



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.

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

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

SECTION 1. FACILITY CONTACT INFORMATION

Facility Name: Idunt yearous

Address: 966-Fairfield St arlington, Ia, 50606

Phone: 319-238-9026 Fax: _____ Email: _____

Name of Responsible Official: Idunt yearous

Address: 979-Fairfield St arlington, Ia, 50606

Phone: 319-238-9026 Fax: _____ Email: _____

Name of Facility Operator: Idunt yearous

Phone: 319-238-9026 Fax: _____ Email: _____

Site Legal Description: _____ County _____

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

Facility Owner: Idunt yearous

Address: 979-Fairfield St arlington, Ia, 50606

Phone: 319-238-9026 Fax: _____ Email: _____

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

Address: _____

Phone: _____ Fax: _____ Email: _____

RECEIVED

NOV 24 2025

SECTION 2. SITE INFORMATION

Days and hours of operation of the facility: varies

Open to the public? ☒ Yes ☐ No

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

Service Area: TOURNIERS

Disposal Facility: _____

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

washer and dryer

1 per day

3 per week

50 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"/>



APPLIANCE DEMANUFACTURING ANNUAL REPORT

JANUARY 1, _____ - DECEMBER 31, _____

Permit Number: _____

Responsible Official: _____

Facility Name: KURT YEABROUS

Address: 979 FAIRFIELD ST

City, State Zip: ARLINGTON, IA, 50606

REPORT IS DUE ON OR
BEFORE
JANUARY 31ST

Send completed form to:
Iowa DNR
Land Quality Bureau
6200 Park Ave Ste 200
Des Moines, IA 50321
OR FAX: 515-725-8201

ATTACH ADDITIONAL PAGES IF NECESSARY.

Are appliances containing refrigerants accepted at this facility? ☐ Yes ☐ No

Are appliances containing mercury accepted at this facility? ☐ Yes ☐ No

Are appliances containing sodium chromate accepted at this facility? ☐ Yes ☐ No

Are appliances containing PCB capacitors and ballasts accepted at this facility? ☐ Yes ☐ No

Number of Appliances Demanufactured in each category

TYPE OF APPLIANCE	NUMBER	TYPE OF APPLIANCE	NUMBER
Refrigerators and freezers	20	Furnaces	0
Commercial coolers	0	Clothes washers and dryers	50
Air-conditioning units	0	Dishwashers	25
Dehumidifiers	2	Microwave Ovens	10
Gas Water Heaters	0	Stoves/ Ovens or Other items containing Mercury, refrigerant or PCB-containing articles.	15

Storage Dates

Date the first item was placed in the mercury storage drum that is in use on December 31.		Date the first PCB-containing item was placed in the storage drum that is in use on December 31.	
---	--	--	--

Component Removal

TYPE OF COMPONENT	NUMBER	TYPE OF COMPONENT	NUMBER
Number of mercury switches removed. (Not in lbs)		Amount of Refrigerant Removed	15-LBS
Number of mercury thermocouples removed. (Not in lbs)		Number of PCB capacitors removed. (Not in lbs)	3
Number of fluorescent tubes removed. (Not in lbs)		Number of PCB ballasts removed. (Not in lbs)	

Questions? Call or email: Susan Johnson, susan.johnson@dnr.iowa.gov, 515-217-0872

Please mail completed form to: Land Quality Bureau, 6200 Park Ave Ste 200, Des Moines IA 50321

Sodium Chromate Appliances

Number of sodium chromate containing appliances
shipped to another manufacturer

Certification

I certify under penalty of law that I am the owner, operator, or authorized representative of the owner or operator and that I have examined and am familiar with the information reported above, and that I believe the information is true, accurate and complete.

Name & Agency of Person Certifying (please type or print)

KURT YEAPROUS

Telephone Number:

319-238-9026

Fax Number:

Email:

Signature:



Date:

11-19-25

Additional Comments:

In accordance with Iowa Administrative Code 567 Chapter 118.13(1) - Annual reports with the information required in subrule 118.13(2) are due January 31 each year for the activities of the previous calendar year shall be retained at the facility for at least three years.

