Iowa Regulatory Composting ToolKit
for Small Compost Sites
Food Waste and Yard Waste

In Iowa, composting rules and regulations fall under the delegation of two authorities, the Iowa Department of Natural Resources (IDNR) and the Iowa Department of Agriculture and Land Stewardship (IDALS). The IDNR oversees the composting process and site selection while IDALS oversees the distribution of the finished product, compost.

In Iowa, if you are composting your own household’s waste on your own land and using the resulting compost on land you own, you are exempt from regulatory requirements except nuisance complaints.

If you accept feedstocks from an outside source, you will either need a permit or will fall under a permit-by-rule, which has far fewer requirements than a permit. A safe way to gauge which one you’ll need is to take a look at how many tons of feedstocks you’ll be composting each week. If you are composting more than 2 tons of food and yard waste (excluding bulking agent) weekly, then you will need a permit. However, if you are composting 2 tons per week or less, you can opt for a much easier set of regulations to follow, the permit-by-rule.

Here, you will learn what you need to know to ensure you comply with IDNR’s permit-by-rule regulations and IDALS’ requirements associated with the distribution of compost.

Iowa DNR Permit-by-Rule Requirements

Limits

- The permit-by-rule limits your feedstocks to 2 tons from off-site per week excluding bulking agent in the form of clean wood waste.
- Human-made inert material such as plastic, metal, and glass are considered contamination and are limited to 1.5% by dry weight and less than 13 mm in size (0.512 inches).

Initial Notification Must be Sent to the Iowa DNR PRIOR to Commencement

IDNR requires you to send them an initial notification before commencement of composting operations. This could lead to an inspection so don’t start composting until you get the a-ok from the Iowa DNR. Fill out the Initial Notification Form 542-1610 linked here or just use the form at the back of this ToolKit and mail it to the Iowa DNR.

You will need to know the following to fill out the initial notification form:

- Location of the compost facility
- Legal description of the facility - what does this mean? A legal description is a precise location of property and its boundaries. It is much more precise and detailed than an address. You can find this on your deed or try your county auditor, clerk of court, or a local plat map to get the township and range of your site
- Landowner’s name, phone number, and address
- Responsible party’s name, phone number, and address
- Method of composting
- Types of feedstocks

Rural Community Assistance Partnership, Inc., is an equal opportunity provider and employer.
Mail your form through USPS?

For those who would rather fill out a paper form, put it in an envelope and add a stamp, you can just use form 542-1610 at the end of this ToolKit. Mail it to:

Land Quality Bureau/Solid Waste and Contaminated Sites
Iowa Department of Natural Resources
c/o: Theresa Stiner
502 E. 9th Street, Des Moines, IA 50319

Rather email the form?

You can also click the link to the form and fill it out online and email it to Theresa Stiner at theresa.stiner@dnr.iowa.gov

Signage

You will also need a sign at your compost site that includes the following:

- Name of the operation
- Operating hours
- Materials accepted or a statement that says, “All materials must have prior approval.”
- Telephone number of 24-hour emergency contact person

Annual Report to be Sent to the Iowa DNR

An annual composting facility report is required to be sent to the Iowa DNR yearly by the due date of July 31st that includes information about the previous year starting July 1 and ending June 30th. In addition, compost facilities should keep these records for three consecutive years on file at the compost facility. The annual report form is the same as the permitted facilities’ form but you can skip the section titled, “Permitted Facilities Only.” You can simply click this link to access the annual composting facility report form and either print it and mail it or fill it out digitally and email it. Theresa Stiner’s email address and office address at the IDNR are mentioned above and she is the person you want to send your annual report to every summer. You will need to know:

- Compost facility’s county
- Permit number
- Responsible official’s name
- Facility name and address
- Types of feedstocks
- Skip the section titled Permitted Facilities
- Finished compost marketed or used and tonnages
- Method of composting
- Has the facility operator taken an approved compost operator training course?
Selecting your Compost Site

