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

10-ADP-01-10

Please make address corrections as necessary

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.jowa.gov

Or Email: <u>Becky.jolly@dnr.iowa.gov</u> Or Fax: 515-725-8202, Attn: Sue Johnson

DEAN S TOURNIER
TOURNIER'S RECYCLING, INC.
1644 NATHAN BETHEL AVE
INDEPENDENCE IA 50644

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?

ØYes ONo ØYes ONo

Nos MNo

Yes ONo

Number of App	oliances Den	nanufactured in each category	
TYPE OF APPLIANCE	NUMBER	TYPE OF APPLIANCE	NUMBER
Refrigerators and freezers	415	Furnaces	220
Commercial coolers	Ø	Clothes washers and dryers	229
Air-conditioning units	385	Dishwashers	48
Dehumidifiers	169	Microwave Ovens	171
Gas Water Heaters	280	Stoves/ Ovens or Other items containing Mercury, refrigerant or PCB-containing articles.	68

	Sto	rage Dates	
Date the first item was placed in the mercury storage drum that is in use on December 31.	AIN	Date the first PCB-containing item was placed in the storage drum that is in use on December 31.	9-16-23

	Compone	ent Removal	
TYPE OF COMPONENT	NUMBER	TYPE OF COMPONENT	NUMBER
Number of mercury switches removed. (Not in lbs)	Ø	Amount of Refrigerant Removed	156 lbs
Number of mercury thermocouples removed.(Not in lbs)	Ø	Number of PCB capacitors removed. (Not in lbs)	188
Number of fluorescent tubes removed.(Not in lbs)	19	Number of PCB ballasts removed. (Not in lbs)	1

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

	<b>*Certification</b>		
I certify under penalty of law that	am the owner, operator, or authorized representative information reported above, and that I believe the info	of the owner or ormation is true	operator and that I have accurate and complete.
Signature:	Name & Agency of Person Certifying	Date:	Telephone Number:
Dear lon	(please type or print)	1-3-24	319-334-6391
Email:	Dean Tournier	1 5 5 1	Fax Number:
tournierrecycling@gmai			

Additional Commer	its:			
15-11			w	
				in the sound of the
-		apul ad Nason acquired		

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