



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: SUMMIT SERVICES AND RECYCLING

Address: 210 EAST HICKORY STREET ANAMOSA IA 52205

Phone: 3199756166 **Fax:** _____ **Email:** SUMMITSERVICES888@GMAIL.COM

Name of Responsible Official: PATRICK F HESER

Address: 210 EAST HICKORY STREET ANAMOSA IA 52205

Phone: 3199756166 **Fax:** _____ **Email:** SUMMITSERVICES888@GMAIL.COM

Name of Facility Operator: PATRICK F HESER

Phone: 3199756166 **Fax:** _____ **Email:** SUMMITSERVICES888@GMAIL.COM

Site Legal Description: Part of the NE¹/₄ NE¹/₄ Sec. 10-84-4 County Jones

NE ¹/₄ of NE ¹/₄ of _____ ¹/₄ Sec 10 Twp 84 N Range 4 E W

Facility Owner: Alan & Lorraine Schneider

Address: 23153 Ridge Rd E. 28, Anamosa IA 52205

Phone: 319-462-2305 **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 THRU FRIDAY 8AM TO 6PM

Open to the public? Yes No

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

Service Area: SHOP LOCATION FRONT OF SHOP

Disposal Facility: MARION IRON MARION IA 52302

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

500 lb TO 3000 LB.

3 - 10 per day
40 per week
1800 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.

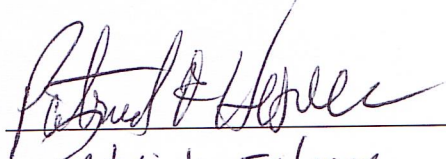
Required Documents			Attached
Section A.	Executive Summary (permit renewals only) <ul style="list-style-type: none"> Summary of modifications, if any, to the facility that occurred during the current permit cycle. Summary of each special provision of the current permit to determine if it is to remain 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 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 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: 

Date: ~~5/17/2020~~ 5/17/2020 

Printed Name: PATRICK F. HESSE

Title: OWNER OPERATOR

(1) ORGANAZATIONAL PLAN

As owner and operator of this facility I will be responsible for all duties and responsibilities

Of the company.

(2) SITE OPERATION PLAN

Process appliance in accordance to the rules and regulations set forth by the DNR.

(3) CONTINGENCEY PLAN

In the event if necessary, I will take steps to protect the process and containments of all materials handled within the service site area and containments will be secured and handled in accordance set forth to protect the environment .

(4) SITE CLOSURE PLAN

Properly remove all waste products to the destruction facilities , providing notice to the DNR within 30 days of said closure.

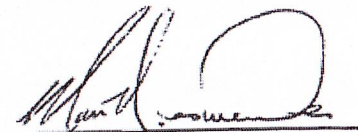
Patrick Heser 5-17-2026

Certificate of Completion

presented to

Patrick Heser

*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*

BARKER LEMAR
ENGINEERING CONSULTANTS



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

Summit Services & Recycling

(Area Code) Telephone Number

319 975 6166

Number of Service Equipment Based at Establishment

1

Street

210 E Hickory Street

City

State

Zip Code

ANAMOSA IA 52205

Country

USA

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.	VEVOR	RR250	2026	2601DR5341222	<input type="checkbox"/>
2.					<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.

5/17/2024
Patrick Hesel
owner

Signature of Owner/Responsible Officer

Date

Name (Please Print)

Title

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

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

Name of Owner Facility

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

Summit Services Recycling

Patrick F Hesel

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

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

P.O. Box 363 ANAMOSA IA
52205

210 East Hickory Street
ANAMOSA IA 52205.

5. Installation Contact (Name and Title)

Patrick F Hesel
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

319-975-6166
Summit Services888@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

Patrick F Hesel

Name and Official Title (Type of Print)

OWNER

Date Signed

May 3 2026

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 710-03

Return completed form to the address listed below:

For USPS (preferred), send 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 USPS, FedEx, and DHL couriers, send to :

ATTN: Britta Bierwagen, PCB Annual Report
U.S. Environmental Protection Agency
William Jefferson Clinton West Building
1301 Constitution Ave. N.W.
Room 1334B
Washington, DC 20004

Please also send an electronic copy by email to ORCRPCBs@epa.gov.

For more information, contact 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, clearly indicate 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.

Unique Marking, for
Demanufacturing.

