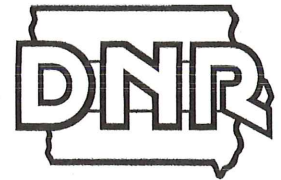




Appliance Demanufacturer



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

RECEIVED

MAR 06 2025

CON 12-1-1  
Doc # 112477

For questions concerning this application please contact the Department at (515) 217-0872.

SECTION 1. FACILITY CONTACT INFORMATION

Facility Name: Reliable Recycling LLC

Address: 4400 6th St SW Bldg #15

Phone: 319 212-8030 Fax: \_\_\_\_\_ Email: reliablerecyclingllc@gmail.com

Name of Responsible Official: Brittany Lovell

Address: 2320 A Ave NE Cedar Rapids Iowa 52402

Phone: 319 212-8030 Fax: \_\_\_\_\_ Email: brittanyloverman23b0a@gmail.com

Name of Facility Operator: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Site Legal Description: Demanufacturing Appliances County linn

\_\_\_\_\_ 1/4 of \_\_\_\_\_ 1/4 of \_\_\_\_\_ 1/4 Sec \_\_\_\_\_ Twp \_\_\_\_\_ N Range \_\_\_\_\_  E  W

Facility Owner: Brittany Lovell

Address: \_\_\_\_\_

Phone: 319 212-8030 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: Monday - Friday 9:AM - 5PM

Open to the public?  Yes  No

Service area of the facility and final disposal destination of components:

Service Area: Reliable Recycling LLC

Disposal Facility: Alters Metal Recycling cedar Rapids Iowa

Type, source and number or weight of appliances to be handled per day, week and year at the facility:

unknown?

\_\_\_\_\_ 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.	<b>Executive Summary (permit renewals only)</b> <ul style="list-style-type: none"> <li>Summary of modifications, if any, to the facility that occurred during the current permit cycle.</li> <li>Summary of each special provision of the current permit to determine if it is to remain the same, be revised or be removed.</li> <li>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.</li> <li>Provide documentation and certification as required for new permit amendment requests and new variance requests from Iowa Administrative Code, if any.</li> </ul>		<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: Brittany Lovell Date: 1/20/25  
Printed Name: Brittany Lovell Title: 1/20/25

## **Section I : Site Operation Plan**

Our operation will be open to public from 9:00 Am – 5:00 Pm Monday-Friday

Closed on public holidays

All material received prior to days end will be dismantled on the day received or next morning.

We will except all appliances from the general public, Corporate Accounts , Commercial Accounts.

We will dismantle both Gas & Electric Furnaces & Hot Water Heaters looking for thermocouple & PCB Capacitors.

We will dismantle both Gas & Electric Stoves, Ovens & Micro waves looking for Thermocouple & PCB Capacitors.

All items removed such as, PCB Capacitors, Mercury Switches, Thermocouple-rs Will go to Linn County Solid Waste Agency , At least every two months.

## **Section J: Contingency Plan:**

In the event of "plan B" All material that is on site will be handled by CSG of Marion, Iowa,

## **Section K: Site Closure Plan**

In the event we decide to close operations we will remove all material and transport to CGS of Marion, Iowa.

Upon closure we will provide any necessary information to the DNR, such as disposal of waste components , 90 day notice of closure to DNR and date of closure to the DNR.

Special Symbol - RR

# Appliance Demanufacturing Zoning Verification Form

To Whom It May Concern:

I am in the process of applying for an appliance demanufacturing permit through the Iowa Department of Natural Resources. Department permit requirements include conformation from the zoning department that my facility meets zoning requirements for appliance demanufacturing and verification that the property is located above the 100 year flood plain.

Iowa Code Chapter 118 states that all appliances must be demanufactured before being recycled or disposed of. Appliance demanufacturing consists of ensuring proper removal and disposal of electrical components containing PCB's, refrigerant, and mercury switches.

