



Iowa Department of Natural Resources
Land Quality Bureau
WASTE TIRE HAULER REGISTRATION
APPLICATION/RENEWAL FORM

CASHIERS USE ONLY
0884-542-0072-AR-
0570
06-0606-50-
Business Name
Applicant Name

Notice to applicants: Before you complete this application, carefully read the attached instructions. Failure to complete the form correctly or to provide all the requested information will result in the application being returned.

Begin here: This application is for: New Registration Annual Renewal

Please complete all of the following items by typing or printing only:

ITEM 1 Name of business: GILL HAULING INC #TH-172

ITEM 1A List any other name(s) under which the tire hauler may be affiliated with (parent company, corporation, etc.)

ITEM 2 Address and phone number of the principal place of business of the tire hauler:
Street address: 420 W 29TH STREET PO BOX 885
City/State/Zip Code: SOUTH SIOUX CITY NE 68776
Phone Number: Work: (402) 404-3035 Email: molly.copple@wasteconnections.com

ITEM 3 Name and address of the person(s) submitting this application as a representative of the tire hauler:
Name: JOHN LOVE Mike Johnston or Molly Copple
Address: PO Box 885 420 W 29th St
City/State/Zip Code: South Sioux City NE 68776
Phone Number: 402-404-3035 Email: Michael.johnston@wasteconnections.com
Molly.copple@wasteconnections.com

ITEM 4 Name and address of the president of a corporate waste tire hauler, or the owners of 10% or more of a waste tire hauler operating as a proprietorship or partnership:

1) Name: Mike Johnston
Address: PO Box 885
City/State/Zip Code: South Sioux City NE 68776
Phone Number: 402 404 3035

2) Name: _____
Address: _____
City/State/Zip Code: _____
Phone Number: _____

3) Name: _____
Address: _____
City/State/Zip Code: _____
Phone Number: _____

ITEM 5

Motor vehicle information

Complete the following information for each motor vehicle used by the applicant for hauling tires:

<p>Vehicle #1</p> <p>Year <u>2015</u> Make <u>Mack</u> Model <u>CX0613</u></p> <p>Name and address of owner: <u>Gill Hauling, Inc.</u> <u>PO Box 885 South Sioux City NE 68776</u></p> <p>VIN# <u>1M1AN07Y0FM046377</u></p> <p>License Plate # <u>188820</u></p> <p>State Registered In: <u>NE</u></p>	<p>Vehicle #2</p> <p>Year <u>2019</u> Make <u>Mack</u> Model <u>AN64T</u></p> <p>Name and address of owner: <u>Gill Hauling Inc</u> <u>PO Box 885 South Sioux City NE 68776</u></p> <p>VIN# <u>1M1AN4GYXLM003070</u></p> <p>License Plate # <u>207632</u></p> <p>State Registered In: <u>NE</u></p>
<p>Vehicle #3</p> <p>Year <u>2020</u> Make <u>Mack</u> Model <u>AN64T</u></p> <p>Name and address of owner: <u>Gill Hauling Inc</u> <u>PO Box 885 South Sioux City NE 68776</u></p> <p>VIN# <u>1M1AN4GY3LM017301</u></p> <p>License Plate # <u>218033</u></p> <p>State Registered In: <u>NE</u></p>	<p>Vehicle #4</p> <p>Year <u>2012</u> Make <u>Mack</u> Model <u>G0713</u></p> <p>Name and address of owner: <u>Gill Hauling Inc</u> <u>PO Box 885 South Sioux City NE 68776</u></p> <p>VIN# <u>1M2AX04E9EM012757</u></p> <p>License Plate # <u>165102</u></p> <p>State Registered In: <u>NE</u></p>

*Copy this sheet and add information for as many additional vehicles as needed

ITEM 6 Waste tire end use information

Provide the name of all facilities where waste tires are hauled for disposal, storage or processing or of another site of end use where the waste tires will be transported:

- Name: L.P. Gill landfill

Address: 1402 Hwy 20

City/State/Zip Code: Jackson NE 68743

Phone Number: 402-259-0026
- Name: Butler County Landfill

Address: 3588 E Road.