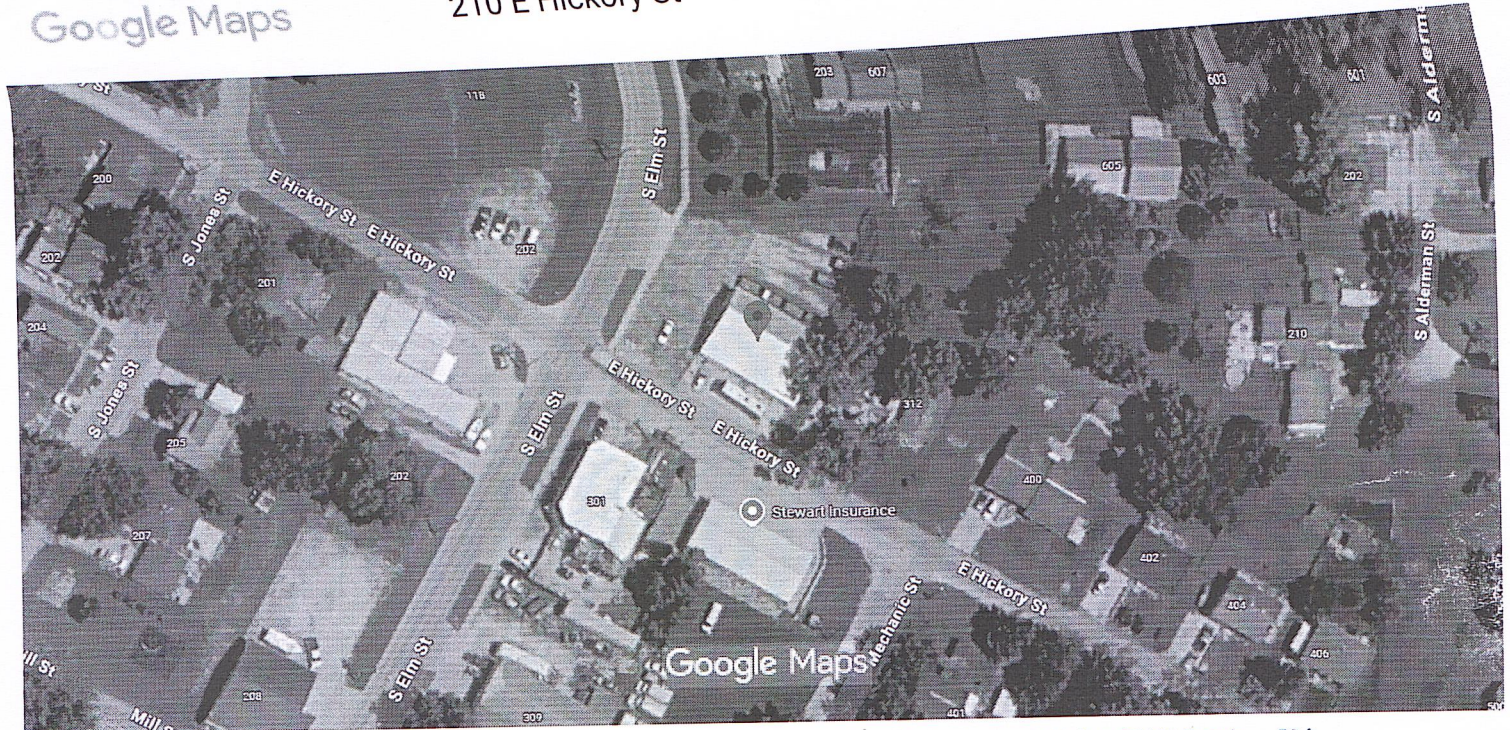
SSR

210 E Hickory

26, 3:49 PM

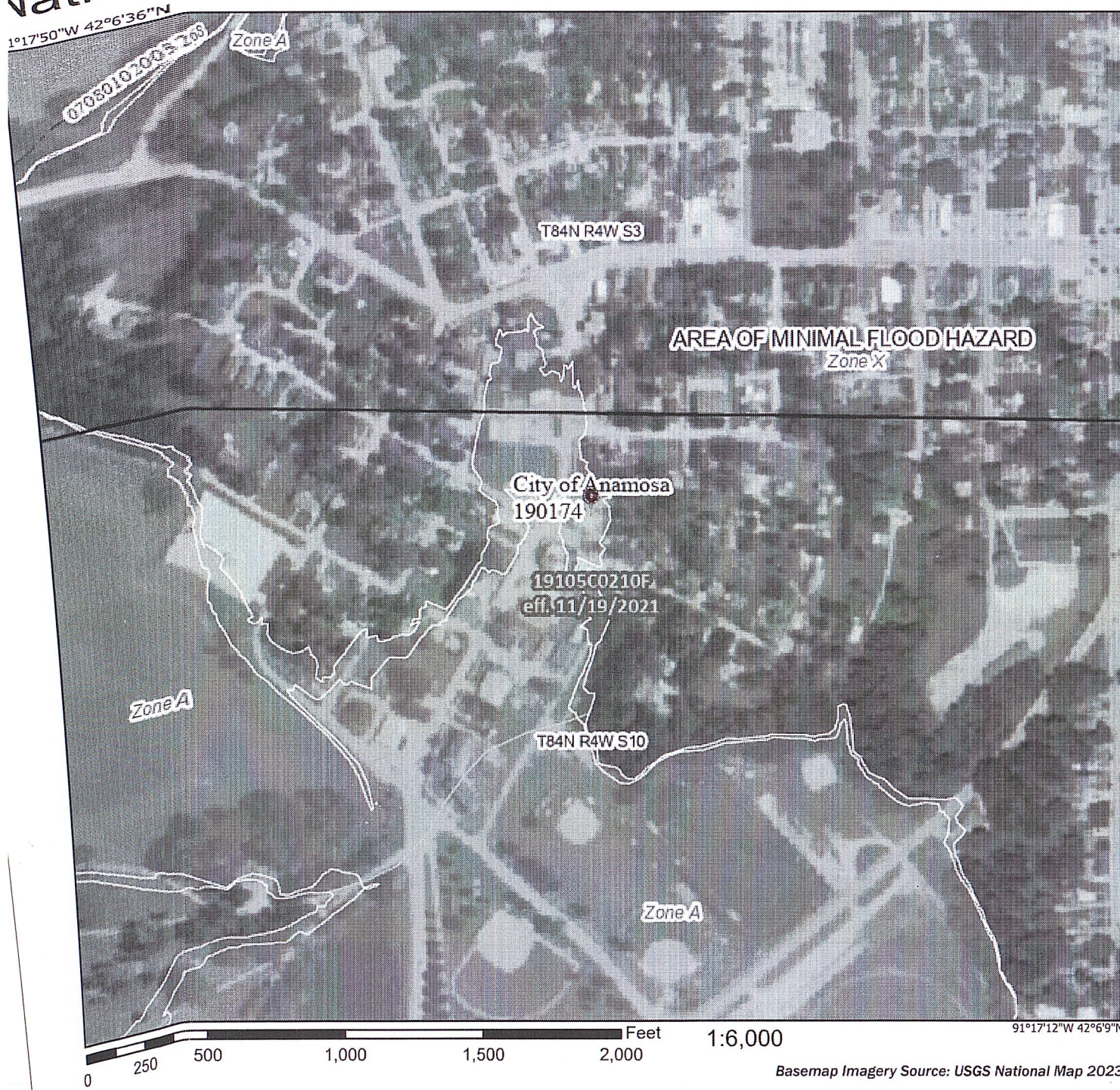
Google Maps

210 E Hickory St



Imagery ©2026 Airbus, Maxar Technologies, Map data ©2026 Google 50 ft

National Flood Hazard Layer FIRMette



Legend

SEE FIS REPORT FOR DETAILED LEGEND AND INDEX MAP FOR FIRM PANEL LAYOUT

SPECIAL FLOOD HAZARD AREAS		Without Base Flood Elevation (BFE) Zone A, V, A99
		With BFE or Depth Zone AE, AO, AH, VE, AR
		Regulatory Floodway
OTHER AREAS OF FLOOD HAZARD		0.2% Annual Chance Flood Hazard, Areas of 1% annual chance flood with average depth less than one foot or with drainage areas of less than one square mile Zone X
		Future Conditions 1% Annual Chance Flood Hazard Zone X
		Area with Reduced Flood Risk due to Levee. See Notes. Zone X
		Area with Flood Risk due to Levee Zone D
OTHER AREAS		NO SCREEN Area of Minimal Flood Hazard Zone X
		Effective LOMRs
GENERAL STRUCTURES		Area of Undetermined Flood Hazard Zone D
		Channel, Culvert, or Storm Sewer
		Levee, Dike, or Floodwall
OTHER FEATURES		20.2 Cross Sections with 1% Annual Chance Water Surface Elevation
		17.5 Coastal Transect
		Base Flood Elevation Line (BFE)
		Limit of Study
		Jurisdiction Boundary
MAP PANELS		Digital Data Available
		No Digital Data Available
		Unmapped

The pin displayed on the map is an approximate point selected by the user and does not represent an authoritative property location.

This map complies with FEMA's standards for the use of digital flood maps if it is not void as described below. The basemap shown complies with FEMA's basemap accuracy standards.

The flood hazard information is derived directly from the authoritative NFHL web services provided by FEMA. This map was exported on 5/18/2026 at 12:05 AM and does not reflect changes or amendments subsequent to this date and time. The NFHL and effective information may change or become superseded by new data over time.

This map image is void if the one or more of the following map elements do not appear: basemap imagery, flood zone labels, legend, scale bar, map creation date, community identifiers, FIRM panel number, and FIRM effective date. Map images for unmapped and unmodernized areas cannot be used for regulatory purposes.