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

10-ADP-01-10

Please make address corrections as necessary

DEAN S TOURNIER TOURNIER'S RECYCLING, INC. 1644 NATHAN BETHEL AVE INDEPENDENCE IA 50644 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: Becky.jolly@dnr.jowa.gov
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?

ØYes ONo

Are appliances containing sodium chromate accepted at this facility?

OYes ØNo

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

Yes ONo

Number of App	oliances Den	nanufactured in each category	
TYPE OF APPLIANCE	NUMBER	TYPE OF APPLIANCE	NUMBER
Refrigerators and freezers	214	Furnaces	213
Commercial coolers	\$	Clothes washers and dryers	405
Air-conditioning units	270	Dishwashers	35
Dehumidifiers	177	Microwave Ovens	32
Gas Water Heaters	293	Stoves/ Ovens or Other items containing Mercury, refrigerant or PCB-containing articles.	45

	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.	8-9-2

Questions? Call or email: Susan Johnson, <u>susan.johnson@dnr.iowa.gov</u>, 515-217-0872 Please mail completed form to: Land Quality Bureau, 502 East 9<sup>th</sup> Street, Des Moines, IA 50319

	Compone	ent Removal	
TYPE OF COMPONENT	NUMBER	TYPE OF COMPONENT	NUMBER
Number of mercury switches removed. (Not in lbs)	0	Amount of Refrigerant Removed	217 LBS 502
Number of mercury thermocouples removed.(Not in lbs)	Ø	Number of PCB capacitors removed. (Not in lbs)	132
Number of fluorescent tubes removed.(Not in lbs)	Ø	Number of PCB ballasts removed. (Not in lbs)	Ø

Number of sodium chromat appliances shipped to anot	e containing her demanufacturer		lai roi i	
I certify under penalty of law that examined and am familiar with the		ification authorized representative , and that I believe the info	of the owner	or operator and that I have ue, accurate and complete.
Signature:	Name & Agency of (please typ	Person Certifying	Date:	<b>Telephone Number:</b> 319-334-6391

Porooke Tourn

**Sodium Chromate Appliances** 

Additional Comments:

1-31-23

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

Email:

542-8005