My appliance demanufacturing facility is located at:

Name Reliable Recycling LLC

Street Address 4400 6<sup>th</sup> St SW Bldg # 15

City Cedar Rapids Iowa Zip code 52404

I request that you please fill out the information below and return to:

**Iowa Department of Natural Resources  
Energy and Waste Management  
Attn: Sue Johnson  
502 E. 9<sup>th</sup> Street, Des Moines, IA 50319  
Fax 515-281-8895**

\*\*\*\*\*

## Zoning Department

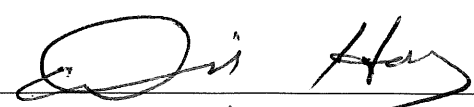
I have reviewed zoning requirements for the property listed above and: (Check all that apply)

I verify that the property is located above the 100 year flood plain and is properly zoned for appliance demanufacturing.

The property is not zoned correctly and is located in the 100 year flood zone. Please see comments below.

The property is not zoned for appliance demanufacturing activity, please see comments below.

Comments:

Zoning Official Signature 

Phone Number 319 286-5168 Date 1/16/25



REGION 7

CENEXA, KS 66219

Ms. Brittany Lovell, Owner ( )  
Reliable Recycling, LLC  
4400 6<sup>th</sup> St. SW Bldg 15  
Cedar Rapids, IA 52404

RE: Notification of PCB Activity

Dear Ms. Lovell,

Thank you for filing the updated Notification of PCB Activity form. Your facility location listed below has been updated as follows:

Received:	January 31, 2025
TSCA ID Number:	IATSCA113789
Handler Name:	Reliable Recycling, LLC
Location Address:	4400 6 <sup>th</sup> St. SW Bldg 15, Cedar Rapids IA 52404

US EPA Region 7 received your notification of PCB Activity Form signed on January 31, 2025, and this letter serves as confirmation of your issued EPA ID # IATSCA113789. This number may be used for PCB-related activities including manifests and any correspondence with the US EPA. If you need a Regulated Hazardous Waste EPA ID number under RCRA, you will need to submit ID Assignment Form (8700-12A(6-90)) for your facility.

If you have any further questions regarding this action, or for technical inquiries, please contact the Region 7 PCB Coordinator, Mrs. Annah Murray at \_\_\_\_\_ or at (913) 551-7895.

If you have any questions regarding the PCB waste handlers database, please contact the ORCR PCB Team at \_\_\_\_\_

Sincerely,

ERIC  
GORMAN

Digitally signed by ERIC  
GORMAN  
Date: 2025.02.06  
13:49:49 -06'00'

Eric Gorman  
Branch Supervisor  
RCRA Corrective Action Branch  
Land, Chemical & Redevelopment Division

cc: Susan Johnson, IDNR (

**USEPA**

United States  
 Environmental Protection Agency  
 Washington, DC 20460

Form Approved  
 OMB No. 2070-0112

## Notification of PCB Activity

For more information, contact [ORCRPCBs@epa.gov](mailto:ORCRPCBs@epa.gov)

**For Official Use Only**

Return To:

Document Control Officer (5303T)  
 Office of Resource Conservation and Recovery  
 U.S. Environmental Protection Agency  
 1200 Pennsylvania Ave., N.W.  
 Washington, DC 20460-0001

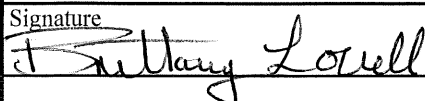
1. Name of Facility <b>Reliable Recycling</b>	Name of Owner Facility <b>Brittany Lovell</b>	2. EPA Identification Number (if already assigned under RCRA)
--	--	---

3. Facility Mailing Address (Street or PO Box, City, State, & Zip Code) <b>4400 6th St SW Bldg # 15 Cedar Rapids IA 52404</b>	4. Location of Facility (No. Street, City, State, & Zip Code) <b>4400 6th St SW Bldg # 15</b>
--	--

5. Installation Contact (Name and Title) <b>Brittany Lovell Owner</b>	6. Type of PCB Activity (Mark 'X' in appropriate box. See Instructions.) <input type="checkbox"/> A. Generator w/on-site storage facility <input type="checkbox"/> B. Storer (Commercial) <input type="checkbox"/> C. Transporter <input type="checkbox"/> D. R&D/Treatability <input type="checkbox"/> E. Approved Disposer <input checked="" type="checkbox"/> F. Scrap Metal Recovery Oven/Smelter, High Efficiency Boilers
Telephone Number (Area Code and Number) and Email Address <b>319 212-8030 reliablerecyclingllc@gmail.com</b>	

**7. Certification**

Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate, and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as a company official having supervisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate, and complete.