City/State/Zip Code: David City NE 68632

Phone Number: 402 327-4609
- Name: _____

Address: _____

City/State/Zip Code: _____

Phone Number: _____

ITEM 7

If this application represents a NEW registration, attach a surety bond for \$150,000 using the form attached herein. If a renewal, provide or obtain copies of statement or invoice that shows that the bond renewal has been paid for and is current and in effect.

ITEM 5 Motor vehicle information

Complete the following information for each motor vehicle used by the applicant for hauling tires:

<p>Vehicle #1</p> <p>Year <u>2019</u> Make <u>MACK</u> Model <u>GRO4F</u></p> <p>Name and address of owner: <u>Gill Hauling, Inc</u> <u>PO Box 885 South Sioux City NE 68776</u></p> <p>VIN# <u>1M2GR2GC0KMD09708</u></p> <p>License Plate # <u>209529</u></p> <p>State Registered In: <u>NE</u></p>	<p>Vehicle #2</p> <p>Year <u>2015</u> Make <u>MACK</u> Model <u>G4713</u></p> <p>Name and address of owner: <u>Gill Hauling, Inc</u> <u>PO Box 885 South Sioux City NE 68776</u></p> <p>VIN# <u>1M2AX04C7FM021798</u></p> <p>License Plate # <u>182858</u></p> <p>State Registered In: <u>NE</u></p>
<p>Vehicle #3</p> <p>Year <u>2015</u> Make <u>MACK</u> Model <u>G4760</u></p> <p>Name and address of owner: <u>Gill Hauling, Inc</u> <u>PO Box 885 South Sioux City NE 68776</u></p> <p>VIN# <u>1M2AX04C0FM022310</u></p> <p>License Plate # <u>182859</u></p> <p>State Registered In: <u>NE</u></p>	<p>Vehicle #4</p> <p>Year <u>2026</u> Make <u>Kenworth</u> Model <u>T880</u></p> <p>Name and address of owner: <u>Gill Hauling, Inc</u> <u>PO Box 885 South Sioux City NE 68776</u></p> <p>VIN# <u>1NKZYPFX2TJ217760</u></p> <p>License Plate # <u>432870</u></p> <p>State Registered In: <u>NE</u></p>

*Copy this sheet and add information for as many additional vehicles as needed

ITEM 6 Waste tire end use information

Provide the name of all facilities where waste tires are hauled for disposal, storage or processing or of another site of end use where the waste tires will be transported:

- 1) Name: L.P. Gill Landfill
 Address: 402 Hwy 20
 City/State/Zip Code: JACKSON NE 68743
 Phone Number: 402 259-0026
- 2) Name: Butler County Landfill
 Address: 3500 R Road
 City/State/Zip Code: DAND CITY NE 68032
 Phone Number: 402-367-4669
- 3) Name: _____
 Address: _____
 City/State/Zip Code: _____
 Phone Number: _____

ITEM 7

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ITEM 5 Motor vehicle information

Complete the following information for each motor vehicle used by the applicant for hauling tires:

<p>Vehicle #1</p> <p>Year <u>2016</u> Make <u>Mack</u> Model <u>G1U813</u></p> <p>Name and address of owner: <u>Gill Hauling, Inc.</u> <u>PO Box 885 South Sioux City NE 68776</u></p> <p>VIN# <u>1M2AX18C06M034782</u></p> <p>License Plate # <u>223472</u></p> <p>State Registered In: <u>NE</u></p>	<p>Vehicle #2</p> <p>Year <u>2017</u> Make <u>Mack</u> Model <u>G1U813</u></p> <p>Name and address of owner: <u>Gill Hauling, Inc.</u> <u>PO Box 885 South Sioux City NE 68776</u></p> <p>VIN# <u>1M2AX18C7HM036949</u></p> <p>License Plate # <u>223673</u></p> <p>State Registered In: <u>NE</u></p>
<p>Vehicle #3</p> <p>Year <u>1999</u> Make <u>Mack</u> Model <u>RD6885</u></p> <p>Name and address of owner: <u>Gill Hauling, Inc.</u> <u>PO Box 885 South Sioux City NE 68776</u></p> <p>VIN# <u>1M2P267C3XM042222</u></p> <p>License Plate # <u>198280</u></p> <p>State Registered In: <u>NE</u></p>	<p>Vehicle #4</p> <p>Year <u>2019</u> Make <u>Mack</u> Model <u>G1R64F</u></p> <p>Name and address of owner: <u>Gill Hauling, Inc.</u> <u>PO Box 885 South Sioux City NE 68776</u></p> <p>VIN# <u>1M2GR4GC8LM002805</u></p> <p>License Plate # <u>209099</u></p> <p>State Registered In: <u>NE</u></p>

*Copy this sheet and add information for as many additional vehicles as needed

ITEM 6 Waste tire end use information

Provide the name of all facilities where waste tires are hauled for disposal, storage or processing or of another site of end use where the waste tires will be transported:

- 1) Name: LP. Gill Landfill
 Address: 1402 Hwy 20
 City/State/Zip Code: JACKSON NE 68743
 Phone Number: 402 259-0024
- 2) Name: Butter County Landfill
 Address: 2588 R Road
 City/State/Zip Code: DAVID CITY NE 68632
 Phone Number: 402-367-4669
- 3) Name: _____
 Address: _____
 City/State/Zip Code: _____
 Phone Number: _____

ITEM 7

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ITEM 5 Motor vehicle information

Complete the following information for each motor vehicle used by the applicant for hauling tires:

<p>Vehicle #1</p> <p>Year <u>2009</u> Make <u>MAK</u> Model <u>CYU613</u></p> <p>Name and address of owner: <u>Gill Hauling, Inc</u> <u>PO Box 885 South Sioux City NE 68776</u></p> <p>VIN# <u>1M1AW87Y89N08023</u></p> <p>License Plate # <u>198284</u></p> <p>State Registered In: <u>NE</u></p>	<p>Vehicle #2</p> <p>Year <u>2019</u> Make <u>MAK</u> Model <u>AN64T</u></p> <p>Name and address of owner: <u>Gill Hauling, Inc</u> <u>PO Box 885 South Sioux City NE 68776</u></p> <p>VIN# <u>1M1AN46YXKM02861</u></p> <p>License Plate # <u>424997</u></p> <p>State Registered In: <u>NE</u></p>
<p>Vehicle #3</p> <p>Year <u>2013</u> Make <u>MAK</u> Model <u>GU713</u></p> <p>Name and address of owner: <u>Gill Hauling, Inc</u> <u>PO Box 885 South Sioux City NE 68776</u></p> <p>VIN# <u>1M2AX84E6DM014158</u></p> <p>License Plate # <u>203949</u></p> <p>State Registered In: <u>NE</u></p>	<p>Vehicle #4</p> <p>Year <u>2019</u> Make <u>MAK</u> Model <u>CHU613</u></p> <p>Name and address of owner: <u>Gill Hauling, Inc</u> <u>PO Box 885 South Sioux City NE 68776</u></p> <p>VIN# <u>1M1AN87Y2KM028671</u></p> <p>License Plate # <u>428859</u></p> <p>State Registered In: <u>NE</u></p>

*Copy this sheet and add information for as many additional vehicles as needed

ITEM 6 Waste tire end use information

Provide the name of all facilities where waste tires are hauled for disposal, storage or processing or of another site of end use where the waste tires will be transported:

- 1) Name: L.P. Gill Landfill
 Address: 402 Hwy 20
 City/State/Zip Code: JACKSON NE 68743
 Phone Number: 402-259-0026
- 2) Name: Butler County Landfill
 Address: 3508 R Road
 City/State/Zip Code: DAVID CITY NE 68632
 Phone Number: 402-367-4669
- 3) Name: _____
 Address: _____
 City/State/Zip Code: _____
 Phone Number: _____

ITEM 7

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ITEM 5 Motor vehicle information

Complete the following information for each motor vehicle used by the applicant for hauling tires:

<p>Vehicle #1</p> <p>Year <u>2011</u> Make <u>Freightliner</u> Model <u>M2-106</u></p> <p>Name and address of owner: <u>Gill Hauling Inc</u> <u>PO Box 887 South Sioux City NE 68726</u></p> <p>VIN# <u>1FVACWDT0BDBA8314</u></p> <p>License Plate # <u>70-511B</u></p> <p>State Registered In: <u>NE</u></p>	<p>Vehicle #2</p> <p>Year <u>2007</u> Make <u>MACK</u> Model <u>CYN 613</u></p> <p>Name and address of owner: <u>Gill Hauling, Inc</u> <u>PO Box 887 South Sioux City NE 68726</u></p> <p>VIN# <u>4M1A-R07Y97N023431</u></p> <p>License Plate # <u>127057</u></p> <p>State Registered In: <u>NE</u></p>
<p>Vehicle #3</p> <p>Year <u>2025</u> Make <u>Peterbilt</u> Model <u>567</u></p> <p>Name and address of owner: <u>Gill Hauling, Inc.</u> <u>PO Box 887 South Sioux City NE 68726</u></p> <p>VIN# <u>1NPCLPPX16SD067220</u></p> <p>License Plate # <u>425484</u></p> <p>State Registered In: <u>NE</u></p>	<p>Vehicle #4</p> <p>Year _____ Make _____ Model _____</p> <p>Name and address of owner: _____ _____</p> <p>VIN# _____</p> <p>License Plate # _____</p> <p>State Registered In: _____</p>

*Copy this sheet and add information for as many additional vehicles as needed

ITEM 6 Waste tire end use information

Provide the name of all facilities where waste tires are hauled for disposal, storage or processing or of another site of end use where the waste tires will be transported:

- 1) Name: L.P. Gill Landfill
 Address: 1402 Hwy 20
 City/State/Zip Code: JACKSON NE 68743
 Phone Number: 402-259-0024
- 2) Name: Butter County Landfill
 Address: 3598 R Road
 City/State/Zip Code: David City NE 68632
 Phone Number: 402-367-4469
- 3) Name: _____
 Address: _____
 City/State/Zip Code: _____
 Phone Number: _____

ITEM 7

If this application represents a NEW registration, attach a surety bond for \$150,000 using the form attached herein. If a renewal, provide or obtain copies of statement or invoice that shows that the bond renewal has been paid for and is current and in effect.

- ITEM 8** The applicant, representing the waste tire hauler identified herein, agrees to comply with the vehicle marking requirements as contained in Iowa Administrative Code 567 chapter 116.
Initial here with understanding of these requirements: MC
- ITEM 9** The applicant agrees to notify the department of natural resources within 30 days of any change in the information provided by the applicant in this application.
Initial here with understanding of these requirements: JL
- ITEM 10** The applicant shall pay all amounts due to any individual, group, or entity for damages caused by improper disposal of waste tires by the applicant or the applicant's employee while acting within the scope of employment. I understand that such damages shall not be limited to the value of the hauler's bond.
Initial here with understanding of these requirements: JL
- ITEM 11** I understand the responsibilities of a waste tire hauler, per applicable Iowa Code and administrative rule requirements, and submit this application as signed below:
Signature: [Handwritten Signature] Date: 6/1/2026
Type or print name: Molly Coppe
- ITEM 12** Attach the annual registration fee of \$50. Make checks payable to the "Iowa Department of Natural Resources." Registration fees are non-refundable; incomplete applications or applications not meeting the requirements of Iowa Administrative Code 567 Chapter 116 will be denied.