Where you ultimately compost needs thought, care, and compliance. There are requirements to follow so get out your tape measure and find a suitable location that complies with the following requirements:

- The composting facility shall be 500 feet from any existing inhabited residence, not including the residence of the person owning/operating the compost facility.
- Composting must be done outside of wetlands (sediment ponds, engineered wetlands, or other constructed waterways for pollution control are excluded from this requirement).
- Composting must be at least 200 feet from public wells and 100 feet from private wells.
- Composting must be 50 feet from property lines.
- Composting must be 100 feet from flowing or intermittent streams, lakes, or ponds.
- Composting done within the 100-year flood plain requires prior approval by Iowa DNR.
- Composting must be done on an all-weather surface of compacted soil, compacted granular aggregates, asphalt, concrete or a similar impermeable material that will allow for accessibility during inclement weather and will prevent contamination of surface water and groundwater.

Processes and Procedures

- Composting requires thought and care to avoid unnecessary environmental degradation. There are a few requirements that must be maintained as a part of your procedure and process.
- Composting shall be performed in a manner that minimizes the formation of compost leachate by the facility.
- Measures shall be taken to prevent water from running onto the facility from adjacent land and to prevent leachate and runoff from leaving the composting facility.
- Facility must be constructed to minimize the ponding of water or liquids. Any ponding that occurs shall be corrected through routine facility maintenance within 48 hours after the termination of the event causing the ponding.
- Solid waste that cannot be composted must be disposed of properly. Infectious waste shall not be accepted for composting unless approved by the Iowa DNR.
- Conditions such as odor, dust, noise, and litter which may create nuisance conditions or public health hazards should be minimized.
- Finished compost can only be stored for 18 months. An extension may be granted with prior written approval from the Iowa DNR.
IDALS Requirements when Distributing Compost

Basic definitions in Iowa regulations define compost as a soil conditioner, which is lumped in the same category as fertilizer, found in Chapter 200 of the Iowa Code. In order to distribute, give away or sell finished compost, a license and registration with IDALS are required.

Get Your License First to Distribute

You will need a Fertilizer License if you plan to manufacture and/or distribute compost. A $20 fee is required for each facility where compost is manufactured. All licenses expire on July 1 in even-numbered years and must be renewed every two years. You will need to include the following information on your license application:

• Company and contact name
• Address
• Type of product - since soil conditioners (aka compost) are lumped together with fertilizer in the regulation, you should check the commercial fertilizer box and whether you are a manufacturer, distributor, or if the compost is bagged, bulk, liquid, or a specialty fertilizer (commercial fertilizer distributed for nonfarm use on home gardens, lawns, golf courses, parks, cemeteries, nurseries or for research)
• Size of package or bulk

The license application can be found here or simply fill out the form attached at the end of this document. Mail the final license application with your $20 application fee to:

Iowa Department of Agriculture and Land Stewardship
attn: Fertilizer Bureau
Wallace Building
502 E. 9th St.
Des Moines, IA 50319.

Register your Product

You will also need to register your product (compost) before distributing, either selling or just giving it away will require this step.

• Packaged compost 25 lbs. or less - register your product with IDALS by the last day of July every year. The inspection and registration fee is $100 and must accompany your yearly registration. You can find the online application for registration here or at the end of this Toolkit.

• Bulk compost and packages over 25 pounds - there is no registration fee but you will need to pay a semi-annual inspection (tonnage) fee that needs to be submitted to IDALS by the last day of January and July every year. The fee is based on tonnages of product distributed in Iowa and is currently $0.17 per ton and the registration form can be found here or at the end of this Toolkit.

Secondary Containment

If you are storing 5,000 gallons of compost or more, you are required to provide secondary containment where non-mobile containers are used to store compost. You will also need to submit design plans to IDALS prior to starting construction of secondary containment structures. However, If you are storing compost in containers (or multiple containers) that hold 5,000 gallons or less, you are exempt from providing secondary containment for the storage of your compost.
Questions or Comments

This ToolKit is intended to give a high-level overview of requirements associated with small composting facilities as of 2023. For more information, questions or comments, please refer to the contacts and links provided below.

