

**From:** [Tony Smith](#)  
**To:** [Wren, Kira](#)  
**Subject:** RE: Grant County 2705C Compost Application  
**Date:** Wednesday, July 3, 2024 9:04:39 AM  
**Attachments:** [image001.png](#)  
[image002.png](#)  
[image003.png](#)  
[image004.png](#)  
[image005.png](#)  
[image006.png](#)  
[GrantCountyCompostApplicationwithSig.pdf](#)

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\*\*\*\* This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. \*\*\*\*

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I have attached the application with signature.

Tony Smith  
Safety Director

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**From:** Wren, Kira <[KWren@idem.IN.gov](mailto:KWren@idem.IN.gov)>  
**Sent:** Wednesday, July 3, 2024 8:43 AM  
**To:** Tony Smith <[tsmith@grantcounty.in.gov](mailto:tsmith@grantcounty.in.gov)>  
**Subject:** FW: Grant County 2705C Compost Application

Good morning, Tony,

Everything looks completed except no signature on the registration page. The registration form must have your signature to be deemed complete.

Thanks,



**Kira Wren**

Environmental Manager | Solid Waste Permits  
Section |  
Permits Branch | Office of Land Quality  
Indiana Department of Environmental Management  
[KWren@IDEM.IN.gov](mailto:KWren@IDEM.IN.gov) (317) 233-7090

 |  |  |  |  | [www.idem.IN.gov](http://www.idem.IN.gov)

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**From:** Tony Smith <[tsmith@grantcounty.in.gov](mailto:tsmith@grantcounty.in.gov)>  
**Sent:** Wednesday, July 3, 2024 8:36 AM  
**To:** Wren, Kira <[KWren@idem.IN.gov](mailto:KWren@idem.IN.gov)>  
**Subject:** Grant County 2705C Compost Application

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Kira,

I have attached our application with supporting documentation. The hole showing we are above the water table is approximately 5 feet deep. Our facility is located on 22 acres of fenced area with a gate that is locked when we are not open. We also share this location with the highway department and recycle center. If you have any questions please feel free to contact me.

Tony Smith  
Safety Director

**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.	Yes
7. A United States Geological Survey (USGS) 7-½ minute topographic map or equivalent that shows the compost site location.	Yes
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.	Yes
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.	Yes
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.	Yes
11. Procedures for controlling dust, odor, and noise.	NA
12. Procedures for controlling storm water run-off and leachate.	NA
13. Procedures for handling and disposing of unwanted solid waste or other materials.	NA

**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 ( <i>Typed or Printed</i> )	Signature of Facility Owner/Operator	Date Signed ( <i>month, day, year</i> )
Tony Smith		07/02/2024



# 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/](http://www.in.gov/legislative/ic_iac/). For questions or additional information, please contact us at the telephone number above.*

This application is for a:	<input type="checkbox"/> New registration	<input checked="" type="checkbox"/> Renewal (due at least 60 days before the expiration date of your current registration)
For renewals, enter registration number: 27-05c		

## SECTION A. OWNER INFORMATION

Name Grant County				
Mailing Address:	Street	Apt. number	P.O. Box	Town/City
3939 S Garthwaite Road				Gas City
State	ZIP Code	Telephone Number (with area code)		
IN	46933	765-677-6044		

## SECTION B. OPERATOR INFORMATION

Name Grant County				
Mailing Address:	Street	Apt. number	P.O. Box	Town/City
3939 S Garthwaite Road				Gas City
State	ZIP Code	Telephone Number (with area code)		
IN	46933	765-677-6044		

## SECTION C. LANDOWNER INFORMATION

Name Grant County				
Mailing Address:	Street	Apt. number	P.O. Box	Town/City
3939 S Garthwaite Road				Gas City
State	ZIP Code	Telephone Number (with area code)		
IN	46933	765-677-6044		

## SECTION D. FACILITY INFORMATION

Name Grant County Recycling Center				
Mailing Address:	Street	Apt. number	P.O. Box	Town/City
3939 S Garthwaite Road				Gas City
Location Address:	Street/County Road	County	Town/City	ZIP Code
3939 S Garthwaite Road		Grant	Gas City	46933
Contact Name: Tony Smith				
Telephone Number (with area code) 765-677-6044			E-mail address: tsmith@grantcounty.in.gov	

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):	5 Acres
2. Estimate yearly volume to be processed (in tons):	100
3. Area to be serviced (cities or counties):	Grant County
4. Materials to be accepted (leaves, brush, etc.):	Leaves, brush, grass, yard waste, wood chips
5. Intended final use of compost	Gardening/Landscape

**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.*

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13. Procedures for handling and disposing of unwanted solid waste or other materials.	NA

**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 ( <i>Typed or Printed</i> ) Tony Smith	Signature of Facility Owner/Operator	Date Signed ( <i>month, day, year</i> ) 07/02/2024
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General Information	
Occupancy	C/I Building
Description	Pre. Use Commercial Garage
Story Height	1
Type	N/A
Pre. Framing	Fire Resistant
Pre. Finish	Unfinished
# of Units	0

