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

87-ADP-01-07

Please make address corrections as necessary

CON 12-1-1 Doc # 105816

JACK BRANDON BRANDON SALVAGE 2507 ADAM TAYLOR ST LENOX IA 50851 RECEIVED

JAN 3 1 2023

REPORT IS DUE ON OR BEFORE January 31, 2023

Send completed form to: lowa 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

Attach additional pages if necessary.

Are appliances containing refrigerants accepted at this facility?

Yes ONo

Are appliances containing mercury accepted at this facility?

Yes ONo

Are appliances containing sodium chromate accepted at this facility?

OYes ONo

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	2.5	Furnaces	5
Commercial coolers	1	Clothes washers and dryers	15
Air-conditioning units	15	Dishwashers	0
Dehumidifiers	9	Microwave Ovens	8
Gas Water Heaters	5	Stoves/ Ovens or Other items containing Mercury, refrigerant or PCB-containing articles.	15

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.	11/20/20

Component Removal			
TYPE OF COMPONENT	NUMBER	TYPE OF COMPONENT	NUMBER
Number of mercury switches removed. (Not in lbs)		Amount of Refrigerant Removed	8135
Number of mercury thermocouples removed.(Not in lbs)	0	Number of PCB capacitors removed. (Not in lbs)	18
Number of fluorescent tubes removed.(Not in lbs)	0	Number of PCB ballasts removed. (Not in Ibs)	Ö

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

86 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: Email: Achte Branda 48 20 years	Name & Agency of Person Certifying (please type or print) Brandon SAlvas E	Date:	Telephone Number: り41 2 6 2 4 りまえ Fax Number:

Additional Comments:	,

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