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

28-ADP-03-21

Please make address corrections as necessary

CON 12-1-1 Doc # 105806

> AARON SUPPLE SUPPLE SCRAP 523 ANDREW STREET HOPKINTON IA 52237

RECEIVED

FEB 0 1 2023

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

*	- The work of the State of the		Attach additional	pages if	necessai	ry.
Are	appliances	containing	refrigerants accepted at this facility?	Yes		
Are	appliances	containing	mercury accepted at this facility?	Yes	ONo	
Are	appliances	containing	sodium chromate accepted at this facility?	OYes	⊘ No	
	appliances	containing	PCB capacitors and ballasts accepted at	●Yes	ONo	

Number of Appliances Demanufactured in each category				
TYPE OF APPLIANCE	NUMBER	TYPE OF APPLIANCE	NUMBER	
Refrigerators and freezers	0	Furnaces	47	
Commercial coolers		Clothes washers and dryers	0	
Air-conditioning units	65	Dishwashers		
Dehumidifiers	0	Microwave Ovens	0	
Gas Water Heaters	33	Stoves/ Ovens or Other items containing Mercury, refrigerant or PCB-containing articles.	0	

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

Component Removal				
TYPE OF COMPONENT	NUMBER	TYPE OF COMPONENT	NUMBER	
Number of mercury switches removed. (Not in lbs)	0	Amount of Refrigerant Removed	None	
Number of mercury thermocouples removed.(Not in lbs)	\bigcirc	Number of PCB capacitors removed. (Not in lbs)	0	
Number of fluorescent tubes removed.(<i>Not in lbs</i>)	0	Number of PCB ballasts removed. (Not in lbs)	\bigcirc	

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

²⁸ 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: Signat	upk I og mask	Name & Agency of Person Certifying (please type or print) Supple Scrap com Haran Supple	Date: 1/30/23	Telephone Number: 563-726-7756 Fax Number:			

Additional Comments:		1 - 05-4	-6 × +1-
Additional Comments:	being ill, I	was pierry	1 /au Ins
year. All my	ac units are	drained by	the plumber
secenced from.	All PCB's Ven	noved have	said "NO
PCBs. Any q	uestions please	call. I	am very
new to all:	this yet. Than	ok you.	

In accordance with lowa 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