



General Bond Application

Please attach copy of obligee-supplied bond form, if applicable.

Bond Information			
Type of Bond: Appliance Demanufacturing		Bond Amount: \$ 950.00	
Effective Date: 04/01/2023		Expiration Date: 04/01/2024	
Name of Obligee (entity requiring bond): Iowa DNR			
Address: 502 E 9th St		City: Des Moines	State: IA Zip: 50319

Business Information			
Legal Name of Business: Reliable Recycling LLC			Phone #: (515) 363-8863 ^{319 363-688}
Address: 700 60th Ave SW		City: Cedar Rapids	State: IA Zip: 52404
Type of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corp. <input type="checkbox"/> S-Corp. <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Nonprofit <input type="checkbox"/> Other:			
Description of Business: Appliance Demanufacturing			
Length of Time of Ownership: 1 year		Total Experience:	

Applicant Information				
Please provide complete information on <u>all</u> owners. Attach additional sheets if necessary.				
(1) Owner/Individual Name: Brittany Lovell		SSN: 480-217496	Married <input checked="" type="checkbox"/> Single <input type="checkbox"/>	
Address: 1104 15th St SE	City: Cedar Rapids	State: IA	Zip: 52401	Phone #: 319 212-8030
(2) Owner/Individual Name:		SSN:	Married <input type="checkbox"/> Single <input type="checkbox"/>	
Address:	City:	State:	Zip:	Phone #:
(3) Owner/Individual Name:		SSN:	Married <input type="checkbox"/> Single <input type="checkbox"/>	
Address:	City:	State:	Zip:	Phone #:
(4) Owner/Individual Name:		SSN:	Married <input type="checkbox"/> Single <input type="checkbox"/>	
Address:	City:	State:	Zip:	Phone #:

Underwriting Information		
Has the applicant ever declared personal or business-related bankruptcy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
In the past 10 years, have there been any collections, judgements, lawsuits or liens filed/pending/outstanding against the applicant?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is this bond currently written with another Surety?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If yes, please attach explanation(s).

THE APPLICANT(S) AND INDEMNITOR(S) HAS/HAVE AUTHORIZED WEST BEND MUTUAL INSURANCE COMPANY TO OBTAIN PERSONAL AND/OR BUSINESS CREDIT REPORTS AND/OR BY SUBMITTING THIS APPLICATION, THE AGENT HEREBY CERTIFIES THAT THEY HAVE OBTAINED AUTHORIZATION FROM THE APPLICANT(S) AND INDEMNITOR(S) TO OBTAIN PERSONAL AND/OR BUSINESS CREDIT REPORTS.

Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

All Other States: Any person who knowingly conceals or provides materially false, incomplete, or misleading information on an application or concerning a claim to an insurance company for the purpose and intent of defrauding the company, may be guilty of insurance fraud in violation of state law. Penalties may include imprisonment, fines, or denial of insurance benefits.

Executed this _____ day of 3/31/23

If applicable, an authorized representative (owner, president, managing member) must sign on behalf of the business and a witness must attest.

Indemnitor (Business):

Company Name: Reliable Recycling LLC
Authorized Signature: Brittany Lovell
Printed Name: Brittany Lovell

Witness: George Jansen
Printed Name: George Jansen

All owners and their spouses must sign as individual indemnitors. A witness must attest to the signature of each indemnitor. *

Indemnitor (Individual):

Signature: Brittany Lovell
Printed Name: Brittany Lovell

Witness: George Jansen
Printed Name: George Jansen

Indemnitor (Spouse):

Signature: [Signature]
Printed Name: JAMES A LOVELL

Witness: George Jansen
Printed Name: George Jansen

Indemnitor (Individual):

Signature: _____
Printed Name: _____

Witness: _____
Printed Name: _____

Indemnitor (Spouse):

Signature: _____
Printed Name: _____

Witness: _____
Printed Name: _____

Indemnitor (Individual):

Signature: _____
Printed Name: _____

Witness: _____
Printed Name: _____

Indemnitor (Spouse):

Signature: _____
Printed Name: _____

Witness: _____
Printed Name: _____

Indemnitor (Individual):

Signature: _____
Printed Name: _____

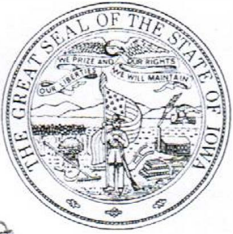
Witness: _____
Printed Name: _____

Indemnitor (Spouse):

Signature: _____
Printed Name: _____

Witness: _____
Printed Name: _____

MICHIGAN ONLY: This policy is exempt from the filing requirements of Section 2236 of the Insurance Code of 1956, 1956 PA218 and MCL 500.2236.