**IDNR**
Theresa Stiner
Email: theresa.stiner@dnr.iowa.gov

**IDALS**
Lloyd Krutzfeldt
Email: lloyd.krutzfeldt@iowaagriculture.gov

Chapter 105 [Organic Materials Composting Facilities](#)
Chapter 200 [Fertilizers and Soil Conditioners](#)

This material is based upon work supported under a grant by the Rural Utilities Service, United States Department of Agriculture. Any opinions, findings, and conclusions or recommendations expressed in this material are solely the responsibility of the authors and do not necessarily represent the official views of the Rural Utilities Service.
SECTION 1. FACILITY CONTACT INFORMATION

Facility
Name: ___________________________ Phone: ___________________________
Address: ___________________________ City, State, Zip: ___________________________
County: ___________________________

Responsible Official for the Facility
Name: ___________________________ Phone: ___________________________
Address: ___________________________ City, State, Zip: ___________________________
E-mail: ___________________________

Owner of Site
Name: ___________________________ Phone: ___________________________
Address: ___________________________ City, State, Zip: ___________________________
E-mail: ___________________________

Site Legal Description
Legal Description: ___________________________
¼, ¼, Section, Township (N), Range (E/W), County: ___________________________

Facility Owner/Operator
Name: ___________________________ Phone: ___________________________
Address: ___________________________ City, State, Zip: ___________________________
E-mail: ___________________________

TYPE OF FACILITY: check the box that describes your facility
☐ Yard waste only (vegetative matter such as grass clippings, leaves, garden waste, brush, and trees)
☐ Food residuals singly or in combination with yard waste and/or agricultural waste (includes but is not limited to manure, crop residuals, bedding, and other vegetative by-products produced during farm processing. Dead animals are not included). Food waste and yard waste received from off premises is two tons or less per week. (If food waste and yard waste received from off premises is greater than two tons per week complete the Permitted Facilities section.)
☐ Dead farm animals and bulking agent only. Compost facility owner is owner of at least some of the sites where animals are generated. (If Compost facility owner does not own any of the sites where animals are generated or other materials are also composted complete the Permitted Facilities section.)

COMPOST FACILITY OPERATION INFORMATION. In this section provide information as to how the composting facility operates.

What method/s of composting is employed at the facility
☐ Turned piles/windrows ☐ Aerated static piles/windrows ☐ Vermicompost
☐ In-vessel ☐ Other (please describe) ___________________________
☐ Facility is enclosed
CERTIFICATION
I certify under penalty of law that I am the owner, operator, or authorized representative of the owner or operator and that I have examined and am familiar with the information reported above, and that I believe the information is true, accurate and complete.

Signature: ____________________________ Date: ____________

Name & agency of Person Certifying: ____________________________________________

Email: ____________________________ Phone Number: ____________________________

Additional Comments:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Send completed application with attached information to Becky.Jolly@dnr.iowa.gov, or:
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 515-721-7979 or Theresa.Stiner@dnr.iowa.gov.
**Annual Composting Facility Report**

July 1st, ________ (Year) – June 30th, ________ (Year)
Due July 31st

County: _________________________ Permit #: _________________________
Responsible Official: ________________________________
Facility Name: ________________________________
Address: ________________________________
City, State, Zip: ________________________________

Please make address corrections as necessary

**REGISTERED FACILITIES ONLY: check the box that describes your facility**

- [ ] Yard waste only (vegetative matter such as grass clippings, leaves, garden waste, brush, and trees)
- [ ] Food residuals singly or in combination with yard waste and/or agricultural waste (includes but is not limited to manure, crop residuals, bedding, and other vegetative by-products produced during farm processing. Dead animals are not included). Food waste and yard waste received from off premises is two tons or less per week. (If food waste and yard waste received from off premises is greater than two tons per week complete the Permitted Facilities section.)
- [ ] Dead farm animals and bulking agent only. Compost facility owner is owner of at least some of the sites where animals are generated. (If Compost facility owner does not own any of the sites where animals are generated or other materials are also composted complete the Permitted Facilities section.)

