



**SOLID WASTE PROCESSING FACILITY
PERMIT RENEWAL APPLICATION**

State Form 50387 (R5 / 9-22)
Indiana Department of Environmental Management

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF LAND QUALITY
SOLID WASTE PERMITS SECTION
100 N Senate Ave
Indianapolis, IN 46204-2251

INSTRUCTIONS This application form shall be used to apply for all solid waste processing facility permit renewals. Renewal application fees are established by 329 IAC 10-11-8 or 329 IAC 11-9-4.1. Pursuant to 329 IAC 11-9-4(a), this application must be received by the Commissioner of the Indiana Department of Environmental Management at least 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. Applicant (permittee) Information

Name Reworld Solutions, LLC			
Address (number and street) 5625 Old Porter Road		Apartment number	P.O. Box
		Town/City Portage	
State IN	ZIP code 46368	Telephone number (with area code) 414-397-6295	

Section B. Property Owners(s) Information

Name West Properties			
Address (number and street) 22760 S. 10 th Avenue		Apartment number	P.O. Box
		Town/City Frankfort	
State IL	ZIP code 60423	Telephone number (with area code) 708-479-6900	

Please note that in accordance with 329 IAC 11-11-4(b) the owner and operator of a solid waste 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 C. Facility Information

Name of Facility Reworld Solutions, LLC		Permit Number	
Mailing Address (number and street) 5625 Old Porter Road		Apartment number	P.O. Box
		Town/City Portage	
Address of Facility Location or Location Description 5625 Old Porter Road		County Porter	Town/City Portage
Contact Person of Facility David Coughlin		Telephone number of Contact (with area code) 414-397-6295	
Type of Operation (Please check one.)			
<input type="checkbox"/> Incinerator – Ten (10) tons/day or greater		<input type="checkbox"/> Transfer Station	
<input type="checkbox"/> Infectious Waste Incinerator – Seven (7) tons/day or greater		<input checked="" type="checkbox"/> Other Solid Waste Processing Facility	
Type of Waste Received Nonhazardous industrial and commercial waste	Daily Amount Received – (Cubic Yards or Tons per Day) 118,000 gallons wastewater treatment, 365 tons	Total Facility Acreage 5.3	

Section D. Names and Addresses of Affected Government Officials

1. Members of the board of county commissioners where facility is located (Please type.)

Name Barb Regnitz	Name Laura Shurr Blaney
Address (number and street, apartment number, or PO Box) 155 Indiana Avenue, Suite 205	Address (number and street, apartment number, or PO Box) 155 Indiana Avenue, Suite 205
Address (number and street, apartment number, or PO Box)	Address (number and street, apartment number, or PO Box)
City, State, and ZIP code Valparaiso, IN 46383	City, State, and ZIP code Valparaiso, IN 46383
Name Jim Biggs	Name
Address (number and street, apartment number, or PO Box) 155 Indiana Avenue, Suite 205	Address (number and street, apartment number, or PO Box)
Address (number and street, apartment number, or PO Box)	Address (number and street, apartment number, or PO Box)
City, State, and ZIP code Valparaiso, IN 46383	City, State, and ZIP code

Section D. Names and Addresses of Affected Government Officials (continued)

1. Members of the board of county commissioners where facility is located (continued) (Please type.)

Name	Name
Address (number and street, apartment number, or PO Box)	Address (number and street, apartment number, or PO Box)
Address (number and street, apartment number, or PO Box)	Address (number and street, apartment number, or PO Box)
City, State, and ZIP code	City, State, and ZIP code

2. Mayor(s) of any city(s) affected by the permit application (Please type.)

Name Sue Lynch, Mayor, City of Portage	Name
Address (number and street, apartment number, or PO Box) 6070 Central Avenue	Address (number and street, apartment number, or PO Box)
Address (number and street, apartment number, or PO Box)	Address (number and street, apartment number, or PO Box)
City, State, and ZIP code Portage, IN 46368	City, State, and ZIP code

