



IOWA DEPARTMENT OF NATURAL RESOURCES

CON 12-1-1
Doc # 105948

CRT Collection Facility



COLLECTION REGISTRATION FORM

New Registration

96 - CRT - 02 - 22 - To be filled in by agency

FACILITY CONTACT INFORMATION

Facility Information

Name: Winneshiek County Sanitary Landfill Phone: 563-382-4073
Address: 2000 140th Ave Fax: N/A
City, State, Zip: Decorah IA 52101 E-mail: landfill@co.winneshiek.ia.us

Responsible Official for the Facility

Name: TJ Schissel Phone: 563-382-4073
Address: 2000 140th Ave Fax: N/A
City, State, Zip: Decorah IA 52101 E-mail: tj.schissel@co.winneshiek.ia.us

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: 2-6-23

Printed Name: T.J. Schissel

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: DANIEL LARRECK Phone: 563-382-2370

Email: supervisors@co.winneshiek.ia.us Fax: N/A

Signature: [Signature] Date: 02-06-23

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