

November 22, 2024
File No. 27224497.00

Ms. Susan Johnson
Iowa Department of Natural Resources
Land Quality Bureau
6200 Park Avenue
Des Moines, Iowa 50321

Subject: Appliance Demanufacturing Permit Renewal
Lakeside Auto Recyclers
Permit No. 78-ADP-03-20

Dear Susan:

SCS Engineers has prepared the enclosed permit renewal documents for the Lakeside Auto Recyclers Appliance Demanufacturing Permit that expires February 11, 2025. Please find the signed Permit Application Form 50D and updated documents attached to this submittal. The remaining permit documents that did not require an update can be found in the permit application submitted January 3, 2020 (Doc # 96980). The Executive Summary for the permit renewal is included below.

Modifications

No modifications were made to the appliance demanufacturing facility during the current permit cycle.

Permit Special Provisions

No special provisions are listed in the appliance demanufacturing permit. No changes or additions are requested.

Permit Amendments

No permit amendments occurred during the current permit cycle. No permit revisions or amendments are requested.



Susan Johnson
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If you have any questions about this renewal, please contact us as noted below.

Sincerely,



Kevin Jensen
Project Manager
SCS Engineers
kjensen@scsengineers.com
515-368-3155

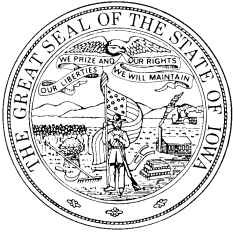


Christine L. Collier, P.E.
Project Manager
SCS Engineers
ccollier@scsengineers.com
515-418-0677

KAJ/CLC

cc: Tatiana Noel, Lakeside Auto Recyclers
Nick Hanson, Lakeside Auto Recyclers

Attachments: Permit Application Form 50D
Organizational Chart
Operator Certifications



Appliance Demanufacturer

PERMIT APPLICATION FORM 50D

New Permit Permit Renewal # _____ -ADP- _____ - _____ 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: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Name of Responsible Official: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Name of Facility Operator: _____

Phone: _____ Fax: _____ Email: _____

Site Legal Description: _____ County _____

_____ ¼ of _____ ¼ of _____ ¼ Sec _____ Twp _____ N Range _____ E W

Facility Owner: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

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

Address: _____

Phone: _____ Fax: _____ Email: _____

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: Michael Levelle Jr Date: 11/19/24
Printed Name: MICHAEL LEVELLE JR Title: Vice-President

Lakeside Auto Recyclers

Appliance Demanufacturing Organizational Chart



Lakeside Auto Recyclers

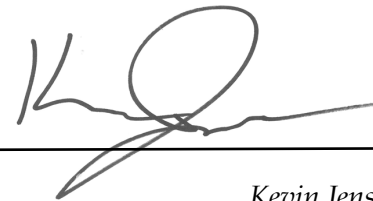
**Appliance Demanufacturing
Operator Certifications**

Certificate of Completion

presented to

Cesar Flores

For successful completion of the
Iowa DNR approved Appliance Demanufacturing Training
Course conducted by SCS Engineers on August 7, 2024
in Carter Lake, Iowa.



Kevin Jensen
Project Manager

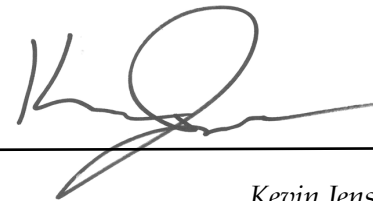
SCS
ENGINEERS

Certificate of Completion

presented to

Moryssa Prichard

For successful completion of the
Iowa DNR approved Appliance Demanufacturing Training
Course conducted by SCS Engineers on August 7, 2024
in Carter Lake, Iowa.



Kevin Jensen
Project Manager

SCS
ENGINEERS