

Iowa Waste Tire Hauler Semi-Annual Activity Report



Reporting Period Year
☐ January 1 – June 30, due September 1 ^s
☐ July 1 – December 31, due March 1 ^s

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

SECTION I – HAULER INFORMATION			
Hauler Registration Number:	Mail completed form to:		
Contact Name:	Iowa Department of Natural Resources		
Facility Name:	Land Quality Bureau 502 East Ninth Street		
Address:	Des Moines, Iowa 50319		
City, State, Zip:	Or Fax to: 515-725-8202 Attn: Becky Jolly		
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	.	B. Total Count of Tires Received from Iowa	
Total Tonnage		Passenger car/light truck:	
		Semi-truck	
	◀ OR ▶	Tractor Tires	
		Other (please list type)	
		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):	
Total Tonnage		Passenger car/light truck:	
	•	Semi-truck	
	◀ OR ▶	Tractor Tires	
		Other (please list type)	
		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: TOTAL QUANTITY OF TIRES DELIVERED (tonnage or **ADDRESS** (street, city, county, state, zip, – do not list PO Boxes) count) **LOCATION 2: NAME OF LOCATION** PERMIT number of facility issued by state permitting authority: TOTAL QUANTITY OF TIRES DELIVERED (tonnage or **ADDRESS** (street, city, county, state, zip, – do not list PO Boxes) count) **LOCATION 3: NAME OF LOCATION** PERMIT number of facility issued by state permitting authority: **ADDRESS** (street, city, county, 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:

SECTION IV 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 PRINTED NAME DATE EMAIL TELEPHONE FAX