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IOWA DEPARTMENT OF NATURAL RESOURCES

Appliance Demanufacturer

PERMIT APPLICATION FORM 50D

☐ New Permit ☒ Permit Renewal # 34 -ADP- 04 - 20P ☐ 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 and Contaminated Sites Section
6200 Park Ave Ste 200
Des Moines, IA 50321

CON 12-1-1
Doc # 114508

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

SECTION 1. FACILITY CONTACT INFORMATION

Facility Name: Tynan's Recycling
Address: 1100 13th Ave Charles City, IA 50616
Phone: 641-228-1613 Fax: _____ Email: Tynansrecycling@gmail.com

Name of Responsible Official: Richard Tynan
Address: 301 1st Ave N.W. Rockford, IA 50468
Phone: 641-583-0448 Fax: _____ Email: Tynansrecycling@gmail.com

Name of Facility Operator: Richard Tynan
Phone: 641-583-0448 Fax: _____ Email: Tynansrecycling@gmail.com

Site Legal Description: 1100 13th Ave Charles City IA 50616 County Floyd
_____ ¼ or _____ ¼ of _____ ¼ Sec 6 Twp 45 N Range 15 ☐ E ☐ W

Facility Owner: Richard Tynan
Address: 1100 13th Ave Charles City, IA
Phone: 641-228-1613 Fax: _____ Email: Tynansrecycling@gmail.com

Name of Design Engineer (P.E.), if any: Dick Nelson P.E, Q.E.P. License #: 08352
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 *(permit renewals only)*** • 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.		☐
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	IAC 567 118.6(13)	☐
Section F.	EPA Refrigerant Recovery Device Certification	IAC 567 118.6(8)	☐
Section G.	EPA Notification of PCB Activity	IAC 567 118.6(12)	☐
Section H.	Unique Marking System	IAC 567 118.6(14)	☐
Section I.	Site Operation Plan	IAC 567 118.6(9)	☐
Section J.	Contingency Plan	IAC 567 118.6(10)	☐
Section K.	Site Closure Plan	IAC 567 102.12(10)	☐
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 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: Richard Tynan **Date:** 10-10-25

Printed Name: Richard Tynan **Title:** Pres.

All documents remain Current and require NO revision.

Richard Tynan

Richard Tynan
(pres)