Questions? Call or email: Susan Johnson, susan.johnson@dnr.iowa.gov, 515-217-0872

Please mail completed form to: Land Quality Bureau, 6200 Park Ave Ste 200, Des Moines IA 50321

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:  Date: 11-19-25
Printed Name: KURT KERKOVUS Title: _____

USEPA

United States
Environmental Protection Agency
Washington, DC 20460

Form Approved
OMB No. 2070-0112

Notification of PCB Activity

Return To:

Document Control Officer (5305P)
Office of Solid Waste
U.S. Environmental Protection Agency
1200 Pennsylvania Ave., N.W.
Washington, DC 20460-0001

For Official Use Only

1. Name of Facility

Name of Owner Facility

2. EPA Identification Number (if already assigned under RCRA)

(Kurt Yearous)
9durt yearous

9durt yearous

3. Facility Mailing Address (Street or PO Box, City, State, & Zip Code)

4. Location of Facility (No. Street, City, State, & Zip Code)

978 Fairfield St
Arlington, Va, 50606

978 Fairfield St
Arlington, Va, 50606

5. Installation Contact (Name and Title)

6. Type of PCB Activity (Mark 'X' in appropriate box. See Instructions.)

9durt yearous

☒ A. Generator w/onsite storage facility

☐ B. Storer (Commercial)

☐ C. Transporter

☐ D. R&D/Treatability

☐ E. Approved Disposer

☐ F. Scrap Metal Recovery Oven/Smelter,
High Efficiency Boilers

Telephone Number (Area Code and Number)

563-633-5309

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

9durt yearous

Name and Official Title (Type of Print)

Date Signed

4-7-10

Paperwork Reduction Act Notice

The annual public burden for this collection of information is estimated to average 0.57 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.

KURT YEAROUS
978 FAIRFIELD ST
ARLINGTON

IOWA
50606

September 30, 2010

Subject: Notification of PCB Activity

Thank you for filing the Notification of PCB Activity form for the facility

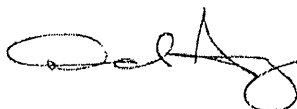
Received: September 30 2010
TSCA ID Number: IAW000514877
Handler Name: KURT YEAROUS
Location Address: 978 FAIRFIELD ST
ARLINGTON IOWA
50606

The Cleanup Programs Branch (CPB) of EPA's Office of Resource Conservation and Recovery is issuing the above TSCA identification number to the listed facility. This number may only be used for PCB-related activities and may not be used for any other regulated hazardous waste activities.

If you have also applied for a Regulated (Hazardous) Waste EPA ID number under RCRA, you may request a consolidation of your RCRA identification number and TSCA identification number upon receipt of your RCRA EPA ID number. To do so, CPB would require confirmation of the RCRA identification number that has been assigned to your facility. A copy of the RCRA ID Assignment Form (8700-12A(6-90)) for your facility would be an example of acceptable documentation.

If you have any questions regarding the PCB waste handlers database, please contact Molly Finn at finn.molly@epa.gov or (703) 347-8785.

Sincerely,



Dave Hockey, Chief
Cleanup Programs Branch

July 1, 2010

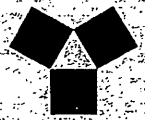
Kurt Yearous
979 Fairfield Street
Arlington, Iowa 50606

**RE: Opinion of Cost
Appliance Demanufacturing**

Dear Kurt:

Based on past conversations with you and a site visit, I have developed the following opinion of probable cost for clean-up of your operation. The purpose of this opinion of cost is basis for financial assurance to satisfy your IDNR operating permit. The following assumptions and owner provided information have been used to develop this opinion:

1. Free disposal of PCB type capacitors – Clayton County Recycling
2. Free disposal of mercury switches – Clayton County Recycling
3. Mineral oil is non-hazardous
4. Shop size and ultimate storage capacity is based on space lease agreement with land owner
5. All types of household appliances except picture tubes
6. 5% of units have mercury switches
7. 10% of units have PCB capacitors
8. 50% of shop space (20' x 24') and 10' x 24' outside storages based on use agreement with land owner
9. Appliances stacked one unit high inside and two units high outside
10. ½ hour to demanufacture each unit
11. 20 units will fit in available floor space inside and 32 units outside
12. Scrap prices from Clayton County Recycling



**YAGGY
COLBY**

ASSOCIATES
*Celebrating 40 Years
of Excellence
1970 - 2010*

ENGINEERS

LANDSCAPE ARCHITECTS

SURVEYORS

PLANNERS

Mason City Office
215 North Adams
Mason City, IA 50401
641-424-6344
641-424-0351 Fax

Rochester Office
507-288-6464

Mpls/St. Paul Office
651-681-9040

Delafield Office
262-646-6855



Equal Opportunity Employer

The persons whose signatures appear below hereby certify that they are authorized to execute this Letter of Credit on behalf of the Borrower and Lender.

Kurt Yearous
Borrower

[Corporate Seal]

Signature: Kurt Yearous

Name: _____

Title: _____

Signature: _____

Name: _____

Title: _____

FARMERS Savings BANK
Lender

[Corporate Seal]

Signature: [Signature] V.P.

Name: Larry G. Klostermann

Title: Vice President

Signature: Latisha Stelken, CO

Name: Latisha Stelken

Title: Compliance Officer

August 20, 2010

Kurt Yearous
982 Fairfield
Arlington, Iowa 50319

Iowa Department of Natural Resources
Planning, Permitting & Engineering Services
Wallace State Office Building
502 East 9th Street
Des Moines, Iowa 50319

Dear Sir or Madam:

This letter shall serve as notice, pursuant to IAC 567 Chapter 118.16(6) "d", that Kurt Yearous is providing financial assurance by Letter of Credit No.30899 established on 8/19/2010 For Kurt Yearous in an of \$ 3,195.00 lawful money of the United States. These funds are restricted for closure care of the Kurt Yearous facility located at 982 Fairfield, Arlington, Iowa 50606.

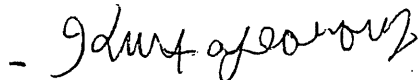
The name and address of the lending institution is as follows:

Farmers Savings Bank
747 Main St Box 220
Arlington, Iowa 50606
563 633-3855

A copy of the executed Letter of Credit has been enclosed with this correspondence and a copy has been retained in our office.

If you have any questions regarding this letter or the executed Letter of Credit, please contact Kurt Yearous at 319 238-2825.

Sincerely,



Kurt Yearous

APPLIANCE DEMANUFACTURING IRREVOCABLE LETTER OF CREDIT

Letter of Credit No.: 30899

Date: 8/19/2010

This Irrevocable Letter of Credit is being provided to Borrower, Kurt Yearous by Lender, Farmers Savings Bank for the exclusive purpose of meeting financial assurance requirements required by the Iowa Department of Natural Resources, "IDNR", as set forth in IAC 567 Chapter 118.16 for closure care of Kurt Yearous located at 982 Fairfield Street Arlington, Iowa 50606

Pursuant to IAC 567 Chapter 118.16(6)"d", Farmers Savings Bank hereby certifies to IDNR that, as the issuing institution, has the authority to issue Letters of Credit and that their operations are regulated and examined by a Federal or State Agency. The Letter of Credit in this matter is issued for a sum of up to an aggregate amount not to exceed # thousand dollars # 3,195.00 lawful money of the United States.

This irrevocable Letter of Credit is effective as of 8/19/2010, and shall expire on 8/19/2010. However, the said expiration date shall be automatically extended for a period of at least one year from the original expiration date or thereafter from any extended expiration date, unless at least 90 days prior to such date, Farmers Savings Bank notifies Kurt Yearous and IDNR in writing, by certified mail, that the Farmers Savings bank elects not to renew the Letter of Credit for such additional period.

