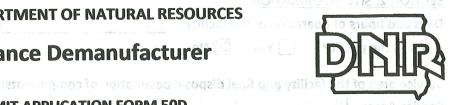


## **IOWA DEPARTMENT OF NATURAL RESOURCES**

# **Appliance Demanufacturer**



## **PERMIT APPLICATION FORM 50D**

New Permit Permit Renewal # 291	-ADP- O - O - O - Permit Amendment
Application for an appliance demanufacturer must be a information required by the applicable solid waste rule	ccompanied by the plans, specifications and additional sunder lowa Administrative Code 567 Chapter 118.
Send completed applications with attached information	Type, source <u>pad</u> number or weight of appliances to be handled
Iowa Department of Natural Resources	
Land Quality Bureau Solid Waste Section	Aed Jack
502 East Ninth Street	esw isk)
Des Moines, IA 50319-0034	Del year
For questions concerning this application please contac	t the Department at (515) 217-0872. The Hope of the court is 200
SECTION 1. FACILITY CONTACT INFORMATION	
Facility Name: RUSS'S RECYSLIN	3 - 721 1913 1917 - 1712 1913 1914 1913 1914 1913
Address: Lolo 7 lo P S1. SW.	BD: TT LOVE 50423
Phone: and the series will be series of the	Email: Identification of the supplies of the second of the
copies of each is required to be provided with each	docu nents below may have been submitted previously updated
Name of Responsible Official: Wossell W	Deposit renewal as offication. One (1) cory open 2 AUACT
Address: 667 64 ST SW35 90	department to be incomplete, will say be denied and returned to
Phone: (4) 843.3387 Fax:	Email: (NSS barb 1946
2022641860-0315	comm I net net
Name of Facility Operator: Russ Thuis	Office of the control of the control provided the control of
Phone: (4) 843-3387 Fax:	Email: Same AG Shove
elh 641-860-6315 becomes state	It shall be included with the renewed permit be revised
Site Legal Description:	of perfection is not be illified by a scient County Hancock
¼ of ¼ of ¼ Sec	Twp N Range E W
Facility Owner: Russell W. Thul	Section C. Proof of Ownership? oral Johns Requirements/1
	Section D. Organization Land 30 P. T. Tin
Phone: (4) 843 .334 Fax:	Email: notteativeactorequi la notteati
COLL 641-860-6315	Section St.   FPA Refrigerant Recovery Device Carbification
Name of Design Engineer (P.E.), if any:	License #:
Address:	Control of the Contro
Phone: Fax:	Email:
AC 5 0 10 1,643 01	Section > Continuescy Plan
VAC 557 LOX LEFT 9	RECEIVED TO COLOR OF THE PROPERTY OF THE PROPE
nate (ACSS) 118.15	SEP 1 8 2024

	SITE INFORMATION		
Days and ho	urs of operation of the facility: M6 Sct Time		
Open to the	public? 🗌 Yes 🔀 No		
Somico area	of the facility and final disposal destination of components		
Service Area	of the facility <u>and</u> final disposal destination of components:  : YO MILE RADIUS OFF BAITH IL.	SCVDZ.	
JEI VICE MI EG	70 1911 1 10010 011 100111 001	<u> </u>	
Disposal Fac	ility: ALTEN Mason City		<del> </del>
Disposal rac	$\text{mry: } \underline{j5/65} \underline{j/34565} \underline{C}, \underline{j/3}$	34.0	
		A STATE OF THE STA	
Type, source	and number or weight of appliances to be handled per day, week and year	at the facility:	
Vani.	es In Thing To CUT Back		<u> </u>
		46	·
?	per day		
.3	per week		
Ş	per year	en e	
	of the appliance handling and demanufacturing process to be used:		)
Kamor	ALL Huzenadous Materal	en e	. 4
	PERMIT APPLICATION CHECKLIST		· · · · · · · · · · · · · · · · · · ·
_	appropriate boxes below certifies that the documents submitted in conjunct and in compliance with the applicable chapters of the lowa Administrative C	• • •	
	elow may have been submitted previously, <u>updated copies of each is require</u>		
permit renev	val application. One (1) copy of each document shall be submitted. If an appli		
department	to be incomplete, it may be denied and returned to the applicant.  Required Documents		Attached
	Executive Summary (permit renewals only)		Attacheo
	<ul> <li>Summary of modifications, if any, to the facility that occurred during the current perr</li> </ul>		
	Summary of each permit amendment, if any, that occurred during the current permit cycle to determine if		
Section A.			
	it shall be included with the renewed permit, be revised or be removed.  • Provide documentation and certification as required for new permit amendment requ	ests and new	
	variance requests from Iowa Administrative Code, if any.	<b>1</b>	Promote Control Control
Section B.	Site Map or Aerial Photograph	IAC 567 118.6(6)	
Section C.	Proof of Ownership/Local Zoning Requirements/100 yr. flood elevation	IAC 567 118.6(15) IAC 567 118.7(3)	
Section D.	Organizational Chart	IAC 567 102.12(5)	
Section E.	Operator Certification		
Section F.	PDA Defeter and the second second	IAC 567 118.6(13)	
	EPA Refrigerant Recovery Device Certification	IAC 567 118.6(13) IAC 567 118.6(8)	
Section G.	EPA Notification of PCB Activity	<u> </u>	
		IAC 567 118.6(8)	
Section G.	EPA Notification of PCB Activity	IAC 567 118.6(8) IAC 567 118.6(12)	
Section G. Section H.	EPA Notification of PCB Activity Unique Marking System	IAC 567 118.6(8) IAC 567 118.6(12) IAC 567 118.6(14)	

Section L.

**Proof of Financial Assurance and Closure Cost Estimate** 

IAC 567 118.16

#### **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 lowa 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.

Bossell W Tholson Title: T-15-24
Title: Tholson