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

55-ADP-01-02

Please make address corrections as necessary

RECEIVED

JAN 08 2024

MARK BIERSTEDT NORTH IOWA APPLIANCE CENTER 1600 HIGHWAY 18 EAST ALGONA IA 50511 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: <u>Becky.jolly@dnr.iowa.gov</u> Or Fax: 515-725-8202, Attn: Sue Johnson

CON 12-1-1 Doc # 108812

Attach additional pages if necessary.

Are appliances containing refrigerants accepted at this facility?

Yes ONo

Are appliances containing mercury accepted at this facility?

OYes ONo

Are appliances containing sodium chromate accepted at this facility?

OYes @No

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

Yes ONo

Number of Appl	iances Den	nanufactured in each category		
TYPE OF APPLIANCE	NUMBER	TYPE OF APPLIANCE	NUMBER	
Refrigerators and freezers	101	Furnaces	6	
Commercial coolers	0	Clothes washers and dryers	128	
Air-conditioning units  wallunits	10	Dishwashers	84	
Dehumidifiers	0	Microwave Ovens	40	
Gas Water Heaters	1	Stoves/ Ovens or Other items containing Mercury, refrigerant or PCB-containing articles.	32	

Storage Dates					
Date the first item was placed in the mercury storage drum that is in use on December 31.	Ma	Date the first PCB-containing item was placed in the storage drum that is in use on December 31.	NA		

Component Removal						
TYPE OF COMPONENT	NUMBER	TYPE OF COMPONENT	NUMBER			
Number of mercury switches removed. (Not in lbs)	-6	Amount of Refrigerant Removed	18			
Number of mercury thermocouples removed.(Not in lbs)	0	Number of PCB capacitors removed. (Not in lbs)	0			
Number of fluorescent tubes removed.(Not in lbs)	6	Number of PCB ballasts removed. (Not in lbs)	6			

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

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: noiaapct@ncn.net  Noiaanct@ncn.net	North Down appliance Center Mark E Bierstedt	16/24	Fax Number: 575-295-9439		

Additional Comments:				
			•	

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