IOWA DEPARTMENT OF NATURAL RESOURCES

Appliance Demanufacturer

PERMIT APPLICATION FORM 50D

☐ New Permit ☒ Permit Renewal # 42 -ADP- 03 - 21 ☐ 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: COREY WHITNEY

Address: 605 HAMILTON ST, IOWA FALLS, IA 50126

Phone: 641-640-1066 Fax: NA Email: HARLEYGUY1985@GMAIL.COM

Name of Responsible Official: COREY WHITNEY

Address: 209 MOORHEAD AVE, IOWA FALLS, IA 50126

Phone: 641-640-1066 Fax: NA Email: SAME

Name of Facility Operator: COREY WHITNEY

Phone: 641-640-1066 Fax: NA Email: SAME

Site Legal Description: NOTHING HAS CHANGED County HARDIN CO

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

Facility Owner: COREY WHITNEY

Address: 209 MOORHEAD AVE, IOWA FALLS, IA 50126

Phone: 641-640-1066 Fax: NA Email: SAME

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: NOT OPEN TO THE PUBLIC

Open to the public? ☐ **Yes** ☒ **No**

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

Service Area: HARDIN COUNTY

Disposal Facility: SAME

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

SEE ATTACHED END OF YEAR REPORT

_____ 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: [signature] **Date:** 11-7-24

Printed Name: Corey Whitley **Title:** Owner

APPLIANCE DEMANUFACTURING ANNUAL REPORT
January 1, 2025 – December 31, 2025

42-ADP-03-21
Please make address corrections as necessary

COREY WHITNEY
COREY WHITNEY
209 MOORHEAD
IOWA FALLS IA 50176

REPORT IS DUE ON OR BEFORE January 31, 2026

Send completed form to:
Iowa Department of Natural Resources
Land Quality Bureau
6200 Park Avenue, Ste 200
Des Moines, Iowa 50321
Or Email: Becky.jolly@dnr.iowa.gov
Or Fax: 515-725-8201, Attn: Becky Jolly

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	290	Furnaces	91
Commercial coolers	0	Clothes washers and dryers	283
Air-conditioning units	109	Dishwashers	95
Dehumidifiers	102	Microwave Ovens	130
Gas Water Heaters	114	Stoves/ Ovens or Other items containing Mercury, refrigerant or PCB-containing articles.	119

Storage Dates			
Date the first item was placed in the mercury storage drum that is in use on December 31.	NA	Date the first PCB-containing item was placed in the storage drum that is in use on December 31.	7/17/25

Questions? Call or email: Theresa Stiner, theresa.stiner@dnr.iowa.gov, 515-721-7979
Please mail completed form to: Land Quality Bureau, 6200 Park Avenue, Ste 200, Des Moines, IA 50321

Component Removal			
TYPE OF COMPONENT	NUMBER	TYPE OF COMPONENT	NUMBER
Number of mercury switches removed. *(Not in lbs)*	0	Amount of Refrigerant Removed	110
Number of mercury thermocouples removed. *(Not in lbs)*	0	Number of PCB capacitors removed. *(Not in lbs)*	6
Number of fluorescent tubes removed. *(Not in lbs)*	3	Number of PCB ballasts removed. *(Not in lbs)*	0

Sodium Chromate Appliances	
Number of sodium chromate containing appliances shipped to another demanufacturer	None

[44]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.

Signature:	Name & Agency of Person Certifying (please type or print)	Date:	Telephone Number:
	Corey's Lawn & Snow Corey Whitney	1/30/26	641-640-1016
Email: harleyguy1985@gmail.com			Fax Number: NA

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: Theresa Stiner, theresa.stiner@dnr.iowa.gov, 515-721-7979
Please mail completed form to: Land Quality Bureau, 6200 Park Avenue, Ste 200, Des Moines, IA 50321