



**SOLID WASTE LAND DISPOSAL FACILITY  
PERMIT RENEWAL APPLICATION**

State Form 50386 (R3 / 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 permit renewals. Renewal application fees are established by IC 13-20-21. Pursuant to 329 IAC 10-11-5.1(b), this application must be received by the Commissioner of the Indiana Department of Environmental Management at least one hundred twenty (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. PERMITTEE(S) INFORMATION**

Name				
Address	Street	Apt. #	P.O. Box	Town/City
State	ZIP	Telephone number (with area code)		

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

Name				
Address	Street	Apt. #	P.O. Box	Town/City
State	ZIP	Telephone number (with area code)		

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

Name				
Address	Street	Apt. #	P.O. Box	Town/City
State	ZIP	Telephone number (with area code)		

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

Name				
Address	Street	Apt. #	P.O. Box	Town/City
State	ZIP	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 land disposal 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**

Facility Name			Permit Number	
Mailing Address	Street	Apt. #	P.O. Box	Town/City
Facility Location Address or Location Description		County	Town/City	
Facility Contact Person and Telephone number (with area code)				
Type of Operation (please check one)				
<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	
Acres Permitted for Waste Disposal		Remaining Life of Facility in Years		Daily Amount Received (tons or yd <sup>3</sup> per operating day)
Type(s) of Waste Received				

**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

Typed Name	Typed Name
Typed Address	Typed Address
Typed Address	Typed Address
Typed City, State, ZIP	Typed City, State, ZIP
Typed Name	Typed Name
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. ATTACHMENTS REQUIRED

1. A legal description (defined by 329 IAC 10-2-104) of the facility location that includes following:
  - a. The solid waste land disposal facility boundary.
  - b. If applicable, the solid waste boundary defining the area where the solid waste is to be disposed.
  - c. Verification through sufficient documentation provided that the waste deposition area is located within the facility boundaries, including a map of the legal description for these areas certified by a registered land surveyor.
  
2. The names and addresses of all owners or last taxpayers of record of property of adjoining land that is within one-half (½) mile of the solid waste boundary.
  
3. A topographic plot plan that reflects the current condition of the facility and current elevations taken within six (6) months of the submittal of the application and accurately identifying the following information to a scale as required by 329 IAC 10-15-2(a), 329 IAC 10-24-2(a), or 329 IAC 10-32-2(a):
  - a. areas of final cover, including certified closed area, and type of final cover
  - b. filled areas lacking final cover, grading, and seeding
  - c. current areas of operation, including depth of waste fill
  - d. projected solid waste disposal areas on a per year basis for the next five (5) years
  
4. A copy of the latest approved final contour plot plan with scale, as required by 329 IAC 10-15-2(a)
  
5. A copy of the latest approved subgrade contours of the uppermost contour of the soil liner.
  
6. A copy of the fee transmittal form and check for a renewal fee as established by IC 13-20-21. Submit each check and original of fee transmittal form to IDEM Cashier's Office to address shown on transmittal form.

## SECTION H. 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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