



The Complete Solution

CORPORATE HEADQUARTERS

4140 E. 14TH STREET
DES MOINES, IA 50313
PHONE: 515-262-5000

WWW.SENECACO.COM
STORE.SENECACO.COM

January 19, 2026

Brad Davison and Becky Jolly
Iowa Department of Natural Resources
Land Quality Bureau
Solid Waste Section
502 East 9th Street
Des Moines, IA 50319

SUBJECT: Land Farm Statement & Permit Application
PCS Application Year 2026
Seneca Landfarm Permit # 77-SDP-56-05-PCS

Ms. Jolly:

Seneca Environmental Services presents this submittal to comply with the provisions of the Iowa Administrative Code (IAC) 567 Chapter 120 Landfarming rules. Specifically, we are providing a statement that our current permit and planning documents remain current. Please also find the required sections of the Permit Application Form completed.

We appreciate the opportunity to provide this letter and Permit Application and we look forward to working with DNR on our PCS landfarming projects.

Sincerely,
Seneca Companies, Inc.

A handwritten signature in black ink that reads "Leslie Nagel".

Leslie Nagel
Environmental Operations Manager

Attachment

cc: Darren Binning, COO



IOWA DEPARTMENT OF NATURAL RESOURCES

SINGLE USE LANDFARMING

PERMIT APPLICATION FORM 50P



☐ New Permit

☒ Permit Renewal (permit number) 77 -SDP- 56 -05P PCS

☐ Permit Amendment

SECTION 1. FACILITY CONTACT INFORMATION

Facility

Name: Seneca Companies, Inc. Phone: 800-369-5500
Address: 4140 East 14th Street City, State, Zip: Des Moines, IA 50313
County: Polk

Responsible Official for the Facility

Name: Darren Binning Phone: 515-262-3500
Address: 4140 E. 14th Street Fax: _____
City, State, Zip: Des Moines, IA 50313 E-mail: dbinning@senecaco.com

Owner of Site

Name: To be determined Phone: _____
Address: _____ Fax: _____
City, State, Zip: _____ E-mail: _____

Emergency Contact

Name: Leslie Nagel Phone: 515-261-7717
Address: 4140 E 14th Street Fax: _____
City, State, Zip: Des Moines, IA 50313 E-mail: lnagel@senecaco.com

Design Engineer (P.E.), if any

Name: _____ Phone: _____
Address: _____ Fax: _____
City, State, Zip: _____ E-mail: _____
Iowa Engineer License #: _____ Expiration 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 Iowa Administrative Code. While some of the documents below may have been submitted previously, updated copies of each is required to be provided with each permit renewal application, 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 permit amendment requests and new variance requests from Iowa Administrative Code, if any.

- ☐ 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 567 120.5(2)“c”)
- ☐ Section E. Proof of Financial Assurance (IAC 567 120.13)

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 described facility will be in accordance with the plans, specifications, reports and related communications accepted by the Iowa Department of Natural Resources and on file in its office; and in accordance with conditions imposed in the permit issued by the Iowa Department of Natural Resources.

Signature of Permit Applicant:



Date: 1/19/2026

Printed Name: Leslie Nagel

Title: Environmental Operations Manager

Application for a single-use landfarming permit must be accompanied by the plans, specifications and additional information required by the applicable solid waste rules under Iowa Administrative Code 567 Chapter 120.

Send completed applications with attached information to:

Iowa Department of Natural Resources
Land Quality Bureau
Solid Waste Section
502 E 9th St
Des Moines, IA 50319-0034

For questions concerning this application please contact the Department at (515) 725-8331.



Remit via Standard US Mail:
Willis Towers Watson Insurance Services West, Inc.
P.O. Box 731739
Dallas, TX 753731739

(972) 385-9800

Seneca Companies Inc.
4140 E. 14th Street
Des Moines, IA 50313

INVOICE

No. 4227389

Due Upon Receipt

Account Code	Total Due	Date
SENECOM-01	\$170.00	1/9/2026

Site ID: S001

Please return this portion with your payment

Make checks payable to: Willis Towers Watson Insurance Services West, Inc.

Item #	Effective Date Description	Bond Number	Carrier Policy Period	Amount
26575540	02/15/2026 Renewal Business License and Permit Bond	GS14500347	The Gray Casualty & Surety Company 02/15/2026 to 02/15/2027	\$170.00

Principal: Seneca Companies, Inc.
Obligee: Iowa Department of Natural Resources
Description: Solid Waste Landfarm Closure
Bond Amount: \$8,500.00

Sub-Total: \$170.00

Total Due: \$170.00

ACH/WIRING INSTRUCTIONS

PLEASE NOTE UPDATED BANKING INSTRUCTIONS

BANK NAME: Truist, Charlotte, NC

ABA ACH: 061000104 ABA Wire: 053101121 Acct#: 1000261640097

ACCOUNT NAME: Willis Towers Watson Insurance Services West, Inc.

PLEASE REFERENCE INVOICE NUMBER

Please send remittance details to TEX.Receivables@wtwco.com

LOCKBOX OVERNIGHT ADDRESS

JP Morgan Chase

Willis Towers Watson Insurance Services West, Inc. LB#731739

14800 Frye Road 2nd Flr

Fort Worth, TX 76155

1/9/2026

Seneca Companies Inc
Invoice No. 4227389

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Willis Towers Watson (hereafter referred to as "WTW") is a member of a major international group of companies. In addition to the compensation received by WTW from insurers for placements of your insurance coverages, other parties, such as excess and surplus lines brokers, wholesalers, reinsurance intermediaries, underwriting managers and similar parties (some of which may be owned in whole or in part by WTW corporate parents or affiliates), may earn and retain usual and customary commissions for their role in providing insurance products or services to clients under their separate contracts with insurers or reinsurers. The compensation that will be paid to WTW will vary based on the insurance contract it sells. Depending on the insurer and insurance contract you select, compensation may be paid by the insurer selling the insurance contract or by another third party. Such compensation may be contingent and may vary depending on a number of factors, including the insurance contract and insurer you select. In some cases, other factors such as the volume of business WTW provides to the insurer or the profitability of insurance contracts WTW provides to the insurer also may affect compensation. Upon request, WTW will provide you with additional information about the compensation WTW expects to receive based in whole or in part on your purchase of insurance.