Return completed application, fee, and bond information to:

**Becky Jolly
Iowa Department of Natural Resources
6200 Park Ave, Ste 200
Des Moines IA 50321**



May 4, 2026

JOHN LOVE
GILL HAULING INC
421 W 29TH STREET
PO BOX 885
SOUTH SIOUX CITY NE 68776

RE: Waste Tire Hauler Registration #TH-172 Expiration & Renewal

Dear JOHN LOVE:

I am writing to inform you that your Iowa waste tire hauler registration expires on **June 30, 2026**. For your convenience, a registration/renewal application has been enclosed for your review and submittal. If you wish to continue to provide waste tire hauling services in Iowa, you must renew your registration.

If you intend to renew your registration, please be sure to provide the appropriate information on the renewal form, attach your registration fee of \$50, and be sure to provide documentation that indicates continuity of your \$150,000 surety bond requirement.

Failure to renew a registration will result in revocation of your authority to conduct business as a waste tire hauler in the state of Iowa. A waste tire hauler who knowingly operates in the state of Iowa without proper registration may be subject to a civil penalty of up to \$5,000 per violation. If you do not wish to continue providing waste tire hauling services in Iowa, please submit a letter in writing with this information, and your registration file will be closed.

You are encouraged to submit your renewal application at least 30 days in advance of your registration expiration, to ensure time for processing and issuance of your registration renewal by the department prior to expiration of your existing registration.

Enclosed are copies of the application forms and instructions. You may contact me at (515) 249-1482 or becky.jolly@dnr.iowa.gov if you have any questions regarding your renewal or reporting requirements.

Sincerely,



Becky Jolly
Land Quality Bureau



INVOICE

Remit to: **NFP Property & Casualty Services, Inc.**
PO Box 200522
Dallas, TX 75320-0522

Phone: (516) 327-2700

INVOICE #	ACCOUNT #
935071	WASTCON-03
INVOICE DATE	BALANCE DUE ON
3/13/2026	5/25/2026
AMOUNT PAID	AMOUNT DUE
	\$675.00

Waste Connections - US
3 Waterway Square Place
#110
The Woodlands, TX 77380

Payment Options

1. Pay via ACH or Wire, see instructions below.
2. Pay On-line at: <https://nfpnor.appliedpay.com>
 Note: appliedpay charges a small fee for ACH transfers and a percentage of the amount on credit card payments.
3. Mail check to: NFP Property & Casualty Services, Inc.
 See Remittance Address Above

Premium due upon receipt or by the due date shown, whichever is later.
 Please include the invoice number to help us identify your payment.

Wire or ACH Transfer:

Account Name: NFP Property & Casualty Services Inc
Bank Name: Wells Fargo Bank
Bank Address: 420 Montgomery Street, San Francisco, CA 94104

Routing: 121000248
Checking Account: 2000037948463
Bank Swift: BIC WFBUS6S (International)

Carrier: Chubb Group of Insurance Companies
Policy Period: 5/25/2026 to 5/25/2027

POLICY TYPE	POLICY NUMBER	EFF. DATE	DESCRIPTION	AMOUNT
License/Permit Bond	K09062336	5/25/2026	Renewal of LICB Effective 5/25/2026	\$675.00

\$150,000 / State of Iowa City of Des Moines
 to haul waste in the State of Iowa
 3134

TOTAL INVOICE BALANCE: \$675.00

Premiums paid by the Client to NFP for remittance to insurers and Client premium refunds paid to NFP by insurance companies for remittance to the Client are deposited into fiduciary accounts in accordance with applicable insurance laws until they are due to be paid to the insurance company or the Client. Subject to such laws and the applicable insurance company's consent, where required, NFP will retain the interest or investment income earned while such funds are on deposit in such accounts.

Overnight Lockbox Services 200522, National Financial Services, 2975 Regent Blvd, Suite 100, Irving, TX 75063