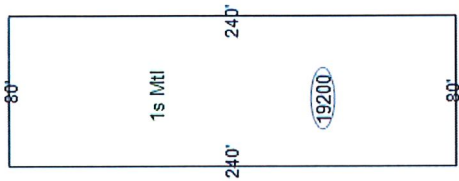
SB	B	1	U
Wall Type			
Heating			
A/C			
Sprinkler			

Plumbing RES(CI)			
#	TF	#	TF
Full Bath	0	0	0
Half Bath	0	0	0
Kitchen Sinks	0	0	0
Water Heaters	0	0	0
Add Fixtures	0	8	8
Total	0	8	8

Exterior Features	
Area	Value

Floor/Use Computations	
Pricing Key	GCI
Use	COMGAR
Use Area	16000 sqft
Area Not in Use	0 sqft
Use %	83.3%
Eff Perimeter	640'
PAR	3
# of Units / AC	0 / N

Avg Unit sz/dpth	1
Floor	16'
Wall Height	16'
Base Rate	\$44.54
Frame Adj	\$0.00
Wall Height Adj	\$3.92
Dock Floor	\$0.00
Roof Deck	\$0.00
Adj Base Rate	\$45.20
BPA Factor	1.00
Sub Total (rate)	\$45.20
Interior Finish	\$0.00
Partitions	\$0.00
Heating	\$0.32
A/C	\$0.00
Sprinkler	\$0.00
Lighting	\$0.00
Unit Finish/SR	\$0.00
GCK Adj.	\$0.00
S.F. Price	\$45.52
Sub-Total	\$0.00
Unit Cost	\$0.00
Elevated Floor	\$0.00
Total (Use)	\$728,320



Building Computations	
Sub-Total (all floors)	\$971,232
Racquetball/Squash	\$0
Theater/Balcony	\$0
Plumbing	\$12,800
Other Plumbing	\$0
Special Features	\$0
Exterior Features	\$0

Building Computations	
Garages	\$0
Fireplaces	\$0
Sub-Total (building)	\$984,032
Quality (Grade)	\$1
Location Multiplier	0.87
Repl. Cost New	\$856,108

Summary of Improvements																						
Description	Story Height	Constr Type	Grade	Year Built	Eff Year	Eff Age	Eff Co nd	Base Rate	LCM	Adj Rate	Size	RCN	Norm Dep	Remain. Value	Abn Obs	PC	Nbhd	Mrkt	Cap 1	Cap 2	Cap 3	Improv Value
1: C/I Building 2	1	Metal	C	2001	2001	23	A		0.87		19,200 sqft	\$856,108	54%	\$393,810	0%	100%	1,000	1,000	0.00	0.00	100.00	\$393,800
2: Barn, Pole (T3) 02	1	T3AW	D-1	2002	2002	22	A	\$12.29	0.87		60' x 120' x 8'	\$51,390	40%	\$30,830	0%	100%	1,000	0.650	0.00	0.00	100.00	\$20,000
3: Barn, Pole (T3) 03	1	T3AW	D	2019	2019	5	A	\$21.42	0.87		20' x 50' x 12'	\$14,449	15%	\$12,280	0%	100%	1,000	1,000	0.00	0.00	100.00	\$12,300
4: Barn, Pole (T3) 04	1	T3AW	C	2023	2023	1	A	\$10.16	0.87		92' x 168' x 18'	\$139,846	5%	\$132,850	0%	100%	1,000	1,000	0.00	0.00	100.00	\$132,900
5: Barn, Pole (T3) 2	1	T3AW	D	2002	2002	22	A	\$10.17	0.87		80' x 200' x 14'	\$113,253	40%	\$67,950	0%	100%	1,000	0.650	0.00	0.00	100.00	\$44,200
6: Barn, Pole 1	1	T3AW	D	2002	2002	22	A	\$11.73	0.87		80' x 100' x 14'	\$46,548	40%	\$27,930	0%	100%	1,000	0.650	0.00	0.00	100.00	\$18,200
7: Fencing, Metal 1	1	9 Gauge	D	2002	2002	22	A	\$15.94	0.87	\$12.97	7000' x 6'	\$90,775	80%	\$18,160	0%	100%	1,000	1,000	0.00	0.00	100.00	\$18,200
8: Paving, Asphalt 1	1	Asphalt	D	2001	2001	23	A	\$3.05	0.87	\$2.12	27,900 sqft	\$59,226	80%	\$11,850	0%	100%	1,000	1,000	0.00	0.00	100.00	\$11,900

# National Flood Hazard Layer FIRMette



85°37'15"W 40°30'40"N



0 250 500 1,000 1,500 2,000 Feet  
1:6,000  
85°36'37"W 40°30'13"N  
Basemap Imagery Source: USGS National Map 2023

## Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

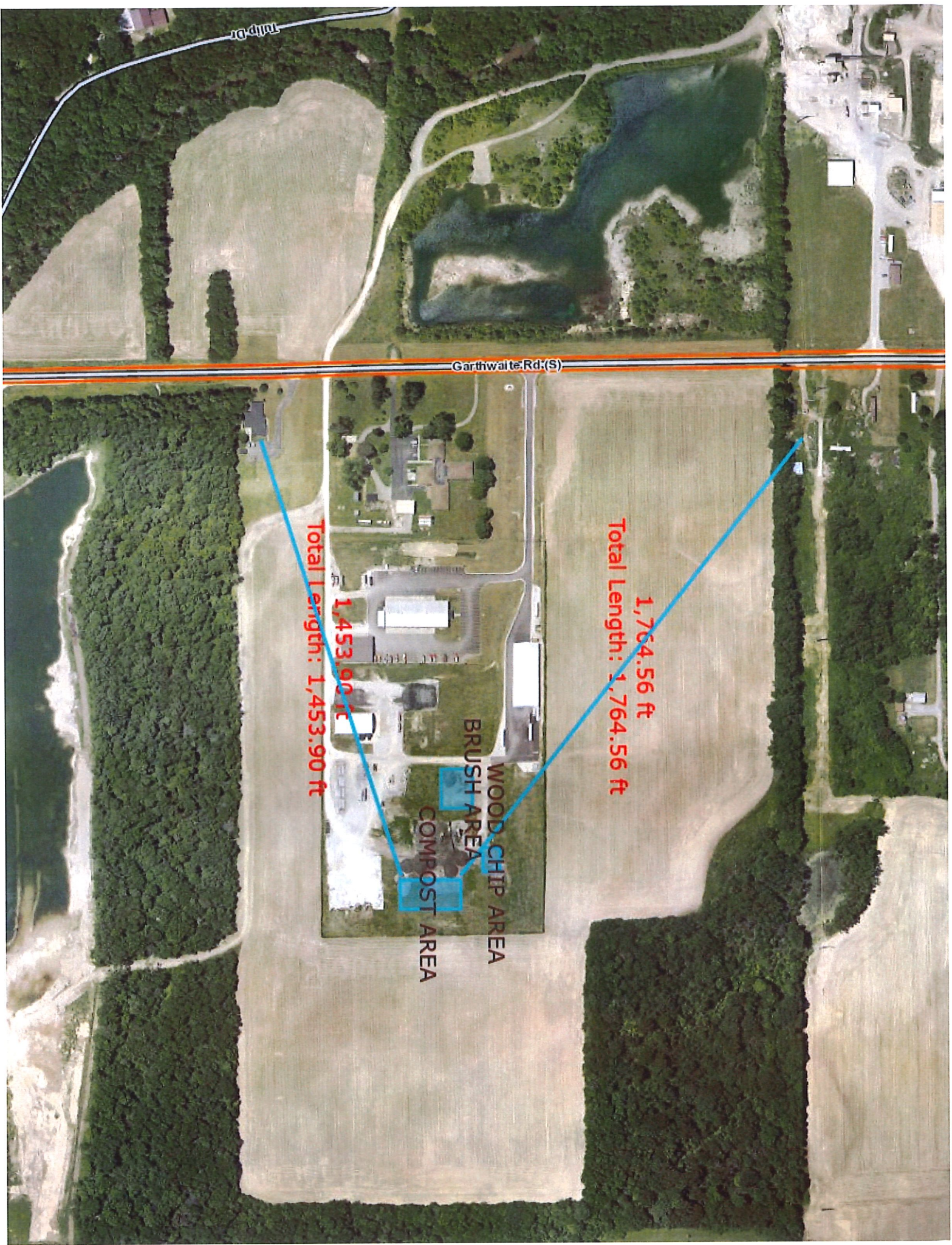
	Without Base Flood Elevation (BFE) <i>Zone A, V, A99</i>
	With BFE or Depth <i>Zone AE, AO, AH, VE, AR</i>
	Regulatory Floodway
	0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile <i>Zone X</i>
	Future Conditions 1% Annual Chance Flood Hazard <i>Zone X</i>
	Area with Reduced Flood Risk due to Levee. See Notes. <i>Zone X</i>
	Area with Flood Risk due to Levee <i>Zone D</i>
	NO SCREEN
	Area of Minimal Flood Hazard <i>Zone X</i> Effective LOMFRs
	Area of Undetermined Flood Hazard <i>Zone D</i>
	Channel, Culvert, or Storm Sewer
	Levee, Dike, or Floodwall
	Cross Sections with 1% Annual Chance Water Surface Elevation
	Coastal Transect
	Base Flood Elevation Line (BFE)
	Limit of Study
	Jurisdiction Boundary
	Coastal Transect Baseline
	Profile Baseline
	Hydrographic Feature
	Digital Data Available
	No Digital Data Available
	Unmapped
	The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 6/25/2024 at 3:27 PM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.



Tulip Dr

Garthwaite Rd. (S)

1,764.56 ft  
Total Length: 1,764.56 ft

1,453.90 ft  
Total Length: 1,453.90 ft

WOOD CHIP AREA  
BRUSH AREA  
COMPOST AREA









ساكنه  
مركز

مركز  
مركز

مركز