with area code)		

Section D. Property Owner(s) Information

Name				
Mailing Address:	Street	Apt. #	P.O. Box	Town/City
State	ZIP Code	Phone (with area code)		

Please note that in accordance with 329 IAC 11-11-4(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):

- incinerator – 10 tons/day or greater transfer station
 infectious waste incinerator – 7 tons/day or greater other solid waste processing facility

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

Typed Name	Typed Name
Typed Address	Typed Address
Typed Address	Typed Address
Typed City, State, ZIP Code	Typed City, State, ZIP Code
Typed Name	Typed Name
Typed Address	Typed Address
Typed Address	Typed Address
Typed City, State, ZIP Code	Typed City, State, ZIP Code
Typed Name	Typed Name
Typed Address	Typed Address
Typed Address	Typed Address
Typed City, State, ZIP Code	Typed City, State, ZIP Code

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

Typed Name	Typed Name
Typed Address	Typed Address
Typed Address	Typed Address
Typed City, State, ZIP Code	Typed City, State, ZIP Code
Typed Name	Typed Name
Typed Address	Typed Address
Typed Address	Typed Address
Typed City, State, ZIP Code	Typed City, State, ZIP Code

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

Typed Name	Typed Name
Typed Address	Typed Address
Typed Address	Typed Address
Typed City, State, ZIP Code	Typed City, State, ZIP Code
Typed Name	Typed Name
Typed Address	Typed Address
Typed Address	Typed Address
Typed City, State, ZIP Code	Typed City, State, ZIP Code

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

Section G. 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."

Applicant's Name & Title Typed	Applicant's Signature	Date Signed
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