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

62-ADP-01-02

Please make address corrections as necessary

RECEIVED

JAN 0 4 2024

DON DEHEER D&D RECYCLING 1175 220TH STREET **PELLA IA 50219**

REPORT IS DUE ON OR BEFORE January 31, 2024

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.iowa.gov

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

CON 12-1-1 Doc # 108784

Attach additional pages if necessary.

Yes ONo Are appliances containing refrigerants accepted at this facility? Are appliances containing mercury accepted at this facility? OYes **No** OYes No Are appliances containing sodium chromate accepted at this facility? Are appliances containing PCB capacitors and ballasts accepted at Yes ONo this facility?

Number of Appliances Demanufactured in each category			
TYPE OF APPLIANCE	NUMBER	TYPE OF APPLIANCE	NUMBER
Refrigerators and freezers	26	Furnaces	47
Commercial coolers	. 0	Clothes washers and dryers	46
Air-conditioning units	22	Dishwashers	
Dehumidifiers		Microwave Ovens	38
Gas Water Heaters		Stoves/ Ovens or	
1	105	Other items containing Mercury, refrigerant or PCB-containing articles.	25

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)	0	Amount of Refrigerant Removed	54 lbs
Number of mercury thermocouples removed.(Not in lbs)	0	Number of PCB capacitors removed. (Not in lbs)	
Number of fluorescent tubes removed.(Not in lbs)	0	Number of PCB ballasts removed. (Not in lbs)	0

Sodium Chron	nate Appliances
Number of sodium chromate containing appliances shipped to another demanufacturer	

60 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:	Name & Agency of Person Certifying (please type or print)	Date:	Telephone Number:	
Email:	EDON DENNICE		Fax Number:	
1/000	D+D Recyclins	5024	1000	

Additional Comments:	The PCR'S	
no capacita	too Sound Contain PC B'S	
0 1 11 4	ing of Court of the	
or Greens	eles per consel	

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