IOWA DEPARTMENT OF NATURAL RESOURCES

CRT Recycling Facility

PERMIT APPLICATION FORM 50R

☐ **New Permit** **-CRT-** **-** **-CRP - To be filled in by agency**

SECTION 1: FACILITY CONTACT INFORMATION

Facility Information

Name: _____ Phone: _____

Address: _____ Fax: _____

City, State, Zip: _____ E-mail: _____

Responsible Official for the Facility

Name: _____ Phone: _____

Address: _____ Fax: _____

City, State, Zip: _____ E-mail: _____

Facility Operator

Name: _____ Phone: _____

Address: _____ Fax: _____

City, State, Zip: _____ E-mail: _____

Facility Owner/Operator

Name: _____ Phone: _____

Address: _____ Fax: _____

City, State, Zip: _____ E-mail: _____

Physical location of any collection sites, if separate, from the main facility

Location: _____

_____

SECTION 2. SITE INFORMATION

Days and hours of operation of the facility: _____

Open to the public? ☐ Yes ☐ No

Service area of the facility estimated population to be served:

Service Area: _____

Type, source and expected weight (or number) of CRTs to be handled per day, week and year at the facility:

per day _____

per week _____

per year _____

SECTION 3. REQUIRED DOCUMENTS

☐ **567 IAC 100.5(1)"h" and 567 IAC 102.706(2) - Proof of Ownership or legal entitlement to use the property**
Is the property owned by the applicant? If yes, attach proof of ownership
Is the property leased by the applicant? If yes, have the owner or designated representative of the owner, sign the statement below acknowledging that CRT recycling will take place at the facility.

☐ Property Owner

☐ Designated Representative of the property owner
(Provide verification of status as representative)

By signing below, I state that I am the owner or the representative of the owner of the property described in this application. I acknowledge that I or the owner I represent have been informed and are aware of the uses and activities that are ongoing or proposed for the property and consent to those uses and activities. Furthermore, I understand that the issuance by the Iowa Department of Natural Resources, of a Permit/Registration to collect and recycle Cathode Ray Tubes on the property and the terms and conditions of any such registration do not relieve the owner of the Property from any liability, duty, or responsibility arising under Iowa's Solid Waste Management regulations.

Signature: _____ Date: _____

Printed Name: _____

☐ **567 IAC 100.5(1)"c" - Attach documentation that the facility meets local zoning requirements**
☐ **567 IAC 102.706(3) - Attach a brief description of the facility and the CRT processing that will take place**

SECTION 4. APPLICANT 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 of Permit Applicant: _____ **Date:** _____

Printed Name: _____ **Title:** _____

Application for a cathode ray tube recycling facility must be accompanied by the information required by the applicable solid waste rules under 567 Iowa Administrative Code Chapter 102, Division VIII.

Send completed application 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) 201-8272.