

Attention: Sue Johnson

APPLIANCE DEMANUFACTURING ANNUAL REPORT

January 1, 2022 – December 31, 2022

85-ADP-03-07

Please make address corrections as necessary

MIKE LOUIS
MIKE LOUIS BODY & PAINT
1901 E LINCOLNWAY
AMES IA 50010

REPORT IS DUE ON OR BEFORE
January 31, 2023

Send completed form to:
Iowa Department of Natural Resources
Land Quality Bureau
502 East Ninth Street
Des Moines, Iowa 50319-0034
Or Email: Becky.jolly@dnr.iowa.gov
Or Fax: 515-725-8202, Attn: Sue Johnson

Attach additional pages if necessary.

- Are appliances containing refrigerants accepted at this facility? ☒ Yes ☐ No
- Are appliances containing mercury accepted at this facility? ☒ Yes ☐ No
- Are appliances containing sodium chromate accepted at this facility? ☐ Yes ☒ No
- Are appliances containing PCB capacitors and ballasts accepted at this facility? ☒ Yes ☐ No

| Number of Appliances Demanufactured in each category | | | |
|--|--------|---|--------|
| TYPE OF APPLIANCE | NUMBER | TYPE OF APPLIANCE | NUMBER |
| Refrigerators and freezers | 62 | Furnaces | 25 |
| Commercial coolers | 12 | Clothes washers and dryers | 52 |
| Air-conditioning units | 20 | Dishwashers | 50 |
| Dehumidifiers | 36 | Microwave Ovens | 54 |
| Gas Water Heaters | 45 | Stoves/ Ovens or Other Items containing Mercury, refrigerant or PCB-containing articles. | 34 |

| Storage Dates | | | |
|---|---------|--|---------|
| Date the first item was placed in the mercury storage drum that is in use on December 31. | 8-25-22 | Date the first PCB-containing item was placed in the storage drum that is in use on December 31. | 8-25-22 |

Questions? Call or email: Susan Johnson, susan.johnson@dnr.iowa.gov, 515-217-0872
Please mail completed form to: Land Quality Bureau, 502 East 9th Street, Des Moines, IA 50319

Component Removal

| TYPE OF COMPONENT | NUMBER | TYPE OF COMPONENT | NUMBER |
|---|--------|--|--------|
| Number of mercury switches removed. (Not in lbs) | 5 | Amount of Refrigerant Removed | 2165 |
| Number of mercury thermocouples removed. (Not in lbs) | 0 | Number of PCB capacitors removed. (Not in lbs) | 25 |
| Number of fluorescent tubes removed. (Not in lbs) | 0 | Number of PCB ballasts removed. (Not in lbs) | 35 |

Sodium Chromate Appliances

| | |
|---|---|
| Number of sodium chromate containing appliances shipped to another manufacturer | 0 |
|---|---|

Certification

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: <i>Sherrice Davis</i> | Name & Agency of Person Certifying (please type or print) <i>Sherrice Davis / office manager</i> | Date: | Telephone Number: <i>515-232-3330</i> |
| Email: | <i>Mike Lewis Body & Pain</i> | | Fax Number: <i>515-231-3376</i> |

Additional Comments:

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.