



Iowa Waste Tire Hauler Semi-Annual Activity Report



Reporting 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 by due date
- Retain copies of receipts and records used to prepare this report

Send completed form to:
 Iowa Department of Natural Resources
 Land Quality Bureau
 6200 Park Ave Ste 200
 Des Moines IA 50321
 Or Fax: 515-725-8201 Attn: Becky Jolly

Section I - Hauler Information

Hauler Registration Number: _____

Contact Name: _____

Facility Name: _____

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

Section II - Quantity of Tires Collected

You may report the quantities of waste tires you collected 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:

◀ OR ▶

B. Total Count of Tires Received from Iowa:

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):

◀ 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 (list type): _____

Total Tonnage: _____

Total Count: _____

Section III - Waste Tire Delivery Locations

List the site of delivery for all tires collected 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. Tire haulers are not permitted to temporarily store any tires collected.

Location 1:

Name of Location: _____ Permit: _____
Number of facility issued by state permitting authority

Address: _____
(Street Address, County, City, State, Zip - do not list PO Boxes)

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

Location 2:

Name of Location: _____ Permit: _____
Number of facility issued by state permitting authority

Address: _____
(Street Address, County, City, State, Zip - do not list PO Boxes)

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

Location 3:

Name of Location: _____ Permit: _____
Number of facility issued by state permitting authority

Address: _____
(Street Address, County, City, State, Zip - do not list PO Boxes)

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

Provide additional information on any other tires delivered to site(s) of used tire resale, grade-off, etc., including total quantities for each:

Certification

I certify under penalty of law that I am the owner, operator, or authorized representative of the waste tire hauler 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: _____ Date: _____

Printed Name: _____ Phone: _____

Email: _____ Fax: _____