



IOWA DEPARTMENT OF NATURAL RESOURCES  
**SOLID WASTE TRANSFER STATION**  
 PERMIT APPLICATION FORM 50B



New Permit  
 Permit Renewal (permit number) 49 -SDP- 03 -92P XFR

**SECTION 1. FACILITY CONTACT INFORMATION**

**Facility**

Name: Jackson County Transfer Station Phone: 563-672-3431  
 Address: 25146-184th Street City, State, Zip: Maquoketa, IA 52060  
 County: Jackson

**Responsible Official for the Facility**

Name: Frank Frieberg, Director of Operations Phone: 563-672-3431  
 Address: 25146-184th Street Fax: \_\_\_\_\_  
 City, State, Zip: Maquoketa, IA 52060 E-mail: frankf@wasteauth.org

**Owner of Site**

Name: Waste Authority of Jackson County Phone: 563-672-3431  
 Address: 25146-184th Street Fax: \_\_\_\_\_  
 City, State, Zip: Maquoketa, IA 52060 E-mail: frankf@wasteauth.org

**Facility Operator**

Name: Mike Sager Phone: 563-672-3431  
 Address: 25146-184th Street Fax: \_\_\_\_\_  
 City, State, Zip: Maquoketa, IA 52060 E-mail: frankf@wasteauth.org

**Financial Assurance Engineer**

Name: Douglas J. Luzbetak, P.E. Phone: 515-733-4144  
 Address: 204 W. Broad St., PO Box 314 Fax: 515-733-4146  
 City, State, Zip: Story City, IA 50248 E-mail: dluzbetak@hlwengineering.com  
 Iowa Engineer License #: 12654 Expiration Date: 12/31/26

**SECTION 2. SITE INFORMATION**

This facility is part of the following solid waste comprehensive planning area:  
 Planning Area: Bi-State Regional Commission Date of Last Approved Plan: July 21, 2023

This facility does not participate in a planning area within the state of Iowa other than its own.  
 \*A solid waste comprehensive plan must be developed and approved by the department prior to issuance of a sanitary disposal project permit. Please contact the department's Solid Waste Comprehensive Planning staff at (515) 725-8319 for instructions and requirements for completing a comprehensive plan.

Days and hours of operation of the facility: \_\_\_\_\_

Open to the public?  Yes  No

Service area of the facility and final disposal destination (include unincorporated areas and out of state cities):

Service Area: All cities and the unincorporated area in Jackson County, Iowa

Disposal Facility: Quad Cities Landfill, Milan, IL

Type, source and expected weight (tons) of solid waste to be handled per day, week and year at the facility:

per day \_\_\_\_\_

per week \_\_\_\_\_

per year 15,000 \_\_\_\_\_

Description of the waste handling process to be used (e.g., individuals unload trash into one of 3 roll-offs on site. Roll-offs are removed when full and replaced with empties.):

**Check all other materials accepted/activities at the facility:**

- |  |   |
|--|---|
| <input type="checkbox"/> Recyclables drop-off - glass, paper, plastic, metal             | <input checked="" type="checkbox"/> Scrap Metal Salvaging |
| <input type="checkbox"/> Lead Acid Batteries   | <input type="checkbox"/> Appliance Demanufacturing        |
| <input type="checkbox"/> Used Oil  | <input type="checkbox"/> Electronics Demanufacturing      |
| <input type="checkbox"/> Antifreeze  | <input type="checkbox"/> Yard Waste Composting            |
| <input type="checkbox"/> White Goods Collection  | <input type="checkbox"/> Yard Waste Collection            |
| <input checked="" type="checkbox"/> Tires  | <input checked="" type="checkbox"/> HHM/RCC               |
| <input checked="" type="checkbox"/> Electronics Collection (including Cathode Ray Tubes) | <input type="checkbox"/> Other _____                      |

**SECTION 3. 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 waiver requests from Iowa Administrative Code, if any.
- Section B. Site Map or Aerial Photograph (IAC 567 106.8(1)“c”)**  
No Revision Required - See Doc ID#: 88490 and 105927
- Section C. Proof of Ownership/Local Zoning Requirements (IAC 567 106.8(1)“d”)**  
No Revision Required - See Doc ID#: 62395
- Section D. Organizational Chart (IAC 567 106.8(1)“i”)**  
No Revision Required - See Doc ID#: \_\_\_\_\_
- Section E. Operator Certification (if permitted for 20,000 tons or more per year) (IAC 567 106.11(1)“d”)**  
No Revision Required - See Doc ID#: NA

Section F. IDALS Scale Certificate (IAC 567 106.10(2)"b")

Section G. Site Design Plan (IAC 567 106.8(1)"j")

No Revision Required - See Doc ID#: \_\_\_\_\_

Section H. Site Operation Plan (IAC 567 106.8(1)"k")

No Revision Required - See Doc ID#: \_\_\_\_\_

Section I. Emergency Response and Remedial Action Plan (IAC 567 106.8(1)"m")

No Revision Required - See Doc ID#: \_\_\_\_\_

Section J. Site Closure Plan (IAC 567 106.8(1)"l")

No Revision Required - See Doc ID#: \_\_\_\_\_

Section K. Proof of Financial Assurance (IAC 567 106.18)

**SECTION 4. 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: 2-27-2020

Printed Name: Frank Friberg

Title: Director

Application for a solid waste transfer station must be accompanied by the plans, specifications and additional information required by the applicable solid waste rules under Iowa Administrative Code 567 Chapter 106.

Send completed application with attached information to:

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

For questions concerning this application please contact the Department at (515) 201-8272.

POST IN CONSPICUOUS PLACE

NONTRANSFERABLE

STATE OF IOWA  
DEPARTMENT OF AGRICULTURE & LAND STEWARDSHIP

DES MOINES

SCALE LICENSE

License No. 1139

SCALE LOCATION

WASTE AUTHORITY OF JACKSON CO  
FRANK FRIEBERG  
25146 184TH STREET  
MAQUOKETA IA 52060

WASTE AUTHORITY/JACKSON CO  
25146 184TH STREET  
MAQUOKETA IA 52060

Is granted the above license pursuant to sections 214, code of Iowa. This license shall remain in full force from the date of issue until its expiration date, unless revoked or suspended for cause by the Secretary of Agriculture for noncompliance with chapter 214, code of Iowa or rules adopted pursuant thereto.

DATE OF ISSUE 12/23/2025

TYPE OF DEVICE --- NUMBER

EXPIRATION DATE 12/31/2026

0 THRU 500 LBS 0

501 THRU 5000 LBS 1

5001 THRU 50000 LBS 0

50001 THRU 120000 LBS 1

OVER 120000 LBS 0

MOISTURE METERS 0

COUNTY 49

This license is non-transferable and non-refundable

*Mike Haig*

SECRETARY OF AGRICULTURE