

IOWA DEPARTMENT OF NATURAL RESOURCES

Appliance Demanufacturer



PERMIT APPLICATION FORM 50D

☐ New Permit ☒ Permit Renewal # 31 -ADP- 02 - 05 ☐ 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: NORTH END WRECKING INC ☐ Permit Amendment

Address: 55 WEST 32ND STREET DUBUQUE IA 52001

Phone: 563-556-0044 Fax: 563-556-5097 Email: NORTHEND.KUNDEFARMS@GMAIL.COM

Name of Responsible Official: SCOTT KUNDE

Address: 55 WEST 32ND STREET DUBUQUE IA 52001

Phone: 563-556-0044 Fax: 563-556-5097 Email: NORTHEND.KUNDFARMS@GMAIL.COM

Name of Facility Operator: SAME AS ABOVE

Phone: _____ Fax: _____ Email: _____

Site Legal Description: _____ County 31

SE 1/4 of 1/4 of 1/4 Sec 11 Twp 89 N Range 02E ☒ E ☐ W

Facility Owner: SAME AS ABOVE

Address: NORTHEND.KUNDEFARMS@GMAIL.COM

Phone: _____ Fax: _____ Email: _____

Name of Design Engineer (P.E.), if any: _____ License #: _____

Address: NORTHEND.KUNDEFARMS@GMAIL.COM

Phone: _____ Fax: _____ Email: _____

County 31


N Range 02E ☒ E ☐ W

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:  **Date:** 8-24-23

Printed Name: SCOTT M KUNDE **Title:** V PRESIDENT

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.

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Signature: _____ **Date:** 8-24-23

Printed Name: SCOTT M KUNDE **Title:** V PRESIDENT

NORTH END WRECKING

55 WEST 32ND STREET

DUBUQUE IA 52001

563-556-0044

AUGUST 24, 2023

PERMIT # 31-ADP-02-05

THE PERMIT AND PLANNING DOCUMENTS FOR NORTH END WRECKING REMAIN CURRENT AND
REQUIRE NO REVISION.

THANK YOU

A handwritten signature in black ink, appearing to read "Scott M. Kunde", is written over the "THANK YOU" text.

SCOTT M KUNDE