Appliance Demanufacturer

PERMIT APPLICATION FORM 50D

New Permit Permit Renewal # -ADP- Permit Amendment

Application for an appliance demanufacturer must be accompanied by the plans, specifications and additional information required by the applicable solid waste rules under Iowa Administrative Code 567 Chapter 118.

Send completed applications with attached information to:

Iowa Department of Natural Resources
Land Quality Bureau
Solid Waste Section
502 East Ninth Street
Des Moines, IA 50319-0034

For questions concerning this application please contact the Department at (515) 217-0872.

SECTION 1. FACILITY CONTACT INFORMATION

Facility Name: Reliable Recycling LLC
Address: 700 60th Ave SW Cedar Rapids Iowa 52404
Phone: 319 363-6863 Fax: Email: reliablerecyclingllc@gmail.com

Name of Responsible Official: Brittany Lovell
Address: 1104 15th St SE Cedar Rapids IA 52401
Phone: 319 212-8030 Fax: Email: brittanyoverman23boa@gmail.com

Name of Facility Operator: Brittany Lovell
Phone: 319 212-8030 Fax: Email:

Site Legal Description: MOORMANS INDUSTRIAL STR/LB County Linn
1/4 of 1/4 of 1/4 Sec Twp N Range E W

Facility Owner:
Address: 700 60th Ave SW Cedar Rapids IA 52404
Phone: Fax: Email:

Attached papers of the Building info

Name of Design Engineer (P.E.), if any: License #:
Address:
Phone: Fax: Email:

SECTION 2. SITE INFORMATION

Days and hours of operation of the facility: 9:00AM - 5:00PM Monday - Friday

Open to the public? Yes No

Service area of the facility and final disposal destination of components:

Service Area: Reliable Recycling LLC

Disposal Facility: Alters Metal Recycling Cedar Rapids Iowa

Type, source and number or weight of appliances to be handled per day, week and year at the facility:

Unknown ?

_____ per day
 _____ per week
 _____ per year

Description of the appliance handling and demanufacturing process to be used:

SECTION 3. PERMIT APPLICATION CHECKLIST

Checking the appropriate boxes below certifies that the documents submitted in conjunction with this application form are complete and in compliance with the applicable chapters of the Iowa Administrative Code. While some of the documents below may have been submitted previously, updated copies of each is required to be provided with each permit renewal application. One (1) copy of each document shall be submitted. If an application is found by the department to be incomplete, it may be denied and returned to the applicant.

Required Documents			Attached
Section A.	Executive Summary (permit renewals only) <ul style="list-style-type: none"> Summary of modifications, if any, to the facility that occurred during the current permit cycle. Summary of each special provision of the current permit to determine if it is to remain the same, be revised or be removed. Summary of each permit amendment, if any, that occurred during the current permit cycle to determine if it shall be included with the renewed permit, be revised or be removed. Provide documentation and certification as required for new permit amendment requests and new variance requests from Iowa Administrative Code, if any. 		<input type="checkbox"/>
Section B.	Site Map or Aerial Photograph	IAC 567 118.6(6)	<input type="checkbox"/>
Section C.	Proof of Ownership/Local Zoning Requirements/100 yr. flood elevation	IAC 567 118.6(15) IAC 567 118.7(3)	<input type="checkbox"/>
Section D.	Organizational Chart	IAC 567 102.12(5)	<input type="checkbox"/>
Section E.	Operator Certification	IAC 567 118.6(13)	<input type="checkbox"/>
Section F.	EPA Refrigerant Recovery Device Certification	IAC 567 118.6(8)	<input type="checkbox"/>
Section G.	EPA Notification of PCB Activity	IAC 567 118.6(12)	<input type="checkbox"/>
Section H.	Unique Marking System	IAC 567 118.6(14)	<input type="checkbox"/>
Section I.	Site Operation Plan	IAC 567 118.6(9)	<input type="checkbox"/>
Section J.	Contingency Plan	IAC 567 118.6(10)	<input type="checkbox"/>
Section K.	Site Closure Plan	IAC 567 102.12(10)	<input type="checkbox"/>
Section L.	Proof of Financial Assurance and Closure Cost Estimate	IAC 567 118.16	<input type="checkbox"/>

SECTION 4. APPLICANT CERTIFICATION

Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

I further certify that the construction and operation of the above described facility will be in accordance with the plans, specifications, reports and related communications accepted by the Iowa Department of Natural Resources and on file in its office; and in accordance with conditions imposed in the permit issued by the Iowa Department of Natural Resources.

