



IOWA DEPARTMENT OF NATURAL RESOURCES

CRT Collection Facility

COLLECTION REGISTRATION FORM



New Registration

-CRT-

- To be filled in by agency

FACILITY CONTACT INFORMATION

Facility Information

Name: South Dallas County Landfill Phone: 515-993-3148
Address: 2000 Main St Adel Iowa Fax: _____
City, State, Zip: Adel Iowa 50003 E-mail: sdclandfill@gmail.com

Responsible Official for the Facility.

Name: Mike Fountas Phone: 515-318-2585
Address: 25690 278th Pl Fax: _____
City, State, Zip: Dallas center Iowa 50063 E-mail: Mike.sclandfill@gmail.com

CRT Drop-off Location (if different than mailing address): 2000 main st Adel Iowa

CERTIFICATION

IAC 567 122.5(1) - Attach proof of ownership or legal entitlement to use the property for CRT collection.

OR

IAC 567 122.5(2) - If the facility is leased, the applicant shall also include a statement, signed by the property owner, stating that the property owner is aware that CRT collection is taking place at the site and property owner may be held liable for wastes abandoned at the site (below).

Property Owner

Designated Representative of the property owner

(Provide verification of status as representative)

By signing below, I state that I am the owner or the representative of the owner of the property described in this application. I acknowledge that I or the owner I represent have been informed and are aware of the uses and activities that are ongoing or proposed for the property and consent to those uses and activities. Furthermore, I understand that the issuance by the Iowa Department of Natural Resources, of a Permit/Registration to collect and recycle Cathode Ray Tubes on the property and the terms and conditions of any such registration do not relieve the owner of the Property from any liability, duty, or responsibility arising under Iowa's Solid Waste Management regulations.

Signature: [Signature] Date: 11-18-22

Printed Name: Mike Fountas

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.

Printed Name: Mike Fountas Phone: 515 318-2585

Email: mikesclandfill@gmail.com Fax: _____

Signature: [Signature] Date: 11-18-22

Return completed application with attached information to: Iowa Department of Natural Resources, Solid Waste Section, 502 E 9th St, Des Moines IA 50319-0034.