Within 60 days of receipt of such notification, as evidence by the signed return receipt, Kurt Yearous shall provide IDNR adequate proof of alternative financial assurance in accordance with IAC 567 Chapter 118.16. If Kurt Yearous does not extend the expiration date or establish alternative financial assurance within 60 days after receipt of an expiration or submit a cancellation notice by Farmers Savings Bank, the issuer of the Letter of Credit shall deposit a sum equal to the full available to be drawn under the Letter of Credit into a secured trust fund established by the Borrower. The provision of funds by the issuer of the Letter of Credit shall be considered an issuance of a loan to the Borrower, and the terms of that loan shall be governed by this Letter of Credit or subsequent agreement with Farmers Savings Bank. The Lender and Borrower acknowledge that each will be bound by the further requirements of IAC 567 Chapter 118.16(6)"d" in the event that proof of alternate financial assurance is not provided.

In the event that either Lender or Borrower is purchased by another entity, the subsequent entity shall assume all responsibilities under this Letter of Credit. Neither party shall take any action which may prevent it from fulfilling its responsibilities under this Letter of Credit, including, but not limited to, altering its business practices to render incapable of making payments or provide guarantees as provided for herein.

We undertake to promptly honor your sight draft(s) drawn on us, indicating our Credit No. 30899 for all or part of this Credit if presented to our office on or before the expiry date or any automatically extended expiry date. The IDNR may draw on this Letter of Credit in full or in part.

Except as expressly stated herein, this undertaking is not subject to any agreement, condition or qualification. The obligation of Farmers Savings Bank under this Letter of Credit is the individual obligation of Farmers Savings Bank and is in no way contingent upon reimbursement with respect thereto.

In witness thereof, the Lender and Borrower have executed this Letter of Credit under their respective hands and seals, this 19th day of August, 20 10.

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 I don't know
Street Address 978 Fairview St
City Arlington, IA Zip code 50606

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. 9th 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 Donald Hall MAYOR OF ARLINGTON
Phone Number 563-633-2345 Date 4/23/10

Certificate of Completion

presented to

Kurt Yearous

*For successful completion of the IDNR-approved
Appliance Demanufacturing Training Course conducted
by Barker Lemar on this day, April 7, 2010,
In West Des Moines, Iowa.*



Matt Nieswender
Senior Project Manager

BARKE R LEMAR

ENGINEERING CONSULTANTS

August 20, 2010

Kurt Yearous
982 Fairfield
Arlington, Iowa 50319

Iowa Department of Natural Resources
Planning, Permitting & Engineering Services
Wallace State Office Building
502 East 9th Street
Des Moines, Iowa 50319

Dear Sir or Madam:

This letter shall serve as notice, pursuant to IAC 567 Chapter 118.16(6) "d", that Kurt Yearous is providing financial assurance by Letter of Credit No.30899 established on 8/19/2010 For Kurt Yearous in an of \$ 3,195.00 lawful money of the United States. These funds are restricted for closure care of the Kurt Yearous facility located at 982 Fairfield, Arlington, Iowa 50606.


The name and address of the lending institution is as follows:

Farmers Savings Bank
747 Main St Box 220
Arlington, Iowa 50606
563 633-3855

A copy of the executed Letter of Credit has been enclosed with this correspondence and a copy has been retained in our office.

If you have any questions regarding this letter or the executed Letter of Credit, please contact Kurt Yearous at 319 238-2825.

Sincerely,

A handwritten signature in cursive script, appearing to read "Kurt Yearous", written in dark ink.

Kurt Yearous

The persons whose signatures appear below hereby certify that they are authorized to execute this Letter of Credit on behalf of the Borrower and Lender.

Kurt Yearous
Borrower

[Corporate Seal]

Signature: (X) Kurt Yearous

Name: _____

Title: _____

Signature: _____

Name: _____

Title: _____

FARMERS SAVINGS BANK
Lender

[Corporate Seal]

Signature: [Signature] V.P.

