

CLAYTON COUNTY RECYCLING



SCRAP PROCESSING

11645 Echo Avenue, Monona, IA 52159 (563) 539-4757, 1-800-538-4752 E-Mail: gina@ccrrecycling.com

October 10, 2023

CON 12-1-1

Doc # 108005

Iowa Dept of Natural Resources
502 E 9th St
Des Moines, IA 50319

Re: Notice of Expiration
Clayton County Recycling
Permit # 22-ADP-01-03

Dear Becky:

Clayton County Recycling would like to renew our Appliance De-manufacturing permit. There have been no changes to our current facilities or documents.

Enclosed is our permit renewal application with section 1 and 4 completed per our renewal letter since there are no changes.

Thank you,

Fred Runde
President/Owner
Clayton County Recycling

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OCT 16 2023



IOWA DEPARTMENT OF NATURAL RESOURCES

Appliance Demanufacturer



PERMIT APPLICATION FORM 50D

☐ New Permit

☒ Permit Renewal # 22 -ADP- 01 - 03P

☐ 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: Clayton County Recycling Inc

Address: 11645 Echo Ave, Monona IA 52159

Phone: 563-539-4757 Fax: 563-539-4735 Email: gina@ccrrecycling.com

Name of Responsible Official: Fred Runde

Address: 2165 Springdale Center Rd, Verona WI 53593

Phone: 608-778-0328 Fax: Email: gina@ccrrecycling.com

Name of Facility Operator: Fred Runde

Phone: Fax: Email:

Site Legal Description: Lot 1 SE NE 9-95-5 & Lot 1 and Lot 3, NE SE 9-95-5 and Lot 4 County Clayton
 $\frac{1}{4}$ of $\frac{1}{4}$ of $\frac{1}{4}$ Sec Twp N Range ☐ E ☐ W

Facility Owner: Fred Runde

Address: 2165 Springdale Center Rd, Verona WI 53593

Phone: 608-778-0328 Fax: Email: gina@ccrrecycling.com

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

Address:

Phone: Fax: Email:

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SECTION 2. SITE INFORMATION

Days and hours of operation of the facility: _____

Open to the public? ☐ Yes ☐ No

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

Service Area: _____

Disposal Facility: _____

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

_____ 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 (<i>permit renewals only</i>) <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:		Date:	10-10-23
Printed Name:	Fred Runde	Title:	President/ Owner