

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

41-ADP-05-14

Please make address corrections as necessary

REPORT IS DUE ON OR BEFORE
January 31, 2023

CON 12-1-1
Doc # 105809

DONALD ANDERSON
 DON'S RECYCLING
 460 2ND AVE SE
 BRITT IA 50423

RECEIVED
FEB 01 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		Furnaces	18
Commercial coolers	NO	Clothes washers and dryers	22
Air-conditioning units		Dishwashers	16
Dehumidifiers	NO	Microwave Ovens	3
Gas Water Heaters	65	Stoves/ Ovens or Other items containing Mercury, refrigerant or PCB-containing articles.	26

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.	0

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

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

45 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>Don Realy</i>	Name & Agency of Person Certifying (please type or print)	Date: <i>1-27-2023</i>	Telephone Number: <i>(641)-843-4134</i>
Email: _____			Fax Number: _____

Additional Comments:

Don had virus in January. Then he had back surgery in June. He is now doing some work. He all done Pick up Appliances

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.