

MAY 31 2023



APPLIANCE DEMANUFACTURING ANNUAL REPORT  
JANUARY 1, 2020 - DECEMBER 31, 2022

CON 12-1-1  
Doc # 106913

Permit Number: \_\_\_\_\_  
Responsible Official: Mark Thayer  
Facility Name: MT Shearing LLC  
Address: 616 Patton St.  
City, State Zip: Rowan, IA 50470

REPORT IS DUE ON OR  
BEFORE  
JANUARY 31<sup>ST</sup>

Send completed form to:  
Iowa DNR  
Land Quality Bureau  
502 E 9<sup>th</sup> St  
Des Moines, IA 50319-0034  
OR FAX: 515-725-8202

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	116	Furnaces	22
Commercial coolers	8	Clothes washers and dryers	155
Air-conditioning units	28	Dishwashers	88
Dehumidifiers	15	Microwave Ovens	72
Gas Water Heaters	10	Stoves/ Ovens or Other items containing Mercury, refrigerant or PCB-containing articles.	67

Storage Dates

Date the first item was placed in the mercury storage drum that is in use on December 31.	<u>8</u>	Date the first PCB-containing item was placed in the storage drum that is in use on December 31.	<u>8</u>
---	----------	--	----------

Component Removal

TYPE OF COMPONENT	NUMBER	TYPE OF COMPONENT	NUMBER
Number of mercury switches removed. (Not in lbs)	<u>8</u>	Amount of Refrigerant Removed	<u>8</u>
Number of mercury thermocouples removed. (Not in lbs)	<u>8</u>	Number of PCB capacitors removed. (Not in lbs)	<u>8</u>
Number of fluorescent tubes removed. (Not in lbs)	<u>5</u>	Number of PCB ballasts removed. (Not in lbs)	<u>8</u>

Sodium Chromate Appliances

Number of sodium chromate containing appliances shipped to another demanufacturer	<u>8</u>
---	----------

Questions? Call or email: Susan Johnson, 515-217-0872  
Please mail completed form to: Land Quality Bureau, 502 E 9<sup>th</sup> St, Des Moines IA 50319



APPLIANCE DEBRIS MANUFACTURING ANNUAL REPORT

JANUARY 1 2000 - DECEMBER 31

REPORT OF  
 REPORTING FACILITY  
 State of Iowa  
 Iowa Dept. of Natural Resources  
 202 E 9th St  
 Des Moines, IA 50319-0034  
 OR FAX: 281-258-8000

Permit Number: \_\_\_\_\_  
 Responsible Official: \_\_\_\_\_  
 Facility Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

ATTACH ADDITIONAL PAGES IF NECESSARY.

- Are appliances containing sodium chromate 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 Manufactured in

TYPE OF APPLIANCE	NUMBER	TYPE OF APPLIANCE
Refrigerators		Other items containing Mercury
Commercial Air Conditioning Units		Refrigerant or PCB-containing switches
Air Conditioning Units		or
Refrigerant		Refrigerant
Other		Other

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.
---	--

Component Counts

TYPE OF COMPONENT	NUMBER	TYPE OF COMPONENT	NUMBER
Number of mercury switches removed (list in lbs)		Number of refrigerant removed	
Number of mercury thermocouples removed (list in lbs)		Number of PCB capacitors removed (list in lbs)	
Number of fluorescent tubes removed (list in lbs)		Number of PCB ballasts removed (list in lbs)	

Sodium Chromate Appliances

Number of sodium chromate containing appliances subject to another manufacturing
--

Questions? Call or email: Susan Johnson  
 Iowa Dept. of Natural Resources, Land Quality Bureau, 202 E 9th St, Des Moines, IA 50319  
 281-258-8000

**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.

Name & Agency of Person Certifying (please type or print) Mark Thayer

Telephone Number: 315-248-2139 Fax Number: \_\_\_\_\_

Email: mts69@Frontier.net.net

Signature: [Handwritten Signature] Date: 8-24-23

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.*

Questions? Call or email: Susan Johnson, 515-217-0872

Please mail completed form to: Land Quality Bureau, 502 E 9<sup>th</sup> St, Des Moines IA 50319

STATE OF IOWA  
DEPARTMENT OF LAND AND NATURAL RESOURCES  
LAND QUALITY BUREAU

Land Quality Bureau  
562 E. 9th St.  
Des Moines, IA 50319

STATE OF IOWA  
DEPARTMENT OF LAND AND NATURAL RESOURCES  
LAND QUALITY BUREAU

Form with various fields and text, including "COMMISSION" and "SECTION".

SECTION	COMMISSION

COMMISSION