**PERMITTED FACILITIES ONLY: check types of materials accepted and provide tonnage**

- [ ] Yard Waste tonnage: _________________________
- [ ] Wood (other than yard waste) tonnage: _________________________
- [ ] Agricultural waste tonnage: _________________________
- [ ] Animal mortalities tonnage: _________________________
- [ ] Sewage Sludge tonnage: _________________________
- [ ] Industrial sludge tonnage: _________________________
- [ ] Food residuals tonnage: _________________________
- [ ] Paper tonnage: _________________________
- [ ] Other (specify): tonnage: _________________________

Total tonnage of material composted: _________________________
Total capacity of the facility (maximum tons that can be composted per year): _________________________

**FINISHED COMPOST MARKETED OR USED.** Provide information about the amount of finished compost REMOVED from the Facility for the following uses. If you answer “yes” to any question, please provide tonnage information for this reporting period.

Amount of finished composted REMOVED from the Facility: _________________________ Tons/year

Is the finished Compost: (check all that apply)

- [ ] Sold __________________ tons/year
- [ ] Given away __________________ tons/year
- [ ] Used by your organization __________________ tons/year

Is your product registered with the Iowa Department of Agriculture & Land Stewardship? [ ] Yes [ ] No

Questions? Call or email:
Theresa Stiner, Project Officer, theresa.stiner@dnr.iowa.gov, 515-721-7979
02/2023 cmc

DNR Form 542-8014
COMPOST FACILITY OPERATION INFORMATION. In this section provide information as to how the composting facility operates.

What method/s of composting is employed at the facility

☐ Turned piles/windrows  ☐ Aerated static piles/windrows  ☐ Vermicompost
☐ In-vessel  ☐ Other (please describe)  
☐ Facility is enclosed

Has the facility operator taken and passed an approved composting course?

☐ Yes, has taken and passed a composting operator training course
☐ No, has not taken a composting operator training course

PERMITTED COMPOSTING FACILITIES ONLY. Each composting facility is required by IAC Chapter 105.9(4) to test its compost to make sure that the concentrations of all metals and fecal coliform or Salmonella sp. do not exceed regulated levels. Please attach a copy of the test results to this form, making sure that the applicable units (reference 105) are clearly recorded. All composting facilities are required to take biweekly temperature readings of compost piles, and weekly readings of moisture levels. Facilities are not required to report these readings on this annual form, but should keep this information on file to be referenced if necessary.

How often is the finished compost product analyzed?

☐ Never  ☐ Monthly  ☐ Twice a year  ☐ Annually  ☐ Other (please describe)  

CERTIFICATION

I certify under penalty of law that I am the owner, operator, or authorized representative of the owner or operator and that I have examined and am familiar with the information reported above, and that I believe the information is true, accurate and complete.

Signature: ___________________________ Date: ________________
Name & agency of Person Certifying: ____________________________________________
Email: ___________________________ Phone Number: ____________________________

Additional Comments:
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Questions? Call or email:
Theresa Stiner, Project Officer, theresa.stiner@dnr.iowa.gov, 515-721-7979
IOWA DEPARTMENT OF AGRICULTURE & LAND STEWARDSHIP
APPLICATION FOR FERTILIZER MANUFACTURER/DEALER/RETAIL/APPLICATOR LICENSE

Iowa Dept. of Agriculture & Land Stewardship Attn: Fertilizer Bureau Wallace Building 502 E 9th St.
Des Moines, IA 50319 Tel: 515-281-8597 Fax: 515-281-8888 Checks payable to Secretary of Agriculture

Mailing By:
Company Name: ____________________________
Contact Name: ____________________________
Location Address: __________________________
Location City: _____________________________
State & Zip Code: __________________________
Location County: __________________________
If location was previously licensed, name of the previous owner: __________________________