Signature 	Name and Official Title (Type of Print) <b>Brittany Lovell Owner</b>	Date Signed <b>1/31/25</b>
--	---	-------------------------------

**Paperwork Reduction Act Notice**

The annual public burden for this collection of information is estimated to average 0.6 hours per response. This estimate includes time for reading instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: Director, Collection Strategies Division, U.S. Environmental Protection Agency (mail code 2822), 1200 Pennsylvania Ave., N.W., Washington, D.C. 20460-0001. Include the OMB number identified above in any correspondence. Do not send the completed form to this address. The actual information or form should be submitted in accordance with the instructions accompanying the form, or as specified in the corresponding regulations.

## Item-by-Item Instructions for Completing EPA Form 7710-53

Return completed form to:

Document Control Officer (5303T)  
ATTN: PCB Notification  
Office of Resource Conservation and Recovery  
U.S. Environmental Protection Agency  
1200 Pennsylvania Ave., N.W. Washington, DC 20460-0001

For more information, contact [ORCRPCBs@epa.gov](mailto:ORCRPCBs@epa.gov)

No information on the form may be claimed confidential.

Type or print in black ink all items, except Item VII, "Certification." If you must use additional sheets, indicate clearly the number of the item on the form to which the information on the separate sheet applies.

**Item 1 -- Name of facility:** Enter the name of the facility and the name of the owner of the facility.

**Item 2 -- EPA identification number (if already assigned under RCRA):** Enter the identification number the facility was assigned under the RCRA hazardous waste notification regulations. If no identification number has been assigned, leave this space blank. A notifier may use their RCRA Identification number prior to receipt of written verification from EPA once they have confirmed that EPA is in receipt of their PCB notification form. Confirmation of receipt of the form may be accomplished by submitting it through the U.S. mail -- return receipt requested, telephoning to confirm receipt of mail or facsimile, commercial overnight carrier's delivery verification processes, or any other manner in which the submitter can demonstrate in that the form was received by EPA Headquarters.

**Items 3 and 4 -- Facility mailing address and location:** Complete Items III and IV. Please note that the address you give in Item IV, "Location of Facility," must be a physical address, not a post office box or route number. If the mailing address and physical location are the same, you may enter "Same" in Item IV. If the facility is a mobile incinerator, you may enter "mobile" in Item IV, and provide the mailing address for the installation contact in Item III.

**Item 5 -- Installation contact:** Enter the name, title, email address and business telephone number of the person who should be contacted regarding information submitted on this form.

**Item 6 -- Type of PCB activity:** Mark the appropriate box(es) to show which PCB activities are taking place at this facility.

*A. Generator with on-site storage facility:* You are a generator with an on-site storage facility under this notification requirement if you are a user, owner, or processor of PCBs or PCB items and you maintain your own storage facilities subject to 40 CFR 761.65(b) or (c)(7) for PCBs. If you are a generator with an on-site storage facility, mark an "X" in this box.

*B. Commercial Storer:* You are a commercial storer if you own or operate a storage facility which is subject to the storage facility standards of 40 CFR 761.65(b) or (c)(7), and which engages in off-site storage activities involving the PCB wastes generated by others. Most commercial storers of PCB waste perform waste storage services in exchange for a fee or other compensation, but the receipt of compensation is not necessary for your storage facility to qualify as a commercial storer of PCB wastes generated by others. See definition of commercial storer in 40 CFR 761.3. If you are a commercial storer, mark an "X" in this box.

