



Iowa Waste Tire Processor Semi-Annual Activity Report



*Reminder: Iowa Administrative Code (IAC) 567-117.4(2), all permitted tire processing facilities shall have an annual fee of \$850, payable to the Department upon the application for a permit, and due annually beginning each July 1 thereafter at the rate of \$850.

Reporting Period _____

January 1 - June 30, due September 1st

July 1 - December 31, due March 1st

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:

Becky Jolly
Land Quality Bureau
6200 Park Ave Ste 200
Des Moines IA 50321

Section I - Processor Information

A. Name of Tire Processing Firm: _____

B. Iowa Tire Processor Permit #: _____

C. Address: _____
(Street Address, PO Box, City, State, Zip)

D. Telephone: _____ E. Person Completing this form: _____

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:

B. Total Count of Tires Received from Iowa:

◀ OR ▶

Passenger car/light truck: _____

Semi-truck: _____

Tractor tires: _____

Other (list type): _____

Total Tonnage: _____

Total Count: _____

C. Total Tonnage Received from Out-of-State (mark "0" if not applicable):

D. Total Count of Tires Received from Out-of-State (mark "0" if not applicable):

◀ OR ▶

Passenger car/light truck: _____

Semi-truck: _____

Tractor tires: _____

Other (list type): _____

Total Tonnage: _____

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: _____

Address: _____
(Street Address, County, City, State, Zip - do not list PO Boxes)Product Type: _____
(Tire-Derived Fuel, Crumb Rubber, Processed for Landfill Disposal, etc.)

Total Quantity of Processed Tires Delivered (tonnage or count): _____

Location 2:

Name of Location: _____

Address: _____
(Street Address, County, City, State, Zip - do not list PO Boxes)Product Type: _____
(Tire-Derived Fuel, Crumb Rubber, Processed for Landfill Disposal, etc.)

Total Quantity of Processed Tires Delivered (tonnage or count): _____

Location 3:

Name of Location: _____

Address: _____
(Street Address, County, City, State, Zip - do not list PO Boxes)Product Type: _____
(Tire-Derived Fuel, Crumb Rubber, Processed for Landfill Disposal, etc.)

Total Quantity of Processed Tires Delivered (tonnage or count): _____

Location 4:

Name of Location: _____

Address: _____
(Street Address, County, City, State, Zip - do not list PO Boxes)Product Type: _____
(Tire-Derived Fuel, Crumb Rubber, Processed for Landfill Disposal, etc.)

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): _____

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 am familiar with the information reported above, and that I believe the information is true, accurate and complete.

Signature: _____ Date: _____

Name & agency of Person Certifying: _____

Email: _____ Phone: _____ Fax: _____