



IOWA DEPARTMENT OF NATURAL RESOURCES

CRT Collection Facility

COLLECTION REGISTRATION FORM



New Registration -CRT- - To be filled in by agency

FACILITY CONTACT INFORMATION

Facility Information

Name: Iowa City Landfill + Recycling Center Phone: 319-356-5185
Address: 3900 Hebel Avenue SW Fax:
City, State, Zip: Iowa City, IA 52246 E-mail: jjordan@iowa-city.org

Responsible Official for the Facility

Name: Jennifer Jordan Phone: 319-887-6160
Address: same as above Fax:
City, State, Zip: same E-mail: same

CRT Drop-off Location (if different than mailing address): same

CERTIFICATION

- [X] 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 [X] 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: 1-24-24
Printed Name: Jennifer L. Jordan

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: Jennifer L. Jordan Phone: 319-887-6160
Email: jjordan@iowa-city.org Fax:
Signature: [Signature] Date: 1-24-24

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



- [Parcel Lookup](#)
- [Tax Estimator](#)
- [Taxing Districts](#)

[Property Taxes](#) ~ [Tax Estimator](#) ~ [Assessment Data](#) ~ [Map](#) ~ [Title History](#)

Download PDF Credit Applications

- [Iowa City Homestead Application](#)
- [County Homestead Application](#)
- [Military Application](#)
- [Board of Review Petition](#)
- [Disabled Vet Homestead](#)
- [Informal Assessment Agreement](#)
- [Forest/Fruit Application](#)

Parcel Address, Values, and Owners

[New Parcel Lookup](#)

[All Addresses for This Parcel](#)

Parcel	1114426001
Property Address	3890 HEBL AVE SW, IOWA CITY
Sec-Twn-Rng	14 - 79 - 7
Legal Description	IOWA CITY SECTION:14 RANGE:7 EXEMPT-CITY-IOWA CITY SE 1/4 & S 1/2 SW NE; S 50' & S 350' OF W 200' SE NE (LANDFILL)
Subdivision	
Mailing Name	CITY OF IOWA CITY 410 E WASHINGTON ST
Mailing Address	IOWA CITY IA 52240