



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: Great River Regional Waste Authority Phone: 319-372-6140

Address: 2092 303rd Ave Fax: _____

City, State, Zip: Ft. Madison IA, 52627 E-mail: abanks@grrwa.com

Responsible Official for the Facility

Name: Austin Banks Phone: 319-372-6140

Address: 2092 303rd Ave Fax: 319-372-6222

City, State, Zip: Ft. Madison IA, 52627 E-mail: abanks@grrwa.com

CRT Drop-off Location (if different than mailing address): _____

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: 12-6-22

Printed Name: Austin Banks

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: Austin Banks Phone: 319-372-6140

Email: abanks@grrwa.com Fax: _____

Signature: [Signature] Date: 12-6-22

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

**IOWA DEPARTMENT OF NATURAL RESOURCES
SANITARY DISPOSAL PROJECT PERMIT**

- I. **Permit Number:** 56-SDP-07-80P
Great River Regional Waste Authority Sanitary
Landfill
- II. **Permitted Agency:** Great River Regional Waste Authority
- III. **Project Location:** Approximately 221 acres in the NW ¼ and SW ¼ of
Section 27 and NW ¼ of Section 34, in T68N, R4W, in
Lee County, Iowa. (Street address: 2092 303rd
Avenue, Fort Madison, IA 62627)
- IV. **Responsible Official**
Name: Wade Hamm, General Manager
Address: Great River Regional Waste Authority
2092 303rd Avenue
Fort Madison, IA 52627
Phone: (319) 372-6140
FAX: (319) 372-6222
- V. **Licensed Design Engineer**
Name: Matthew D. Corry, P.E.
Address: Evora Group
1801 Industrial Circle
West Des Moines, IA 50265
Phone: (515) 256-8814
FAX: (515) 256-0152
Iowa License Number: P25067
- VI. **Date Permit Issued:** **September 11, 2020**
Date 1st Permit Revision: **August 26, 2021**
- VII. **Permit Expiration Date:** **September 11, 2025**
- VIII. **Issued by:** Michael Leat Digitally signed by Michael Leat
Date: 2021.08.26 15:26:21 -05'00'
Iowa Department of Natural Resources

IX. General Provisions

The above named permitted agency is hereby authorized to operate a sanitary disposal project at the described location in conformance with Iowa Code section 455B, the rules pursuant thereto