APPLIANCE DEMANUFACTURING ANNUAL REPORT January 1, <u>2622</u> - December 31, <u>2022</u>

Permit Number: 98-ADP -02 - 10 Responsible Official: Koland O'Donnell Facility Name: RHO Recycleina Address: 480 City, State Zip: Voice

REPORT IS DUE ON OR BEFORE **January 31st**

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

Or Fax: 515-281-8895, Attn: Sue Johnson

Attach additional pages if necessary.

Are appliances containing refrigerants accepted at this facility?

Yes ONo

Are appliances containing mercury accepted at this facility?

ONo Yes

Are appliances containing sodium chromate accepted at this facility?

@No OYes

Are appliances containing PCB capacitors and ballasts accepted at this facility?

Yes ONo

Number of Appli	ances Den	nanufactured in each category	
TYPE OF APPLIANCE	NUMBER	TYPE OF APPLIANCE	NUMBER
Refrigerators and freezers	318	Furnaces	55
Commercial coolers	Ö	Clothes washers and dryers	329
Air-conditioning units	164	Dishwashers	97
Dehumidifiers	96	Microwave Ovens	19/
Gas Water Heaters	80	Other items containing Mercury, refrigerant or PCB-containing articles.	139

	Stora	ge Dates	
Date the first item was placed in the mercury storage drum that is in use on December 31.	11/30/22	Date the first PCB-containing item was placed in the storage drum that is in use on December 31.	None AT this Time

Component Removal			
TYPE OF COMPONENT	NUMBER	TYPE OF COMPONENT	NUMBER
Number of mercury switches removed.	0	Amount of Refrigerant Removed	138 Pou
Number of mercury thermocouples removed.	84	Number of PCB capacitors removed.	0
Number of fluorescent tubes removed.	0	Number of PCB ballasts removed.	6

Sodium Chro	mate Appliances
Number of sodium chromate containing appliances shipped to another demanufacturer	None

I certify under penalty of law that examined and am familiar with the	Certification am the owner, operator, or authorized representative of information reported above, and that I believe the information reported above.	if the owner or	operator and that I have , accurate and complete.
Signature: Roland O.Domell Email:	Name & Agency of Person Certifying (please type or print) Roland a Bonnell Applian ce Recycleing	Date: 1/17/23	Telephone Number: <u>691583 1663</u> Fax Number:

Additional Comments:		
	v.	

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 5/08

542-8005

Questions? Call or email: Susan Johnson, susan.johnson@dnr.iowa.gov, 515-281-7982

Please mail completed form to: Land Quality Bureau, 502 East 9th Street, Des Moines, IA 50319