



IOWA DEPARTMENT OF NATURAL RESOURCES

CRT Recycling Facility
PERMIT APPLICATION FORM 50R



☒ New Permit _____ -CRT- _____ -CRP - To be filled in by agency

SECTION 1: FACILITY CONTACT INFORMATION

Facility Information

Name: Gkat Reclamation LLC Phone: 515-480-8897
Address: 1745 NE 58th Avenue Fax: _____
City, State, Zip: Des Moines, Iowa 50313 E-mail: brian@gkatreclamation.com

Responsible Official for the Facility

Name: Mike Siler / Brian Paterson Phone: 515-480-8897
Address: 1745 NE 58th Avenue Fax: _____
City, State, Zip: Des Moines, Iowa 50313 E-mail: brian@gkatreclamation.com

Facility Operator

Name: _____ Phone: _____
Address: _____ Fax: _____
City, State, Zip: _____ E-mail: _____

Facility Owner/Operator

Name: A-Tec, LLC Phone: 515-263-3707
Address: 5745 NE 17th Street Fax: _____
City, State, Zip: Des Moines, Iowa 50313 E-mail: lyoung@a-tec-recycling.com

Physical location of any collection sites, if separate, from the main facility

Location: N/A

SECTION 2. SITE INFORMATION

Days and hours of operation of the facility: 630AM through 3PM CDT

Open to the public? ☒ Yes ☐ No

Service area of the facility estimated population to be served:

Service Area: United State / Canada

Type, source and expected weight (or number) of CRTs to be handled per day, week and year at the facility:

per day up to 24,880 lbs televisions, 55,500 lbs whole tubes, 15,620 lbs funnel glass
per week up to 124,400 lbs televisions, 277,500 lbs whole tubes, 78,100 lbs funnel glass
per year up to 6,220,000 lbs televisions, 13,875,000 lbs whole tubes and 3,905,000 lbs funnel glass

SECTION 3. REQUIRED DOCUMENTS

☐ IAC 567 122.7(1)c - Proof of Ownership or legal entitlement to use the property

Is the property owned by the applicant? If yes, attach proof of ownership

Is the property leased by the applicant? If yes, have the owner or designated representative of the owner, sign the statement below acknowledging that CRT recycling will take place at the facility.

☒ Property Owner

☐ Designated Representative of the property owner
(Provide verification of status as representative)

By signing below, I state that I am the owner or the representative of the owner of the property described in this application. I acknowledge that I or the owner I represent have been informed and are aware of the uses and activities that are ongoing or proposed for the property and consent to those uses and activities. Furthermore, I understand that the issuance by the Iowa Department of Natural Resources, of a Permit/Registration to collect and recycle Cathode Ray Tubes on the property and the terms and conditions of any such registration do not relieve the owner of the Property from any liability, duty, or responsibility arising under Iowa's Solid Waste Management regulations.

Signature:

Larry Young

Date:

12-31-2025

Printed Name:

Larry Young

☒ IAC 567 122.7(1)d - Attach documentation that the facility meets local zoning requirements

☒ IAC 567 122.7(1)e - Attach a brief description of the facility and the CRT processing that will take place

SECTION 4. APPLICANT 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 of Permit Applicant:

Brian Paterson

Date:

12/31/2025

Printed Name:

Brian Paterson

Title:

Partner

Application for a cathode ray tube recycling facility must be accompanied by the information required by the applicable solid waste rules under Iowa Administrative Code 567 Chapter 122.

Send completed application 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.