APPLIANCE DEMANUFACTURING ANNUAL REPORT January 1, 2021 – December 31, 2021

73-ADP-01-04

Please make address corrections as necessary

RECEIVED

DEC 2 9 2021

ALEX SHOCKLETON SHENANDOAH SANITATION 1207 WEST FERGUSON SHENANDOAH IA 51601

REPORT IS DUE ON OR BEFORE January 31, 2022

Send completed form to: Iowa Department of Natural Resources Land Quality Bureau 502 East Ninth Street Des Moines, Iowa 50319-0034

Or Fax: 515-725-8202, Attn: Sue Johnson

Attach	addit	ional	pages	if necessa	ıry

Are appliances containing refrigerants accepted at this facility? OYes No Are appliances containing mercury accepted at this facility? OYes No Are appliances containing sodium chromate accepted at this facility? No OYes Are appliances containing PCB capacitors and ballasts accepted at OYes No this facility?

Number of Appliances Demanufactured in each category				
TYPE OF APPLIANCE	NUMBER	NUMBER TYPE OF APPLIANCE		
Refrigerators and freezers	0	Furnaces	0	
Commercial coolers	D	Clothes washers and dryers	0	
Air-conditioning units	0	Dishwashers	0	
Dehumidifiers	0	Microwave Ovens	0	
Gas Water Heaters	0	Stoves/ Ovens or Other items containing Mercury, refrigerant or PCB-containing articles.	D	

Storage Dates				
Date the first item was placed in the mercury storage drum that is in use on December 31.	-	Date the first PCB-containing item was placed in the storage drum that is in use on December 31.		

Component Removal				
TYPE OF COMPONENT	NUMBER	TYPE OF COMPONENT	NUMBER	
Number of mercury switches removed. (Not in lbs)	\bigcap	Amount of Refrigerant Removed	0	
Number of mercury thermocouples removed.(Not in lbs)	0	Number of PCB capacitors removed. (Not in lbs)	0	
Number of fluorescent tubes removed.(Not in lbs)	0	Number of PCB ballasts removed. (Not in lbs)	D	

Sodium Chromate Appliances				
Number of sodium chromate containing appliances shipped to another demanufacturer	0			

Gertification I certify under penalty of law that I am the owner, operator, or authorized representative of the owner or operator 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: Email: dawd.riber@wasteconned	Name & Agency of Person Certifying (please type or print) Shence ban Haffon fions. com	Date: /2/27/31	Telephone Number: 712-246-3350 Fax Number:		

Addi	ional Comments:	
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In accordance with Iowa Administrative Code 567 Chapter 118.13(1) – Annual reports with the information required in subrule 118.13(2) are due January 31 each year for the activities of the previous calendar year shall be retained at the facility for at least three years.

DNR form rev 3/13

542-8005