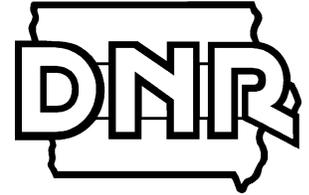




Iowa Department of Natural Resources  
 Cathode Ray Tube (CRT) Device Recycling  
 Facility Annual Activity Report



January 1, \_\_\_\_\_ – December 31,  
 Due January 30th

**SECTION I – FACILITY INFORMATION**

Permit: \_\_\_\_\_  
 Responsible Official: \_\_\_\_\_  
 Facility Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State Zip: \_\_\_\_\_

**Mail completed form to:**  
 Iowa Department of Natural Resources  
 Land Quality Bureau  
 502 East 9<sup>th</sup> Street  
 Des Moines, Iowa 50319  
**Or Fax to:** 515-725-8202 Attn: Becky Jolly

**SECTION II – QUANTITY OF CRT'S COLLECTED FROM NON-PERMITTED SOURCES**

YOU MAY REPORT THE QUANTITIES OF CRT'S YOU COLLECTED FROM YOUR CUSTOMERS IN EITHER TOTAL WEIGHT OR TOTAL COUNT. PLEASE SELECT ONLY ONE TYPE OF REPORTING METHOD.

**A. Total Weight of Materials Collected**

1. Monitors:  
 2. Televisions:  
 3. All Other Discarded Electronics:  
 Total Weight:

**B. Total Count of Materials Collected**

1. Monitors:  
 2. Televisions:  
 3. All Other Discarded Electronics:  
 Total Count:

◀ OR ▶

C. Percentage of Materials above received from businesses and institutions: \_\_\_\_\_

D. Percentage of Materials above received from households: \_\_\_\_\_

**E. Total aggregate weight of shipments leaving the CRT recycling facility on a monthly basis.**

|           |        |            |           |
|-----------|--------|------------|-----------|
| January:  | April: | July:      | October:  |
| February: | May:   | August:    | November: |
| March:    | June:  | September: | December: |

**SECTION III. CERTIFICATION**

I certify under penalty of law that I am the owner, operator, or authorized representative of the Cathode Ray Tube Device Recycling Facility listed in this report, and that I have examined and am familiar with the information reported above, and that I, to the best of my knowledge, believe the information is true, accurate and complete.

|                  |                         |                   |
|------------------|-------------------------|-------------------|
| <b>Signature</b> | <b>Printed Name</b>     | <b>Date</b>       |
| <b>Email</b>     | <b>Telephone Number</b> | <b>Fax Number</b> |