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

31-ADP-02-05

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@dpr.jowa.gov

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

ROGER H KUNDE NORTH END AUTO WRECKING, INC. 55 WEST 32ND STREET DUBUQUE IA 52001

Attach additional pages if necessary.

Are appliances containing refrigerants accepted at this facility?

OYes ONo

Are appliances containing mercury accepted at this facility?

OYes ONo

Are appliances containing sodium chromate accepted at this facility?

OYeş ONo

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

OYes ONo

Number of App	oliances Den	nanufactured in each category		
TYPE OF APPLIANCE	NUMBER	TYPE OF APPLIANCE	NUMBER	
Refrigerators and freezers		Furnaces	1	
Commercial coolers		Clothes washers and dryers		
Air-conditioning units		Dishwashers	All STATE OF THE S	
Dehumidifiers		Microwave Ovens		
Gas Water Heaters		Stoves/ Ovens or Other items containing Mercury,	And the second s	
		refrigerant or PCB-containing articles.	No.	

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

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

<sup>31</sup> 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: 563 556 0049
Email: Northend Kund	e farms Lors lampe.	lia	Fax Number:
a gmail tom	for North End Wreding	/ 6	563 556 5079

dditional	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