

To Jen

New Permit

Permit Renewal # _____ -ADP- _____ -

Permit Amendment



IOWA DEPARTMENT OF NATURAL RESOURCES

Appliance Demanufacturer

PERMIT APPLICATION FORM 50D



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) 725-8317.

SECTION 1. FACILITY CONTACT INFORMATION

Facility Name/Address: Eric Olson Facility 5131 140 th St Dolliver, Iowa		Site Legal Description: 5131 140 th St Dolliver, Iowa 50531	
Phone #: _____ Fax #: _____		_____ 1/4 of _____ 1/4 of _____ 1/4 Section _____ Township <u>36</u> N Range <u>100</u> E/W County <u>32</u>	
Name/Address of Responsible Official:		Facility Owner/Address:	
Phone #: _____ Fax #: _____		Phone #: _____ Fax #: _____	
Name of Facility Operator: Eric Arnold Olson 712-209-6178		Name/Address of Design Engineer (P.E.), if any:	
Phone #: _____ Fax #: _____		License #: _____ Phone #: _____ Fax #: _____	

RECEIVED

NOV 11 2024

IOWA DNR
FIELD OFFICE 3

En

SECTION 2. SITE INFORMATION

Days and hours of operation of the facility: 8-5 8-5	Open to the public? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Service area of the facility <u>and</u> final disposal destination of components: Service Area: Emmet county	
Disposal Facility: Dickinson Rec main facility	
Type, source <u>and</u> number or weight of appliances to be handled per day, week and year at the facility: Fridges, A/C's, washer, dryers, water heaters per day per week per year 150/yr	
Description of the appliance handling and demanufacturing process to be used: properly remove capacitors, freon, mercury containing devices, capture all oil and residue to DNR Specs	

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 (permit renewals only) <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 <i>Fill email to you</i>	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 <i>??</i>	IAC 567 102.12(5)	<input type="checkbox"/>
Section E.	Operator Certification <i>✓</i>	IAC 567 118.6(13)	<input type="checkbox"/>
Section F.	EPA Refrigerant Recovery Device Certification <i>mr 45 field piece</i>	IAC 567 118.6(8)	<input type="checkbox"/>
Section G.	EPA Notification of PCB Activity <i>EPA website</i>	IAC 567 118.6(12)	<input type="checkbox"/>
Section H.	Unique Marking System <i>EAO (my initials)</i>	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: Eric Olson

Date: 11-12-24

Printed Name: Eric Olson

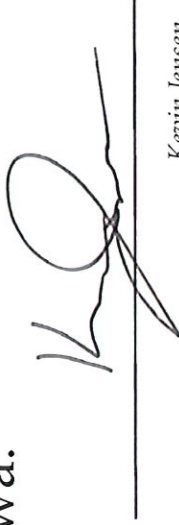
Title: owner

Certificate of Completion

presented to

Eric Olson

For successful completion of the
Iowa DNR approved Appliance Demanufacturing Training
Course conducted by SCS Engineers on September 10, 2024
in West Des Moines, Iowa.



Kevin Jensen
Project Manager

SCS
ENGINEERS

