

APPLIANCE DEMANUFACTURING ANNUAL REPORT

JANUARY 1, 2022 - DECEMBER 31, 2022

FFB 0.3 2023

Permit Number: 57-ADP-01-02 Responsible Official: Calvin Ehlts		ON 12-1-1 oc # 105812	R	EPORT IS DUE ON OR BEFORE JANUARY 31 ST	
Facility Name: CLEAResult			Send	completed form to:	
Address: 4651 8th Ave			Lan	Iowa DNR nd Quality Bureau	
City, State Zip: Marion, Iowa 52302		,		502 E 9 th St	
ATTACH ADDITIONAL PAGES	IF NECESSARY.	5		oines, IA 50319-0034 FAX: 515-725-8202	
Are appliances containing refrigerants acc Are appliances containing mercury accept Are appliances containing sodium chroma Are appliances containing PCB capacitors	ed at this facility? Ite accepted at this	s facility?	Yes Yes	No No No No	
Number of Appliances Demanufactured in each category					
TYPE OF APPLIANCE NUMBER TYPE OF			PPLIANCE	NUMBER	
Refrigerators and freezers	7154	Furnaces		15	
Commercial coolers	10	Clothes washers and dryers		439	
Air-conditioning units	63	Dishwashers		284	
Dehumidifiers	24	Microwave Ovens		407	
Gas Water Heaters	20	Stoves/ Ovens or		220	
		Other items contain refrigerant or PCB-co	•	es.	

Storage Dates				
Date the first item was placed in the mercury storage drum that is in use on December 31.	6/13/22	Date the first PCB-containing item was placed in the storage drum that is in use on December 31.	11/9/22	

Component Removal					
TYPE OF COMPONENT	NUMBER	TYPE OF COMPONENT	NUMBER		
Number of mercury switches removed. (Not in lbs)	316	Amount of Refrigerant Removed	2657		
Number of mercury thermocouples removed. (Not in lbs)	1	Number of PCB capacitors removed. (Not in lbs)	273		
Number of fluorescent tubes removed. (Not in lbs)	4	Number of PCB ballasts removed. (Not in lbs)	3		

Sodium Chromate Appliances					
Number of sodium chromate containing appliances shipped to another demanufacturer	0				

Questions? Call or email: Susan Johnson, susan.johnson@dnr.iowa.gov, 515-217-0872

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

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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.

Name & Agency of Person Certifying (please type or print) Calvin Ehlts							
Telephone Number: 319-721-9599		Fax Number:					
Email: Calvin.ehlts@cl	earesult.com						
Signature:	alivi D	Date:	1/31/2023				
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.