

Susan Johnson

Lyon Salvage still operates
the same as designed. No changes
or revisions have been applied.

John Lyon
9-7-25

Certificate of Completion

presented to

JOHN LYON

*For successful completion of the
IDNR approved Appliance Demanufacturing training course
conducted by Barker Lemar on Tuesday, August 12, 2014
in West Des Moines, Iowa.*

*Jeff Phillips
Project Manager*

BARKERLEMAR

ENGINEERING CONSULTANTS

1801 INDUSTRIAL CIRCLE | WEST DES MOINES, IOWA 50265 | 515.256.8814 | www.barkerlemar.com



IOWA DEPARTMENT OF NATURAL RESOURCES

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.

RECEIVED

Send completed applications with attached information to:

SEP 19 2025

Iowa Department of Natural Resources
Land Quality Bureau
Solid Waste and Contaminated Sites Section
6200 Park Ave Ste 200
Des Moines, IA 50321

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

SECTION 1. FACILITY CONTACT INFORMATION

Facility Name: Lyon Salvage
Address: 26213 570th St Palmer, IA 50571
Phone: (712) 359-2311 Fax: _____ Email: robenlyon@hotmail.com

Name of Responsible Official: John Lyon
Address: 26213 570th St Palmer, IA 50571
Phone: (712) 359-2311 Fax: _____ Email: robenlyon@hotmail.com

Name of Facility Operator: John Lyon
Phone: (712) 358-2548 Fax: _____ Email: robenlyon@hotmail.com

Site Legal Description: _____ County Pocahontas
____ ¼ or _____ ¼ of _____ ¼ Sec _____ Twp _____ N Range _____ ☐ E ☐ W

Facility Owner: John Lyon
Address: 26213 570th St Palmer, IA 50571
Phone: (712) 358-2548 Fax: _____ Email: robenlyon@hotmail.com

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:

M-F 4pm to 8pm

Open to the public?



Yes



No

Saturday by appointment
usually open in afternoon HSService area of the facility and final disposal destination of components:Service Area: SameDisposal Facility: SameType, 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.	<u>SAME</u>	<input type="checkbox"/>
Section B.	Site Map or Aerial Photograph	IAC 567 118.6(6)	<input checked="" 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 checked="" type="checkbox"/>
Section D.	Organizational Chart	IAC 567 102.12(5)	<input checked="" type="checkbox"/>
Section E.	Operator Certification	IAC 567 118.6(13)	<input checked="" type="checkbox"/>
Section F.	EPA Refrigerant Recovery Device Certification	IAC 567 118.6(8)	<input checked="" type="checkbox"/>
Section G.	EPA Notification of PCB Activity	IAC 567 118.6(12)	<input checked="" type="checkbox"/>
Section H.	Unique Marking System	IAC 567 118.6(14)	<input checked="" type="checkbox"/>
Section I.	Site Operation Plan	IAC 567 118.6(9)	<input checked="" type="checkbox"/>
Section J.	Contingency Plan	IAC 567 118.6(10)	<input checked="" type="checkbox"/>
Section K.	Site Closure Plan	IAC 567 102.12(10)	<input checked="" type="checkbox"/>
Section L.	Proof of Financial Assurance and Closure Cost Estimate	IAC 567 118.16	<input checked="" 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: _____

John Lyon

Date: _____

9-7-25

Printed Name: _____

John Lyon

Title: _____

owner/operator