Facility For:
Company Name: ____________________________
Mailing Address: ___________________________
Mailing City: _______________________________
Mailing State & Zip: _________________________
Email: _____________________________
Phone Number: ___________________________

Any person who manufactures, mixes, blends, mixes to customers order, offers for sale, sells, or distributes any fertilizer or soil conditioner in Iowa must first obtain a license from the Secretary of Agriculture and shall pay a $20.00 license fee for each place of manufacture or distribution from which fertilizer or soil conditioner products are sold or distributed in Iowa. Such license fee shall be paid biennially on July 1 of every other year. Any person other than a manufacturer who offers for sale, sells or distributes specialty fertilizer in the amount of 4000 pounds or more or applies specialty fertilizer for compensation shall pay a biennial fee of $80 which is an inspection fee of $60.00 in addition to the $20.00 license fee.

Check All That Apply:

- Commercial Fertilizer ($20 fee) Farm, Agricultural or Specialty fertilizer in bulk or package sizes over 25 lbs.
- Manufacturer □ Distributor □ Bagged □ Bulk
- Liquid Fertilizer □ 5000 gallons or less □ More than 5000 gallons
*More than 5000 gallons will be stored at facility-secondary containment required, call the Fertilizer Bureau for assistance
- Anhydrous Ammonia □ YES □ NO
*An additional application may be necessary if NH3 will be stored at facility- please call Fertilizer Bureau for assistance
- Small Package Fertilizer ($20 fee) (25 lbs. or less) □ Manufacturer □ Distributor
- Specialty (Lawn & Garden) □ Annual sales 4000 lbs. or more ($80) □ Annual sales less than 4000lbs ($20)
- Lawn Applicator ($80 fee) Applies specialty fertilizer to lawns and gardens. If herbicides or pesticides are used in conjunction with fertilizer applications, additional licensing is required. Contact Pesticide Bureau 515-281-5601.

Name & Title of Applicant (print) ____________________________
Signature ____________________________ Date ____________

Code 61
IOWA DEPARTMENT OF AGRICULTURE & LAND STEWARDSHIP
APPLICATION FOR REGISTRATION OF FERTILIZERS AND SOIL CONDITIONERS
In Small Packages (25 pounds or Less)

**Mailing Address:**
Company Name:  
Applicant Name& Title:  
Address:  
City:  
State & Zip Code:  
Phone Number:  

**Registration For:** (must correspond on product labels)
Company Name:  
Address:  
City:  
State & Zip:  
Email:  
Phone Number:  

- Submit current labels for all products to be registered
- Small package registration fee is $100.00 per product
- Make checks payable to Secretary of Agriculture

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If additional space is needed please attach a sheet in the same format

Number of Products to be registered ______ X $100.00 = **Total Amount Due**

**Signature & Date**

**State Approval Initials & Date (State Use Only)**

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Iowa Dept. of Agriculture & Land Stewardship  
Attn: Fertilizer Bureau  
Wallace Building 502 E 9th St.  
Des Moines, IA 50319  
Tel: 515-281-8597  Fax: 515-281-8888

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Code 60
IOWA DEPARTMENT OF AGRICULTURE & LAND STEWARDSHIP
APPLICATION FOR REGISTRATION OF FERTILIZERS AND SOIL CONDITIONERS
In Large Packages (Over 25 pounds) and Bulk
There is no fee for registering products over 25 pounds

Mailed By:

Company Name: ____________________________
Applicant Name & Title: _____________________
Location Address: __________________________
Location City: ______________________________
State & Zip Code: ____________________________
Phone Number: _____________________________
License # if Known: __________________________

☑ Submit current labels for all products to be registered
☑ Make checks payable to IDALS

Registration For: (must correspond on product labels)

Company Name: ____________________________
Mailing Address: ____________________________
City: ____________________________
State & Zip: ____________________________
Email: ____________________________
Phone Number: ____________________________

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If additional space is needed please attach a sheet in the same format

Signature and Date

Approval Initials & Date (State Use Only)