Signature: Brittany Lovell **Date:** 3/28/23
Printed Name: Brittany Lovell **Title:** Owner

Deed: MOORMAN TARA A REV TRUST
 Contract:
 CID#: 51444
 DBA: RELIABLE RECYCLING
 MLS:

Map Area: WAREHOUSE/SHOP
 Route: 900-001-210
 Tax Dist: 20300 CR/COLLEGE SCH
 Plat Page: 3126
 Subdiv: SW QUADRANT

Checks/Tags:
 Lister/Date: SP, 12/12/2012
 Review/Date:
 Entry Status: Estimated

Urban / COMMERCIAL

Legal: Section: 8; Twp: 82; Rng: 7; Block: ; Lot: ; Deeded Acres: 0.000
 MOORMAN'S INDUSTRIAL STR/LB 2

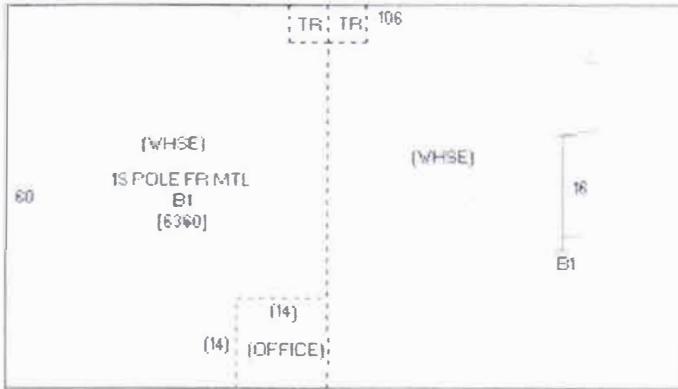
Land										
Land Basis	Front	Rear	Side 1	Side 2	R. Lot	SF	Acres	Depth/Unit	EFF/Type	Qual./Land
Acre Dim	146.73	146.73	135.00	135.00						C-28.20/1050
Sub Total						19,808.55	0.455			
Grand Total						19,808.55	0.455			

Sales			Building Permits				Values						
Date	\$ Amount	NUTC	Recording	Date	Number	Tag	\$ Amount	Reason	Type	Appraised	Exempt Amount	Net Assmt	Pr Yr: 2021
08/12/2021	\$0	D50	11231/610						Land		\$0	\$0	
11/03/1995	\$0	D049	3256/444						LandC	\$47,800	\$0	\$0	\$47,800
									Dwlg		\$0	\$0	
									Impr	\$139,500	\$0	\$0	\$139,500
									Total	\$187,300	\$0	\$0	\$187,300

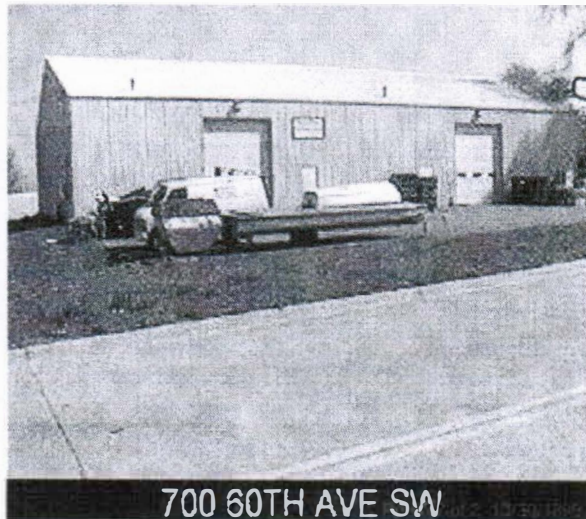
Component Structure		Verticals				Plumbing		
Occ. Code	603	Ftg & Fdtn				B	Ext	
Occ. Descr.	Metal Warehouse - Pole Frame	Exterior wall	Jtl/ Frm/ Insul (51'-79' Wide)	16				Rough Plumbing
		Interior wall						Toilet Room
		Pilasters						Urinal - Wall
		Wall facing						
		Windows						
Year Built	1995	Fronts/Doors						
EFF Age/Yr	26/ 1995							
Condition	NML	Horizontal						
		Basement						
		Roof	Jtl/ Frm/ Insul (51'-79' Wide)	1				
		Ceiling						
Description	1S POLE FR MTL B1	Struct. Floor	R'Concrete	1				
		Floor Cover						
Perimeter	332	Partitions						
Grade	4	Framing	Wood - Average	1				
Base	6,360	HVAC	Suspended Gas Unit	1				
Basement	0	Electrical	Warehouse	1				
GBA	6360	Sprinkler						
Adjustments								
		Office - internal w/hea		268	AVG			
		Liner - metal (SFSA)		2,464	AVG			
		Partition - Metal/Wood		960	AVG			

