

# APPLIANCE DEMANUFACTURING ANNUAL REPORT

## January 1, 2022 – December 31, 2022

**17-ADP-08-12**

Please make address corrections as necessary

**REPORT IS DUE ON OR BEFORE  
January 31, 2023**

NATHAN BARTELS  
NORTH CENTRAL MECHANICAL SERVICES  
2601 15TH STREET SW  
MASON CITY IA 50401

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](mailto: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	7	Furnaces	21
Commercial coolers	0	Clothes washers and dryers	1
Air-conditioning units	20	Dishwashers	0
Dehumidifiers	0	Microwave Ovens	4
Gas Water Heaters	15	Stoves/ Ovens or Other items containing Mercury, refrigerant or PCB-containing articles.	3

### Storage Dates

Date the first item was placed in the mercury storage drum that is in use on December 31.	8-16-22	Date the first PCB-containing item was placed in the storage drum that is in use on December 31.	7-24-22
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### Component Removal


TYPE OF COMPONENT	NUMBER	TYPE OF COMPONENT	NUMBER
Number of mercury switches removed. (Not in lbs)	3	Amount of Refrigerant Removed	241.4
Number of mercury thermocouples removed.(Not in lbs)	Ø	Number of PCB capacitors removed. (Not in lbs)	4
Number of fluorescent tubes removed.(Not in lbs)	Ø	Number of PCB ballasts removed. (Not in lbs)	Ø

### Sodium Chromate Appliances

Number of sodium chromate containing appliances shipped to another demanufacturer	Ø
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### 14 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.

<b>Signature:</b> 	<b>Name &amp; Agency of Person Certifying (please type or print)</b> Nathan Bartels North Central Mechanical Services	<b>Date:</b>	<b>Telephone Number:</b> 641-424-4828
<b>Email:</b> nbarfels@northcentralmech.com			<b>Fax Number:</b> 641-201-1502

#### 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.*