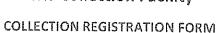


## IOWA DEPARTMENT OF NATURAL RESOURCES

## **CRT Collection Facility**





X New Registration	-CRT-	- To be	To be filled in by agency	
FACILITY CONTACT INFORMATION				
Facility Information				
Name: Central Disposal Landfill		Phone:	712-204-0464	
Address: 21265 430th Street		Fax:		
City, State, Zip: Lake Mills, IA 50450	E-mail:	thalbers@wm.com		
Responsible Official for the Facility	****	¥	The second secon	
Name: Todd Halbersma		Phone:	712-204-0464	
Address: 21265 430th Street		Fax:		
City, State, Zip: Lake Mills, IA 50450	E-mail:	thalbers@wm.com		
CRT Drop-off Location (if different than mailing address); na				
<ul> <li>CERTIFICATION</li> <li>IAC 567 122.5(1) - Attach proof of ownership or legal entitlement to use the property for CRT collection.</li> <li>OR</li> <li>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).</li> </ul>				
☑ 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 lowa 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 lowa's Solid Waste Management regulations.  Signature:  Date: 11-16-22				
Printed Name: Todd Halbersma			1	
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: Todd Halbersma		Phone:	712-204-0464	
mail: thalbers@wm.com		Fax:		
signature: Tall	and the same of th		Date: 11-16-22	

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