Name: LARRY G. KLOSTERMAN

Title: VICE PRESIDENT

Signature: Latisha Stelken, CO

Name: Latisha Stelken

Title: Compliance Officer



ENVIRONMENTAL PROTECTION AGENCY
REFRIGERANT RECOVERY OR RECYCLING DEVICE
ACQUISITION CERTIFICATION FORM

EPA regulations require establishments that service or dispose of refrigeration or air-conditioning equipment to certify that they have acquired recovery or recycling devices that meet EPA standards for such devices. To certify that you have acquired equipment, please complete this form according to the instructions and mail it to the appropriate EPA Regional Office. BOTH THE INSTRUCTIONS AND MAILING ADDRESSES CAN BE FOUND ON THE REVERSE SIDE OF THIS FORM.

PART 1: ESTABLISHMENT INFORMATION

Name of Establishment

KURT YEAROUS

(Area Code) Telephone Number

312-238-2825

Number of Service Vehicles Based at Establishment

1

Street

979 Gough St

City

State

Zip Code

Orlinton, La, 50606

County

FAYETTE

PART 2: REGULATORY CLASSIFICATION

Identify the type of work performed by the establishment. Check all boxes that apply.

- ☐ Type A - Service small appliances
- ☐ Type B - Service refrigeration or air-conditioning equipment other than small appliances
- ☐ Type C - Dispose of small appliances
- ☐ Type D - Dispose of refrigeration or air-conditioning equipment other than small appliances

PART 3: DEVICE IDENTIFICATION

	Name of Device(s) Manufacturer	Model Number	Year	Serial Number (if any)	Check Box if Self-Contained
1.	REPAIR				<input type="checkbox"/>
2.	REPAIRER	R2.4	1997	242 667	<input type="checkbox"/>
3.					<input type="checkbox"/>
4.					<input type="checkbox"/>
5.					<input type="checkbox"/>

PART 4: CERTIFICATION SIGNATURE

I certify that the establishment in Part 1 has acquired the refrigerant recovery or recycling device(s) listed in Part 2, that the establishment is complying with Section 608 regulations, and that the information given is true and correct.

