# VEGETATIVE MATTER COMPOSTING REGISTRATION APPLICATION

State Form 50414 (R4 / 12-13)

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT**
Attention: Solid Waste Permits Section
Office of Land Quality
100 N. Senate Ave., MC 65-45, IGCN 1101
Indianapolis, IN 46204-2251
Telephone number: (317) 232-3111

*INSTRUCTIONS: Facilities subject to IC 13-20-10 may compost vegetative matter, such as leaves, grass, brush, limbs, and branches only if the composting facility is registered with IDEM. To apply for a vegetative matter composting registration, please send three (3) completed copies of this form and all attachments to the address above. You can review the vegetative matter composting statute at www.in.gov/legislative/ic_iac/. For questions or additional information, please contact us at the telephone number above.*

| | |
|---|---|
| This application is for a: ☐ New registration | ☐ Renewal (due at least 60 days before the expiration date of your current registration) |
| For renewals, enter registration number: | |

## SECTION A. OWNER INFORMATION

| | | | | |
|---|---|---|---|---|
| Name | | | | |
| Mailing Address: | Street | Apt. number | P.O. Box | Town/City |
| State | ZIP Code | Telephone Number *(with area code)* | | |

## SECTION B. OPERATOR INFORMATION

| | | | | |
|---|---|---|---|---|
| Name | | | | |
| Mailing Address: | Street | Apt. number | P.O. Box | Town/City |
| State | ZIP Code | Telephone Number *(with area code)* | | |

## SECTION C. LANDOWNER INFORMATION

| | | | | |
|---|---|---|---|---|
| Name | | | | |
| Mailing Address: | Street | Apt. number | P.O. Box | Town/City |
| State | ZIP Code | Telephone Number *(with area code)* | | |

## SECTION D. FACILITY INFORMATION

| | | | | | |
|---|---|---|---|---|---|
| Name | | | | | |
| Mailing Address: | Street | Apt. number | P.O. Box | Town/City | ZIP Code |
| Location Address: | Street/County Road | County | | Town/City | |
| Contact Name: | | | | | |
| Telephone Number *(with area code)* | | E-mail address: | | | |

Do you agree to receive communications through e-mail?
☐ Yes ☐ No

List other IDEM permits, registrations, or approvals issued for the facility. Include number issued for each permit, registration, or approval:

## SECTION E. SITE INFORMATION

***Please provide the following information in the space provided.***

| Information | |
|---|---|
| **1.** Size of site (in acres): | |
| **2.** Estimate yearly volume to be processed (in tons): | |
| **3.** Area to be serviced (cities or counties): | |
| **4.** Materials to be accepted (leaves, brush, etc.): | |
| **5.** Intended final use of compost | |

## SECTION F. DESIGN AND OPERATION CHECKLIST

***Please attach documentation and/or plans in the order given below for each item, and note if present or applicable.***

| Information | Present? (Yes, No, or N/A) |
|---|---|
| **6.** Legal description of the property. | |
| **7.** A United States Geological Survey (USGS) 7-½ minute topographic map or equivalent that shows the compost site location. | |
| **8.** Site map showing the compost site boundary, residential structures, roads, and potable water wells. The map must show a minimum of 200 feet between the active area of the compost site and potable wells or residential structures. | |
| **9.** Information demonstrating that the compost will be located at least five (5) feet from the water table. Alternatively, provide a description of controls that will be used to prevent surface water contamination if the water table is less than five (5) feet from the active area of the compost site. | |
| **10.** A map indicating if the active compost area is outside of the ten (10) year floodplain. If it is not, attach a description of the controls used to prevent ground or surface water contamination in the event of a ten (10) year flood. | |
| **11.** Procedures for controlling dust, odor, and noise. | |
| **12.** Procedures for controlling storm water run-off and leachate. | |
| **13.** Procedures for handling and disposing of unwanted solid waste or other materials. | |

## SECTION G. SIGNATURES AND 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 who manage the system, or those 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 a fine or imprisonment for a knowing violation. I further certify that I am authorized to submit this information.

| Name of Facility Owner/Operator *(Typed or Printed)* | Signature of Facility Owner/Operator | Date Signed *(month, day, year)* |
|---|---|---|
| | | |