*C. Transporter:* If you move PCBs by air, rail, highway, or water, then mark an "X" in this box.

*D. R&D/Treatability:* If you are engaged in conducting R&D into PCB disposal technologies and cannot accept waste on a commercial scale, mark an "X" in this box. You should also check this box if you conduct treatability studies even though you may have marked the "Approved Disposer" box.

*E. Approved Disposer:* If you currently hold a valid EPA permit to dispose of PCBs in concentrations exceeding 50 ppm in a landfill, through alternative technology or incineration, mark an "X" in this box.

*F. Scrap Metal Recovery Oven/Smelter, High Efficiency Boilers:* If you operate a device to dispose of PCBs, or if you dispose of PCBs in compliance with Section 761.71 (i.e., high efficiency boilers) or Section 761.72 (i.e., scrap metal recovery oven/smelter), mark an "X" in this box.

**Item 7 -- Certification:** This certification must be signed by the owner, operator, or an authorized representative of the facility. An "authorized representative" is a person responsible for the overall operation of the facility (i.e., a plant manager or superintendent, or a person of equal responsibility). All notifications must include this certification to be complete.



## BOND EXECUTION REPORT

Date: 02/17/2025

Bond Number: 2639342

BOEHM INSURANCE AGENCY INC  
808 STORY STREET  
BOONE, IA 50036

## Principal Information:

Reliable Recycling, LLC  
4400 6th St SW Bldg 15  
Cedar Rapids, IA 52404-4405

Billing Address - if blank, see Principal above:

.c/n:

## Obligee Information:

Iowa DNR  
502 E 9th St  
Des Moines, IA 50319-5005

WB Index: 2639342

Bond Eff Date: 02/17/2025

Bond Exp Date: CONTINUOUS UNTIL CANCELED

Bond Type: Iowa Appliance Demanufacturing  
Work Description:

Current Bond Penalty: \$ 950.00  
Previous Bond Penalty: \$ 950.00

Bond Premium: \$ 100.00  
Premium Change: \$ 100.00

Effective January 1, 2024, West Bend Mutual Insurance Company changed its name to West Bend Insurance Company, therefore, any reference to West Bend Mutual Insurance Company shall be considered a reference to West Bend Insurance Company.

## THIS IS NOT AN INVOICE

MICHIGAN ONLY: This policy is exempt from filing requirements of Section 2236 of the Insurance Code of 1956, 1956 PA 218 and MCL 500.2236.

**POWER OF ATTORNEY**

Know all men by these Presents, that West Bend Insurance Company (formerly known as West Bend Mutual Insurance Company prior to 1/1/2024), a corporation having its principal office in the City of West Bend, Wisconsin does make, constitute and appoint:

**Samantha Peck**

lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf as surety and as its act and deed any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of: **Nine Hundred and Fifty Dollars and Zero Cents 950.00**

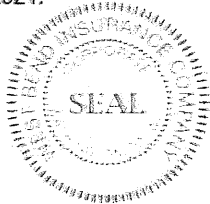
This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of West Bend Insurance Company by unanimous consent resolution effective the 1<sup>st</sup> day of January 2024.

*Appointment of Attorney-In-Fact. The president or any vice president, or any other officer of West Bend Insurance Company may appoint by written certificate Attorneys-In-Fact to act on behalf of the company in the execution of and attesting of bonds and undertakings and other written obligatory instruments of like nature. The signature of any officer authorized hereby and the corporate seal may be affixed by facsimile to any such power of attorney or to any certificate relating therefore and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the company, and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the company in the future with respect to any bond or undertaking or other writing obligatory in nature to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any said officer at any time.*

Any reference to West Bend Mutual Insurance Company in any Bond and all continuations thereof shall be considered a reference to West Bend Insurance Company.

In witness whereof, West Bend Insurance Company has caused these presents to be signed by its president undersigned and its corporate seal to be hereto duly attested by its secretary this 1<sup>st</sup> day of January 2024.

