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

73-ADP-01-02

Please make address corrections as necessary

REPORT IS DUE ON OR BEFORE January 31, 2024

Send completed form to:
lowa Department of Natural Resources
Land Quality Bureau
502 East Ninth Street
Des Moines, lowa 50319-0034
Or Email: Becky.jolly@dnr.iowa.gov

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

BRIAN WARD
PAGE COUNTY SANITARY LANDFILL
2032 N. AVENUE
CLARINDA IA 51632-9594

			Attach additi	onal pag	es if n	ecessary	
Are	appliances	containing	refrigerants accepted at this facility?	- 0	Yes	ONo	
Are	appliances	containing	mercury accepted at this facility?	0,	Yes (ONo	
Are	appliances	containing	sodium chromate accepted at this facility?	0,	Yes (ONo	
	appliances facility?	containing	PCB capacitors and ballasts accepted at	0	Yes (ONo	

Number of App	oliances Den	nanufactured in each category	
TYPE OF APPLIANCE	NUMBER	TYPE OF APPLIANCE	NUMBER
Refrigerators and freezers	19	Furnaces	
Commercial coolers		Clothes washers and dryers	24
Air-conditioning units	16	Dishwashers	9
Dehumidifiers		Microwave Ovens	29
Gas Water Heaters	(1)	Stoves/ Ovens or Other items containing Mercury, refrigerant or PCB-containing articles.	14

Storage Dates					
Date the first item was placed in the mercury storage drum that is in use on December 31.	A/N	Date the first PCB-containing item was placed in the storage drum that is in use on December 31.	3-6-23		

Component Removal					
TYPE OF COMPONENT	NUMBER	TYPE OF COMPONENT	NUMBER		
Number of mercury switches removed. (Not in lbs)		Amount of Refrigerant Removed	.25 lb		
Number of mercury thermocouples removed.(Not in lbs)		Number of PCB capacitors removed. (Not in lbs)	34		
Number of fluorescent tubes removed.(Not in lbs)		Number of PCB ballasts removed. (Not in lbs)			

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

Leadify under papalty of law that	66 Certification I am the owner, operator, or authorized representative	of the owner	or operator and that I have
examined and am familiar with the	ne information reported above, and that I believe the info	ormation is tr	ue, accurate and complete.
Cianatura	Name & Agency of Person Certifying	Date:	Telephone Number:
Signature.	Marile & Agency of Forcest Colonying		
Signature:	(please type or print)		the state of the s
Email:	(please type or print) - PAGE COUNTY LANDFILL ASSOC.	1-3-24	7/2 542 42/5 Fax Number:

Additional Com	ments:		1 4 4 P 1 E 11 P 1		
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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