Bldg / Addn	Description	Units	Year
Bldg O	603 —Metal Warehouse - Pole Frame		
Com	P 603 —Metal Warehouse - Pole Frame	6,360	
V	Exterior Wall		
	Mil/ Frm/ Insul (51'-79' Wide) - 16	332	
H	Roof		
	Metal/ Frm/ Insul (51'-79' Wide) - 1	6,360	
H	Struct. Floor		
	R'Concrete - 1	6,360	
H	Framing		
	Wood - Average - 1	1	
H	HVAC		
	Suspended Gas Unit - 1	6,360	
H	Electrical		
	Warehouse - 1	6,360	
Plmb	Rough Plumbing - AVG	1	
Plmb	Toilet Room - AVG	2	
Plmb	Urinal - Wall - AVG	1	
Adj	Office - internal w/heat only - AVG	268	
Adj	Liner - metal (SFSA) - AVG	2,464	
Adj	Partition - Metal/Wood Fr - (PSFSA) - AVC	960	
1 of 2	Ex Door	1	1995
	O.H. Door - Manual, 12 Ft Wide, 14 Ft High		
2 of 2	Ex Door	1	1995
	O.H. Door - Power, 12 Ft Wide, 14 Ft High		

	Description	Units	Cond	Year				
P:0	Yrd 1 — Paving		NML	1995				
	I 5,100 SF, Asphalt Parking, Avg Pricing							



Sheet 1 of 1



Notes:

Land: NEW PLAT FOR 1993 - SENATE FILE ONLY.
QUAL INT OFFICE THAT IS
USED FOR STG PRESENTLY

BLDG 1: MTL/POLE WHSE. SUSP UNIT HTG. 8' HIGH MTL LINED INTERIOR WALLS. 196 SF OF LOW

60 LF OF MTL/FR PARTITIONING.

LEASED, SINGLE TENANT.*** LAND SF=19809.BLDG SF=6360.L TO B RATIO=3.11.***

WHSE AREA SF=6164(97%).OFFICE AREA SF=196(3%).*** 101760 CF.

1-2009 NO FLOOD DAMAGE

1-2013 COMM REVAL 12/12/2012 SP

1-2020 WAREHOUSE REVAL- REVALUE PROPERTY DUE TO EQUITY. CORRECT PAVING LISTING. 11/14/19 JKB

1-2021 CHANGE OF LAND VALUE FOR COMMERCIAL LAND REVALUATION SEL

Unique Marking System

9 X 9 Letters

RBER

Section I : Site Operation Plan

Our operation will be open to public from 9:00 Am – 5:00 Pm Monday-Friday

Closed on public holidays

All material received prior to days end will be dismantled on the day received or next morning.

We will except all appliances from the general public, Corporate Accounts , Commercial Accounts.

We will dismantle both Gas & Electric Furnaces & Hot Water Heaters looking for thermocouple & PCB Capacitors.

We will dismantle both Gas & Electric Stoves, Ovens & Micro waves looking for Thermocouple & PCB Capacitors.

All items removed such as, PCB Capacitors, Mercury Switches, Thermocouple-rs , Will go to Linn County Solid Waste Agency , At least every two months.

Section J: Contingency Plan:

In the event of "plan B" All material that is on site will be handled by CSG of Marion, Iowa,

Section K: Site Closure Plan

In the event we decide to close operations we will remove all material and transport to CGS of Marion, Iowa.

Upon closure we will provide any necessary information to the DNR, such as disposal of waste components , 90 day notice of closure to DNR and date of closure to the DNR.