



SCRAP PROCESSORS INC.  
505 SENECA ST. WEBSTER CITY, IOWA 50595  
(515) 832-5360

CON 12-1-1  
Doc # 98844

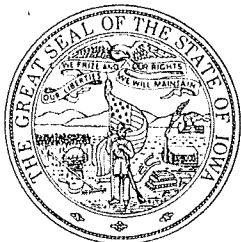
RECEIVED

OCT 30 2020

Iowa Department of Natural Resources  
502 East 9<sup>th</sup> St.  
Des Moines, IA 50319

All facility documents remain current and no revisions are needed.

Scrap Processors Inc  
Webster City, Iowa



## IOWA DEPARTMENT OF NATURAL RESOURCES

## Appliance Demanufacturer

**PERMIT APPLICATION FORM 50D**

**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 Section  
502 East Ninth Street  
Des Moines, IA 50319-0034**

**For questions concerning this application please contact the Department at (515) 725-8317.**

## **SECTION 1. FACILITY CONTACT INFORMATION**

Facility Name/Address: Scrap Processors Inc 505 Seneca Street Webster City IA 50595.	Site Legal Description:  _____ 1/4 of _____ 1/4 of _____ 1/4 Section _____ Township _____ N Range _____ E/W County _____
Phone #: 515-832-5360 Fax #: 515-832-7989	
Name/Address of Responsible Official: Nick West 505 Seneca Street Webster City IA. Cell # 515-975-1229. Phone #: 515-832-5360 Fax #: 515-832-7989.	Facility Owner/Address: David Silverstein. 608 S.E. 30th Street. Des Moines IA 50317  Phone #: _____ Fax #: _____
Name of Facility Operator: Nick West / manager.  Cell # 515-975-1229. Phone #: 515-832-5360 Fax #: 515-832-7989.	Name/Address of Design Engineer (P.E.), if any:   License #: Phone #: _____ Fax #: _____

## SECTION 2. SITE INFORMATION

Days and hours of operation of the facility:	Open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No
Service area of the facility <u>and</u> final disposal destination of components: Service Area:  Disposal Facility:	
Type, source <u>and</u> number or weight of appliances to be handled per day, week and year at the facility:  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.	<b>Executive Summary (<i>permit renewals only</i>)</b> <ul style="list-style-type: none"><li>Summary of modifications, if any, to the facility that occurred during the current permit cycle.</li><li>Summary of each special provision of the current permit to determine if it is to remain the same, be revised or be removed.</li><li>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.</li><li>Provide documentation and certification as required for new permit amendment requests and new variance requests from Iowa Administrative Code, if any.</li></ul>		<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"/>

**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: 10-27-20

Printed Name: Nick West

Title: Manager