Signature of Owner/Responsible Officer

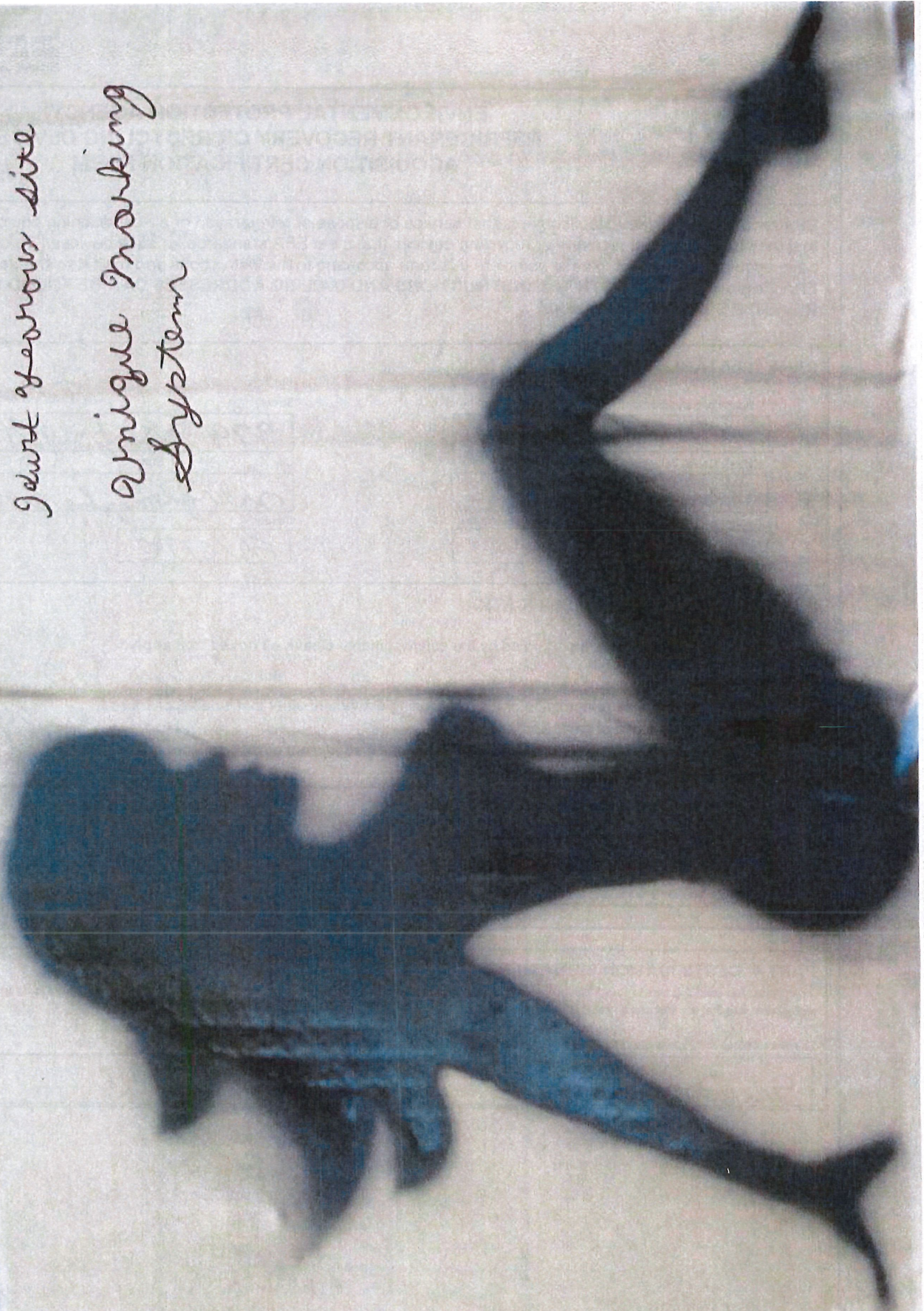
Date

Name (Please Print)

Title

Idwrt Yearous 4-21-10 KURT YEAROUS

Joint colour size
unique marking
system



Kurt Yearous
July 1, 2010

Page 2


Based on the above, my opinion of cost for site clean-up is as follows:

ITEM NO.	ITEM	QUANTITY	UNIT	UNIT PRICE	AMOUNT
1	Mobilization	1	LS	\$1,500.00	\$1,500.00
2	Demanufacture Existing Appliances	26	MH	\$55.00	\$1,430.00
3	Transportation to Scrap Yard	1	LS	\$350.00	\$350.00
4	Scrap Value	3.9	TON	\$150.00	-\$585.00
5	Site Cleaning and Decontamination	1	LS	\$500.00	\$500.00
TOTAL					\$3,195.00

Notes: LS = Lump Sum; MH = Man Hours; Ton = 2,000 pounds.

The above opinion of cost is solely based on the assumptions stated, owner supplied information, current market conditions and local disposal costs.

Please feel free to call with any questions.

	I hereby certify that this engineering document was prepared by me or under my direct personal supervision and that I am a duly Licensed Professional Engineer under the laws of the State of Iowa.
	<div>Thomas K. Madden, PE (Date) 7/1/10</div> <div>My License renewal date is: December 31, 2010</div> <div>License Number: 15573</div> <div>Responsible for the following sections: All</div>

Sincerely,
YAGGY COLBY ASSOCIATES

Thomas K. Madden, PE
Project Manager
TKM/jmm/11199/client_1.doc

APPLIANCE DEMANUFACTURING IRREVOCABLE LETTER OF CREDIT

Letter of Credit No.: 30899

Date: 8/19/2010

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This irrevocable Letter of Credit is effective as of 8/19/2010, and shall expire on 8/19/2010. However, the said expiration date shall be automatically extended for a period of at least one year from the original expiration date or thereafter from any extended expiration date, unless at least 90 days prior to such date, Farmers Savings Bank notifies Kurt Yearous and IDNR in writing, by certified mail, that the Farmers Savings bank elects not to renew the Letter of Credit for such additional period.

