

CAR COUNTRY INC
2713 HWY 14 S
Newton, IA 50208

FAX

TO

Name: Sue Johnson
Fax Number: 515-725-8201
Date: 7/16/24

of pages: 4

FROM

Name: Abbie Weederking
Fax Number: 641-792-3382
Phone Number: 641-792-8854 or 800-252-2886

SUBJECT

Appliance Demanufacturer Renewal

MESSAGE

Please let me know if
there is anything else
you need!! ☺

Thanks!
-Abbie

CAR COUNTRY AUTO WRECKING

2713 HWY 14 S
Newton, IA 50208

Phone: 641-792-8854 | Fax: 641-792-3382

CARCOUNTRYIOWA@GMAIL.COM



7/15/2024

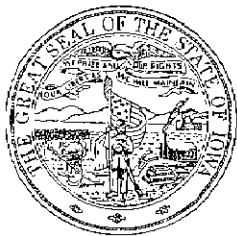
**RE: Notice of Expiration
Car Country, Inc.
50-ADP-01-02P ADP**

To whom it may concern,

Our location and practices at our facility have not changed. There should be no reason to update our facility's permit and planning documents. If you have any questions please feel free to email or call.

Sincerely,

Abbie Wedeking
abbie.wedeking@gmail.com
641-521-2173



IOWA DEPARTMENT OF NATURAL RESOURCES

Appliance Demanufacturer



PERMIT APPLICATION FORM 50D

New Permit

Permit Renewal # 50 -ADP- 01 - 02

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: Car Country
Address: 2713 Highway 14 South; Newton, IA 50208
Phone: 641-792-8854 Fax: 641-792-3382 Email: carcountryiowa@gmail.com

Name of Responsible Official: Abbie Wedeking
Address: 2713 Highway 14 South; Newton, IA 50208
Phone: 641-792-8854 Fax: 641-792-3382 Email: abbie.wedeking@gmail.com

Name of Facility Operator: Danny Cupples
Phone: 641-792-8854 Fax: 641-792-3382 Email: carcountryiowa@gmail.com

Site Legal Description: _____ County Jasper
_____ 1/4 of _____ 1/4 of SE 1/4 Sec 5 Twp 79 N Range 19 E W

Facility Owner: Danny Cupples
Address: 2713 Highway 14 South; Newton IA 50208
Phone: 641-792-0392 Fax: 641-792-3382 Email: carcountryiowa@gmail.com

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

SECTION 2. SITE INFORMATION

Days and hours of operation of the facility: _____

Open to the public? Yes NoService 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: ASWedeking Date: 7/15/2024
Printed Name: Abbie Wedeking Title: office manager