## APPLIANCE DEMANUFACTURING ANNUAL REPORT January 1, 2023 – December 31, 2023

41-ADP-05-14

Please make address corrections as necessary

RECEIV DEC 27 20

DONALD ANDERSON DON'S RECYCLING 460 2ND AVE SE BRITT IA 50423 REPORT IS DUE ON OR BEFORE
January 31, 2024

Send completed form to:

Jowa Department of Natural Resources

Land Quality Bureau

502 East Ninth Street

Des Moines, Jowa 50319-0034

Or Email: Becky.jolly@dnr.jowa.gov

Or Fax: 515-725-8202, Attn: Sue Johnson

CON 12-1-1 Doc # 108534

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Attach additional pages if necessary.

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 PCB capacitors and ballasts accepted at this facility?

OYes ONo

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

OYes ONo

OYes ONo

Number of App	liances Den	nanufactured in each category	
TYPE OF APPLIANCE NUMBER TYPE OF APPLIANCE		NUMBER	
Refrigerators and freezers		Furnaces	The State of the
Commercial coolers		Clothes washers and dryers	
Air-conditioning units		Dishwashers	1
Dehumidifiers	Arrenda de	Microwave Ovens	
Gas Water Heaters		Stoves/ Ovens or Other items containing Mercury, refrigerant or PCB-containing articles.	

	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 Removal						
TYPE OF COMPONENT	NUMBER	TYPE OF COMPONENT	NUMBER			
Number of mercury switches removed. (Not in lbs)	2.	Amount of Refrigerant Removed	in the second se			
Number of mercury thermocouples removed.(Not in lbs)	of the control of the	Number of PCB capacitors removed. (Not in lbs)				
Number of fluorescent tubes removed.(Not in lbs)	- 60 	Number of PCB ballasts removed. (Not in lbs)				

Number of sodium c appliances shipped	hromate containing to another demanufacturer		·	
I certify under penalty of examined and am famili	<sup>45</sup> <b>Certi</b> law that I am the owner, operator, or a ar with the information reported above	<b>fication</b> authorized representative or and that I believe the infor	f the owner mation is tr	or operator and that I have ue, accurate and complete.
Signature:	Name & Agency of (please typ	Person Certifying e or print)	Date:	Telephone Number:
Email:				Fax Number:

**Sodium Chromate Appliances** 

Additional Comments:	3
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Thank gow	
Merry Christina Hayy Men year	<del></del>

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