APPLIANCE DEMANUFACTURING ANNUAL REPORT January 1, 2022 – December 31, 2022

75-ADP-02-13

Please make address corrections as necessary

RECEIVED

JAN 2 6 2023

AL HARNACK 2ND CHANCE SOLUTIONS 44283 C-38 REMSEN IA 51050 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: <u>Becky.jolly@dnr.iowa.gov</u> Or Fax: 515-725-8202, Attn: Sue Johnson

Attach additional pages if necessary.

Are appliances containing refrigerants accepted at this facility?

OYes ONo

Are appliances containing mercury accepted at this facility?

OYes ONo

Are appliances containing sodium chromate accepted at this facility?

OYes ONo

Are appliances containing PCB capacitors and ballasts accepted at

OYes ONo

this facility?

Number of App	oliances Den	nanufactured in each category	
TYPE OF APPLIANCE NUMBER TYPE OF API		TYPE OF APPLIANCE	NUMBER
Refrigerators and freezers	35	Furnaces	30
Commercial coolers		Clothes washers and dryers	52
Air-conditioning units	11	Dishwashers	21
Dehumidifiers	10	Microwave Ovens	17
Gas Water Heaters	27	Stoves/ Ovens or Other items containing Mercury, refrigerant or PCB-containing articles.	15

	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.	

Questions? Call or email: Susan Johnson, <u>susan.johnson@dnr.iowa.gov</u>, 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)	_	Amount of Refrigerant Removed	4		
Number of mercury thermocouples removed.(Not in lbs)		Number of PCB capacitors removed. (Not in lbs)			
Number of fluorescent tubes removed.(Not in lbs)		Number of PCB ballasts removed. (Not in lbs)	_		

Sodium Chro	mate Appliances
Number of sodium chromate containing appliances shipped to another demanufacturer	

68 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 Mont Email: Dun py 064 @ gmail.a	Name & Agency of Person Certifying (please type or print) HARNACK ON Second CHANCE SOLUTIONS	Date: /-24-)3	Telephone Number:		

A 1 11/2 1 A			
Additional Com	ments:		
\$			
	e	÷	
· ·			
	4		

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