Attest \_\_\_\_\_  
**Christopher C. Zwygart**  
Secretary



*Robert J. Jacques*  
\_\_\_\_\_  
**Robert J. Jacques**  
President

State of Wisconsin  
County of Washington

On the 1<sup>st</sup> day of January 2024, before me personally came Robert Jacques, to me known being by duly sworn, did depose and say that he is the President of West Bend Insurance Company, the corporation described in and which executed the above instrument, that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the board of directors of said corporation and that he signed his name thereto by like order.



\_\_\_\_\_  
**Lead Corporate Attorney**  
**Notary Public, Washington Co., WI**  
**My Commission is Permanent**

The undersigned, duly elected to the office stated below, now the incumbent in West Bend Insurance Company, a Wisconsin corporation authorized to make this certificate, Do Hereby Certify that the foregoing attached Power of Attorney remains in full force effect and has not been revoked and that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at West Bend, Wisconsin this 17th day of February, 2025



\_\_\_\_\_  
**Christopher C. Zwygart**  
Secretary

**APPLIANCE DEMANUFACTURING  
SURETY BOND**

---

Surety's Bond No.: 2639342

Principal: Reliable Recycling, LLC                      4400 6th St SW Bldg 15, Cedar Rapids, IA 52404-4405  
*(legal name and business address of owner or operator)*

Type of Organization: \_\_\_\_\_  
*("individual," "joint venture," "partnership," or "corporation")*

State of Incorporation: IA

Surety(ies): West Bend Insurance Company, 1900 S 18th Ave, West Bend, WI 53095-8796  
*(name(s) and business address(es))*

Solid waste permit number, name, address, and current closure cost estimate, or portions thereof, for which each solid waste management facility guaranteed by this bond: \_\_\_\_\_

57-ADP-06-12, Reliable Recycling, LLC  
4400 6th St SW Bldg 15, Cedar Rapids, IA 52404-4405  
18,700.00

Total penal sum of bond: \$ ~~950,000~~ \_\_\_\_\_

**KNOW ALL PERSONS BY THESE PRESENTS**, That we, the Principal and Surety(ies) hereto are firmly bound to the State of Iowa, as Oblige, in the above penal sum for the payment of which we bind ourselves, our respective heirs, executors, administrators, successors, and assigns, jointly and severally; provided that, where the Surety(ies) are corporations acting as co-sureties, we, the Sureties, bind ourselves in such sum "jointly and severally" only for the purpose of allowing a joint action or actions against any or all of us, and for all other purposes each Surety binds itself, jointly and severally with the Principal, for the payment of such sum only as is set forth opposite the name of such Surety, but if no limit of liability is indicated, the limit of liability shall be the full amount of the penal sum.

**WHEREAS**, said Principal is required, under Iowa Administrative Code 567 Chapter 118 (hereinafter Chapter 118) to have a permit in order to own or operate each solid waste management facility identified above; and

**WHEREAS**, said Principal has applied to said Oblige to operate a sanitary disposal project located within the State of Iowa and is required to provide financial assurance for closure care, as a condition of the permit and applicable laws, rules and regulations;

**NOW, THEREFORE, THE CONDITON OF THIS OBLIGATION IS SUCH** that if the Principal shall faithfully, before the beginning of final closure of each facility identified above, fund an account for the benefit of the Oblige in the amount(s) identified above for each facility, if said Principal fails to properly close the site within 30 days of permit suspension, termination, revocation or expiration. The Principal shall fully indemnify and hold harmless the Oblige against all loss to it caused by said Principal's breach of any ordinance, rule or regulation relating thereto, then this obligation shall be null and void; otherwise it shall remain in full force and effect.

Or, if the Principal shall provide alternate financial assurance, as specified in Chapter 118, as applicable, and submit documentation of such alternate assurance, within 60 days of receipt of a written notice of cancellation is received by both the Principal and the Oblige from the Surety(ies), then this obligation shall be null and void, otherwise it is to remain in full force and effect.

