Iowa Waste Tire Processor
Semi-Annual Activity Report
Report Period _____

□ January 1 - June 30, due September 1

□ July 1 - December 31, due March 1

Instructions:

- **Complete all sections with the information requested.**
- **Sign the form where indicated**
- ***Return the form to the address at right***
- **Retain copies of receipts and records used to prepare this report**

Send completed form to:
Ken Bouma
Energy & Waste Mgmt. Bureau
Iowa Dept. of Natural Resources
502 E. 9th St.
Des Moines, Iowa 50319-0034

SECTION I – PROCESSOR INFORMATION	
A. NAME OF TIRE PROCESSING FIRM:	**B. IOWA TIRE PROCESSOR PERMIT #**
C. ADDRESS (P.O. BOX, STREET, CITY, STATE, ZIP):	**D. TELEPHONE:**
E. PERSON COMPLETING THIS FORM (PRINT NAME):	

SECTION II – QUANTITY OF TIRES RECEIVED

YOU MAY REPORT THE QUANTITIES OF WASTE TIRES YOU RECEIVED FROM YOUR CUSTOMERS IN EITHER **TOTAL TONNAGE OR COUNT BY TYPE** OF TIRE. PLEASE SELECT ONLY ONE TYPE OF REPORTING METHOD.

A. Total Tonnage Received from Iowa: **Total Tonnage:** _____	◄ OR ►	**B. Total Count of Tires Received from Iowa:** **Passenger car/light truck:** _____ **Semi-truck** _____ **Tractor tires** _____ **Other (please list type)** _____ _____ **Total Count:** _____
C. Total Tonnage Received from Out-of-State (mark "0" if not applicable): **Total Tonnage:** _____	◄ OR ►	**D. Total Count of Tires Received from Out-of-State (mark "0" if not applicable):** **Passenger car/light truck:** _____ **Semi-truck** _____ **Tractor tires** _____ **Other (please list type)** _____ _____ **Total Count:** _____

SECTION III – PROCESSED TIRE DELIVERY LOCATIONS:

LIST THE SITE OF DELIVERY FOR ALL TIRES PROCESSED AS REPORTED IN SECTION II, INCLUDING TOTAL TONNAGE OR COUNT DELIVERED TO EACH LOCATION. NOTE: YOUR TOTALS REPORTED HERE SHOULD EQUAL THE TOTAL TONNAGE/COUNT REPORTED IN SECTION II. ATTACH ADDITIONAL PAGES FOR DELIVERY LOCATIONS IF NECESSARY.

LOCATION 1: NAME OF LOCATION	**PRODUCT TYPE** (Tire-Derived Fuel, Crumb Rubber, Processed for Landfill Disposal, etc.)
ADDRESS (street, city, county, state, zip, *– do not list P.O. Boxes)*	**TOTAL QUANTITY OF PROCESSED TIRES DELIVERED** (tonnage or count)
LOCATION 2: NAME OF LOCATION	**PRODUCT TYPE** (Tire-Derived Fuel, Crumb Rubber, Processed for Landfill Disposal, etc.)
ADDRESS (street, city, county, state, zip, *– do not list P.O. Boxes)*	**TOTAL QUANTITY OF PROCESSED TIRES DELIVERED** (tonnage or count)
LOCATION 3: NAME OF LOCATION	**PRODUCT TYPE** (Tire-Derived Fuel, Crumb Rubber, Processed for Landfill Disposal, etc.)
ADDRESS (street, city, county, state, zip, *– do not list P.O. Boxes)*	**TOTAL QUANTITY OF PROCESSED TIRES DELIVERED** (tonnage or count)
LOCATION 4: NAME OF LOCATION	**PRODUCT TYPE** (Tire-Derived Fuel, Crumb Rubber, Processed for Landfill Disposal, etc.)
ADDRESS (street, city, county, state, zip, *– do not list P.O. Boxes)*	**TOTAL QUANTITY OF PROCESSED TIRES DELIVERED** (tonnage or count)

SECTION IV – TIRES STORED ON SITE:

LIST THE QUANTITY OF UNPROCESSED WASTE TIRES ON HAND AT THE FACILITY AT THE TIME OF REPORTING. ALSO LIST THE QUANTITY OF PROCESSED TIRE MATERIAL CURRENTLY STORED AT THE FACILITY, BY PRODUCT TYPE.

TOTAL QUANTITY OF UNPROCESSED TIRES ON HAND (tonnage or count)	**TOTAL QUANTITY OF PROCESSED TIRE MATERIAL STORED** (tonnage or count)

SECTION V. CERTIFICATION

I certify under penalty of law that I am the owner, operator, or authorized representative of the waste tire processor listed in this report, 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	Printed Name	Date
Telephone Number	**Fax**	**Email**

Last Updated 1/2006