Within 60 days of receipt of such notification, as evidence by the signed return receipt, Kurt Yearous shall provide IDNR adequate proof of alternative financial assurance in accordance with IAC 567 Chapter 118.16. If Kurt Yearous does not extend the expiration date or establish alternative financial assurance within 60 days after receipt of an expiration or submit a cancellation notice by Farmers Savings Bank, the issuer of the Letter of Credit shall deposit a sum equal to the full available to be drawn under the Letter of Credit into a secured trust fund established by the Borrower. The provision of funds by the issuer of the Letter of Credit shall be considered an issuance of a loan to the Borrower, and the terms of that loan shall be governed by this Letter of Credit or subsequent agreement with Farmers Savings Bank. The Lender and Borrower acknowledge that each will be bound by the further requirements of IAC 567 Chapter 118.16(6)"d" in the event that proof of alternate financial assurance is not provided.

In the event that either Lender or Borrower is purchased by another entity, the subsequent entity shall assume all responsibilities under this Letter of Credit. Neither party shall take any action which may prevent it from fulfilling its responsibilities under this Letter of Credit, including, but not limited to, altering its business practices to render incapable of making payments or provide guarantees as provided for herein.

We undertake to promptly honor your sight draft(s) drawn on us, indicating our Credit No. 30899 for all or part of this Credit if presented to our office on or before the expiry date or any automatically extended expiry date. The IDNR may draw on this Letter of Credit in full or in part.

Except as expressly stated herein, this undertaking is not subject to any agreement, condition or qualification. The obligation of Farmers Savings Bank under this Letter of Credit is the individual obligation of Farmers Savings Bank and is in no way contingent upon reimbursement with respect thereto.

In witness thereof, the Lender and Borrower have executed this Letter of Credit under their respective hands and seals, this 19th day of August, 20 10.

Required Documents			Attached
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 <i>what are we looking for</i>	IAC 567 118.6(9)	<input checked="" type="checkbox"/>
Section J.	Contingency Plan <i>I buy another machine</i>	IAC 567 118.6(10)	<input type="checkbox"/>
Section K.	Site Closure Plan <i>90 days notice Clayton County register</i>	IAC 567 102.12(10)	<input type="checkbox"/>
Section L.	Proof of Financial Assurance and <u>Closure Cost Estimate</u>	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: *Kurt Hearaus*

Date: *9-1-10*

Printed Name: *KURT HEARAUS*

Title: *OWNER*

SITE MAP

N

concrete
storage
machine

8x9
door

W

~~NEW SITE MAP~~

~~NE~~

RECOVER
MACHINE

E

W

S-3-10x13 DOOR S-1-WALK IN
DOOR

USEPAUnited States
Environmental Protection Agency
Washington, DC 20460Form Approved
OMB No. 2070-0112

Notification of PCB Activity

For more information, contact ORCRPCBs@epa.gov

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**For Official Use Only**

1. Name of Facility

Gulfstream

Name of Owner Facility

Gulfstream

2. EPA Identification Number (if already assigned under RCRA)

3. Facility Mailing Address (Street or PO Box, City, State, & Zip Code)

Gulfstream
966 Fairfield St
Arlington, VA 22204

4. Location of Facility (No. Street, City, State, & Zip Code)

966 Fairfield St
Arlington VA 22204

5. Installation Contact (Name and Title)

Kurt Yearous, Owner

6. Type of PCB Activity (Mark 'X' in appropriate box. See Instructions.)



A. Generator w/on-site storage facility



B. Storer (Commercial)



C. Transporter



D. R&D/Treatability



E. Approved Disposer

F. Scrap Metal Recovery Oven/Smelter,
High Efficiency Boilers

Telephone Number (Area Code and Number) and Email Address

319-238-0773
kurtyearous69@gmail.com

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

Kurt Yearous

Name and Official Title (Type of Print)

Kurt Yearous, Owner

Date Signed

09-10-25

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.

ZONING VARIANCE

business at the above described property in their neighborhood.

You journeyman
 Marilyn Blackford

Approved by City Council 7/16/2025
Date

By City Clerk Cheryl Keppler