Name	Name
Address (number and street, apartment number, or PO Box)	Address (number and street, apartment number, or PO Box)
Address (number and street, apartment number, or PO Box)	Address (number and street, apartment number, or PO Box)
City, State, and ZIP code	City, State, and ZIP code

3. President(s) of town council(s) of any town(s) affected by the permit application (Please type.)

Name Collin Czilli, President, Portage City Council	Name
Address (number and street, apartment number, or PO Box) 6070 Central Avenue	Address (number and street, apartment number, or PO Box)
Address (number and street, apartment number, or PO Box)	Address (number and street, apartment number, or PO Box)
City, State, and ZIP code Portage, IN 46368	City, State, and ZIP code

Name	Name
Address (number and street, apartment number, or PO Box)	Address (number and street, apartment number, or PO Box)
Address (number and street, apartment number, or PO Box)	Address (number and street, apartment number, or PO Box)
City, State, and ZIP code	City, State, and ZIP code

Please use additional sheets as needed to include all local officials affected by this permit application.


Section E. Attachments Required

1. A legal description (defined by 329 IAC 11-2-20) of the facility location, including acreage thereof
2. A copy of the fee transmittal form and check for a renewal fee as established by 329 IAC 10-11-8 or 329 IAC 11-9-4.1. Submit each check and original of fee transmittal form to the address shown on transmittal form.
3. Facility information, including the following:
 - a. A description of the type of operation.
 - b. The volume of waste received at the facility in cubic yards per day or tons per day.
 - c. The type of waste received at the site.
4. In accordance with IC 4-21.5-3-4 and IC 4-21.5-3-5, the name and address of all owners or last taxpayers of record of property located adjacent to the facility boundary of the solid waste processing facility.

Section F. Signatures and Certification Statements

329 IAC 11-9-3(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."

Signature of Applicant		Date Signed (month, day, year)	06/27/2024
Typed Name of Applicant Chetan Chauhan	Title Chief Operating Officer		

Covanta Environmental Solutions, LLC
5625 Old Porter Road
Portage, IN
SW Program ID 64-09

Closure Cost Estimate

The following closure cost estimate includes the cost of transportation, proper disposal and decontamination of the solidification pits, wastewater tanks and settling and storage tanks:

Process Description	Total Volume	Cost For Transportation, Proper Disposal and Decontamination of Tanks¹	Estimated Closure Cost
Solidification – landfill disposal (57% of solids storage)	57% x 716 Tons = 408 Tons	\$95.00	\$38,760.00
Solidification – EFW disposal (43% of solid storage)	43% x 716 Tons = 308 Tons	\$180.00/ton	\$55,440.00
Wastewater – off site LDI or DWI disposal	16,200 Gallons	\$0.225/gallon	\$3,645.00
Wastewater – treatment	170,550 gallons	\$0.236/gallons	\$40,249.80
Post Closure Activities ²			\$15,000
Contingency cost (10%)			\$15,309.48
TOTAL ESTIMATED CLOSURE COST			\$168,404.28

¹Per Ton/Gallon cost includes \$9,550 for decontamination of the solidification pits, wastewater treatment tanks and settling storage tanks.

²Includes all post closure activities required by 329 IAC 11-16-3(e)

Solid Waste Processing Facilities
Signatures and Certification Statements for Requested Additional Information

329 IAC 11-9-3(d) requires that the signatory of a solid waste processing facility permit application and of other information requested by or on behalf of the Commissioner (including the supplemental information requested by our office for your processing facility 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 who managed 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 the possibility of fine and imprisonment for knowing violations. I further certify that I am authorized to submit this information."


APPLICANT'S SIGNATURE

06/27/2024
DATE

CHETAN CHAUHAN
APPLICANT'S NAME TYPED

Note: It is not necessary to submit this form if an equivalent signed certification statement is incorporated into your submittal.