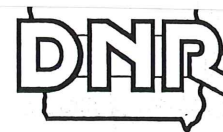




IOWA DEPARTMENT OF NATURAL RESOURCES

CON 12-1-1  
Doc # 105821

CRT Collection Facility



COLLECTION REGISTRATION FORM

New Registration

74 -CRT- 01 - 22 - To be filled in by agency

FACILITY CONTACT INFORMATION

Facility Information

Name: Lyon Salvage Phone: 712 359-2311  
Address: 26213 570th St. Fax: \_\_\_\_\_  
City, State, Zip: Palmer IA 50571 E-mail: robenlyon@hotmail.com

Responsible Official for the Facility

Name: John Lyon Phone: 712 358-2548  
Address: 26213 570th St Fax: \_\_\_\_\_  
City, State, Zip: Palmer IA 50571 E-mail: robenlyon@hotmail.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: 1-30-23  
Printed Name: John Lyon

**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: John Lyon Phone: 712 358-2548  
Email: robenlyon@hotmail.com Fax: \_\_\_\_\_  
Signature: [Signature] Date: 1-30-23

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

RECEIVED

FEB 07 2023



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Document 2011 94 Type 01 002 Pages 2

Date 1/19/2011 Time 10:32 AM

Rec Amt \$14.00 Aud Amt \$5.00

MIKE BOLLARD, COUNTY RECORDER  
POCAHONTAS IOWA

©THE IOWA STATE BAR ASSOCIATION Official Form No. 106 - May 2006 Kurt T. Pittner FOR THE LEGAL EFFECT OF THE USE OF THIS FORM, CONSULT YOUR LAWYER

Return To: John Lyon and Roben L. Lyon, 26213 570th Street, Palmer, IA 50571

Preparer: Kurt T. Pittner, 805 Central Avenue, #503, Fort Dodge, IA 50501, (515) 955-6953

Taxpayer: John Lyon and Roben L. Lyon, 26213 570th Street, Palmer, IA 50571



### QUIT CLAIM DEED

For the consideration of One and no/oo's (\$1.00) - - - Dollar(s) and other valuable consideration, **John Lyon, a/k/a John Lyons and Roben L. Lyon, a/k/a Roben Lyons, husband and wife**

do hereby

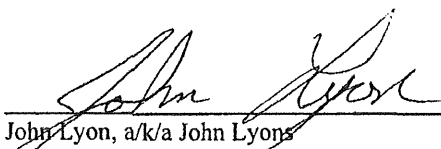
Quit Claim to **John Lyon and Roben L. Lyon, husband and wife, as joint tenants with full right of survivorship and not as tenants in common** all

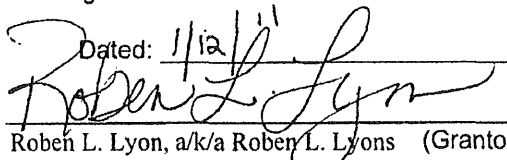
our right, title, interest, estate, claim and demand in the following real estate in Pocahontas

County, Iowa:

See 1 in Addendum

Each of the undersigned hereby relinquishes all rights of dower, homestead and distributive share in and to the real estate. Words and phrases herein, including acknowledgment hereof, shall be construed as in the singular or plural number, and as masculine or feminine gender, according to the context.

  
John Lyon, a/k/a John Lyons (Grantor)

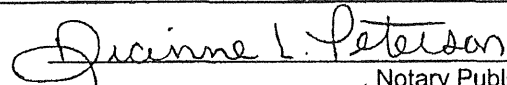
Dated: 1/12/11  
  
Roben L. Lyon, a/k/a Roben L. Lyons (Grantor)

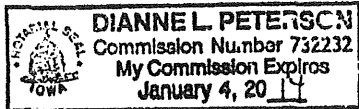
\_\_\_\_\_  
(Grantor)

\_\_\_\_\_  
(Grantor)

STATE OF IOWA, COUNTY OF Webster

This instrument was acknowledged before me on 1/12/11, by John Lyon, a/k/a John Lyons and Roben L. Lyon, a/k/a Roben L. Lyons

  
\_\_\_\_\_  
, Notary Public



(This form of acknowledgment for individual grantor(s) only)