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

84-ADP-01-04

Please make address corrections as necessary

CON 12-1-1 Doc # 105815 RECEIVED

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DEAN OOSTRA OOSTRA PLUMBING, HEATING & AC 3122 HWY 75 HULL IA 51239 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

Are appliances containing refrigerants accepted at this facility?

Are appliances containing mercury accepted at this facility?

Are appliances containing sodium chromate accepted at this facility?

Are appliances containing sodium chromate accepted at this facility?

OYes No

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

Number of Applia	ances Den	nanufactured in each category	
TYPE OF APPLIANCE	NUMBER	TYPE OF APPLIANCE	NUMBER
Refrigerators and freezers	0	Furnaces	0
Commercial coolers	0	Clothes washers and dryers	0
Air-conditioning units	11	Dishwashers	0
Dehumidifiers		Microwave Ovens	0
Gas Water Heaters	24	Stoves/ Ovens or Heating/cooling Themostats Other items containing Mercury, refrigerant or PCB-containing articles.	∂

	Storag	ge Dates	
Date the first item was placed in the mercury storage drum that is in use on December 31.	7-12-22	Date the first PCB-containing item was placed in the storage drum that is in use on December 31.	6-26=22

Component Removal				
TYPE OF COMPONENT	NUMBER	TYPE OF COMPONENT	NUMBER	
Number of mercury switches removed. (Not in lbs)	2	Amount of Refrigerant Removed	11 pounds	
Number of mercury thermocouples removed.(Not in lbs)		Number of PCB capacitors removed. (Not in lbs)	9	
Number of fluorescent tubes removed.(Not in lbs)	0	Number of PCB ballasts removed. (Not in lbs)	0	

Sodium Chromate Appliances						
Number of sodium chromat appliances shipped to anot		0				
82 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:	Name & Agency o	f Person Certifying pe or print)	Date:	Telephone Number: (712) 439-2638		
Email: oustra.pl/g@gmail.com	Matt Oce	stra	1-27-23	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