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

43-ADP-01-05

Please make address corrections as necessary

REPORT IS DUE ON OR BEFORE January 31, 2024

TYLER HINKLEY
HARRISON COUNTY SANITARY LANDFILL
2812 E HWY 30
PO BOX 121
LOGAN IA 51546

Iowa Department of Natural Resources
Land Quality Bureau
502 East Ninth Street
Des Moines, Iowa 50319-0034
Or Email: Becky.jolly@dnr.iowa.gov
Or Fax: 515-725-8202, Attn: Sue Johnson

Send completed form to:

Attach additional pages if necessary.

			Attach additional	payes ::	110003
Are	appliances	containing	refrigerants accepted at this facility?	2Yes	ONo
Are	appliances	containing	mercury accepted at this facility?	Ø Yes	ONo
Are	appliances	containing	sodium chromate accepted at this facility?	∕¥es	ONo
	appliances facility?	containing	PCB capacitors and ballasts accepted at	gYes	ONo

Number of App	liances Den	nanufactured in each category	
TYPE OF APPLIANCE	NUMBER	TYPE OF APPLIANCE	NUMBER
Refrigerators and freezers	0	Furnaces	3
Commercial coolers	0	Clothes washers and dryers	55
Air-conditioning units	0	Dishwashers	49
Dehumidifiers		Microwave Ovens	91
Gas Water Heaters	7	Stoves/ Ovens or Other items containing Mercury, refrigerant or PCB-containing articles.	27

		ge Dates	Section Constitution
Date the first item was placed in the mercury storage drum that is in use on December 31.	8.6.23	Date the first PCB-containing item was placed in the storage drum that is in use on December 31.	7-17-23

Component Removal				
TYPE OF COMPONENT	NUMBER	TYPE OF COMPONENT	NUMBER	
Number of mercury switches removed. (Not in lbs)	. 0	Amount of Refrigerant Removed	0	
Number of mercury thermocouples removed.(Not in lbs)	4	Number of PCB capacitors removed. (Not in lbs)	4	
Number of fluorescent tubes removed.(<i>Not in lbs</i>)	D	Number of PCB ballasts removed. (Not in lbs)	0	

Sodium Chro	mate Appliances
Number of sodium chromate containing appliances shipped to another demanufacturer	0

48 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: tyler.hclc@gmail.com	Name & Agency of Person Certifying (please type or print) Tyler Hinkel LANDFILL MANAGER	1 .	Telephone Number: 「12 <i>(み4-5</i> 093 Fax Number:				

Additional Comments:	 	
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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