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

76-ADP-01-15

Please make address corrections as necessary

CON 12-1-1 Doc # 105813

RECEIVED

JOHN LYON JOHN LYON SALVAGE 26213 570TH STREET PALMER IA 50571 FEB 07 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

<b>Attach additiona</b>	I pages i	f necessary
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Are appliances containing refrigerants accepted at this facility?

Yes ONo

Are appliances containing mercury accepted at this facility?

●Yes ○No

Are appliances containing sodium chromate accepted at this facility?

OYes ●No

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

Yes ONo

Number of Appliances Demanufactured in each category			
TYPE OF APPLIANCE	NUMBER	TYPE OF APPLIANCE	NUMBER
Refrigerators and freezers	193	Furnaces	59
Commercial coolers		Clothes washers and dryers	383
Air-conditioning units	80	Dishwashers	190
Dehumidifiers	29	Microwave Ovens	84
Gas Water Heaters	21	Stoves/ Ovens or Other items containing Mercury, refrigerant or PCB-containing articles.	160

	Storag	ge Dates	
Date the first item was placed in the mercury storage drum that is in use on December 31.	3997	Date the first PCB-containing item was placed in the storage drum that is in use on December 31.	32577

Component Removal			
TYPE OF COMPONENT	NUMBER	TYPE OF COMPONENT	NUMBER
Number of mercury switches removed. (Not in lbs)	4	Amount of Refrigerant Removed	68¥
Number of mercury thermocouples removed.(Not in lbs)	25	Number of PCB capacitors removed. (Not in lbs)	9
Number of fluorescent tubes removed.(Not in lbs)	16	Number of PCB ballasts removed. (Not in lbs)	

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

71 <b>Certification</b> 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.					
ignature:  Mail:  Oben and Whotmad com	Name & Agency of Person Certifying (please type or print)  Lyon Salvage  John Lyon	Date: 1 3 2 3	Telephone Number: 7/2 358-25 48 Fax Number:		

Additional Comments:		
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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