**PROVIDED: THE LIABILITY OF THE SURETY** shall become liable on this bond obligation only when the Principal has failed to fulfill the conditions described above. Upon notification by the Obligee that the Principal has failed to perform as guaranteed by this bond, the Surety(ies) shall place funds in the amount guaranteed for the facility(ies) into an account as directed by the Obligee.

The liability of the Surety(ies) shall not be discharged by any payment or succession of payments hereunder, unless and until such payment or payments shall amount in the aggregate to the penal sum of the bond, but in no event shall the obligation of the Surety(ies) hereunder exceed the amount of said penal sum.

The Surety(ies) may cancel the bond by sending notification by certified mail, return receipt requested, to the Principal and the Obligee, provided, however, that cancellation shall not occur during the 90 days beginning on the date of receipt of the notice of cancellation by both the Principal and the Obligee, as evidenced by the return receipts; and provided further, that nothing herein shall affect any rights or liabilities which shall have accrued under this bond prior to the date of such termination.

The Principal may terminate this bond only if the Principal substitutes alternate financial assurance prior to cancellation, or if said Principal is no longer required to demonstrate financial responsibility in accordance with Chapter 118.

**IN WITNESS THEREOF**, the Principal and Surety(ies) have executed this financial instrument under their respective hands and seals, this 17th day of February, 2025.

The persons whose signatures appear below hereby certify that they are authorized to execute this surety bond on behalf of the Principal and Surety(ies).

Reliable Recycling, LLC

**Principal**

*[Corporate Seal]*

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

West Bend Insurance Company

**Corporate Surety(ies)**

*[Corporate Seal]*

Signature: \_\_\_\_\_

Name: Samantha Peck

Title: Attorney-in-fact

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

State of Incorporation: Wisconsin

Roger A. Cassill  
2939 16th Ave SW  
Cedar Rapids, IA 52404  
Ph 319-573-6306

LEASE: BUSINESS PROPERTY: 4400 6th St SW, Bldg #15, Cedar Rapids, IA 52404

This lease is entered into on this 10th day of January 2025 between Reliable Recycling LLC(Brittany Lovelle)("Tenant") and Roger Cassill, (Lessor).

Property Description: The Lessor agrees to lease to the Tenant the following described property located at: 4400 6th St SW, Bldg #15, Cedar Rapids, IA 52404, hereinafter known as the "Premises".

Premises Use: The Lessor is leasing the Premises to the Tenants and the Tenant is hereby agreeing to lease the Premises for the use of a recycling business. Any change in use or purpose at the Premises other than as described above shall be upon prior written consent of Lessor only.

The Tenant shall be responsible for this building's utilities, landline phone, computer data line internet service, maintain the furnace, keep the inside clean, and provide your own fire extinguishers. The tenant is also responsible for pest control, as well as trash/dumpster. The tenant is responsible for their own 'build-out.' Any and all desired improvements and/or changes that the Tenant wants to make must be approved in advance by Roger Cassill.

The Tenant will maintain and repair, but not be responsible to replace the heating equipment, yet will be required to communicate to the Lessor at the earliest convenience if replacement is needed. The tenant is responsible for obtaining their own signage in accordance with City Code. Any and all signage is subject to lessor's approval.

The Lessor will be responsible for lawn mowing and snow removal.

Lease Term: The term of this Lease shall commence on January 10th, 2025. The lease terms are 12 months in duration, with extension options if lease payments are timely..

Lease Payment: The monthly payment shall be \$2,000.00 payable upon the first of the month to 'Roger Cassill.' No security deposit is required at the signing of the lease. The Tenant will need to promptly provide the Lessor with proof of insurance for property and liability insurance listing Roger Cassill as the "Additional Insured."

The Tenant shall compliantly operate his business within the laws of the City of Cedar Rapids, Linn County, State of Iowa, and the United States of America. No Sublet allowed without landlord approval. Lessor reserves the right to enter his property at any time deemed appropriate.

Binding Effect:

\_\_\_\_\_  
Roger A Cassill  
Lessor

  
Reliable Recycling LLC  
Brittany Lovelle  
Tenant