

IOWA DEPARTMENT OF NATURAL RESOURCES

SINGLE USE LANDFARMING

PERMIT APPLICATION FORM 50P

CON	12-1-1
Doc#	113421



New Permit					
Permit Renewal (permit number) 29	-SDP-	12	- 16P	PCS	
Permit Amendment					RECEIVED
SECTION 1. FACILITY CONTACT INFORMATION					JUL 0.7 2025
Facility					
Name: OMG Midwest				Phone:	515-422-5437
Address: PO Box 3365		City,	State, Zip:	Des Moin	es, IA 50316
County: Polk					
Responsible Official for the Facility					
Name: Caleb Morss				Phone:	319-753-2297
Address: 3808 old highway 61				Fax:	
City, State, Zip: Burlington, IA 52601		E-mail:	caleb.morrs	@cessford	constuction.com
Owner of Site					
Name: OMG Midwest				Phone:	515-422-5437
Address: PO Box 3365				Fax:	
City, State, Zip: Des Moines, IA 50316		E-mail:			
Emergency Contact					
Name: Caleb Morss				Phone:	319-753-2297
Address: 3808 old highway 61				Fax:	
City, State, Zip: Burlington, IA 52601		_ E-mail:	caleb.morss	@cessford	lconstuction.com
Design Engineer (P.E.), if any					
Name:				Phone:	
Address:				Fax:	
City, State, Zip:		E-mail:			
Iowa Engineer License #:	Expirat	ion Date:			\ -

SECTION 2. PERMIT APPLICATION CHECKLIST

Checking the appropriate boxes below certifies that the documents submitted in conjunction with this application form are complete and in compliance with the applicable chapters of the lowa Administrative Code. While some of the documents below may have been submitted previously, <u>updated copies of each is required to be provided with each permit renewal application</u>, unless a prior document remains current and is identified by Doc ID # below. If an application is found by the department to be incomplete, it may be denied and returned to the applicant.

Required Documents

Section A. Executive Summary (permit renewals only)

- Summary of modifications, if any, to the facility that occurred during the current permit cycle.
- Summary of each special provision of the current permit to determine if it is to remain the same, be revised or be removed.
- Summary of each permit amendment, if any, that occurred during the current permit cycle to determine if it shall be included with the renewed permit, be revised or be removed.

 Provide documentation and certification as required for new requests from Iowa Administrative Code, if any. 	w permit amendment requests and new variance		
Section B. Organizational Chart (IAC 567 102.12(5)) Section C. Site Operation Plan (IAC 567 120.5(2)"b") Section D. Emergency Response and Remedial Action Plan (IAC Section E. Proof of Financial Assurance (IAC 567 120.13)	C 567 120.5(2)"c")		
SECTION 3. APPLICANT CERTIFICATION			
Certification			
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.			
I further certify that the construction and operation of the above despecifications, reports and related communications accepted by the in its office; and in accordance with conditions imposed in the permit Resources. Signature of Permit Applicant:	e lowa Department of Natural Resources and on file		
Printed Name: Caleb Morss	Title: Manager		
Application for a single-use landfarming permit must be accompani information required by the applicable solid waste rules under loward Send completed applications with attached information to: lowa Department of Natural Resources Land Quality Bureau Solid Waste Section 502 E 9 th St Des Moines, IA 50319-0034			
For questions concerning this application please contact the Depart	ment at (515) 725-8331.		