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

18-ADP-04-13

Please make address corrections as necessary

RECEIVED

JAN 2 2 2024

DAVID BAKKER DLT SALVAGE 4728 HIGH COUNTRY ROAD CHEROKEE IA 51012 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

Attach additional pages if necessary.

Are appliances containing refrigerants accepted at this facility?

Yes ONo

Are appliances containing mercury accepted at this facility?

Are appliances containing sodium chromate accepted at this facility?

OYes **⊘**No

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

Number of App	CONTRACTOR OF THE PROPERTY OF	nanufactured in each category	NUMBER
TYPE OF APPLIANCE	NUMBER	TYPE OF APPLIANCE	110111227
Refrigerators and freezers	45	Furnaces	100
Commercial coolers	6	Clothes washers and dryers	365
Air-conditioning units	30	Dishwashers	30
Dehumidifiers	20	Microwave Ovens	50
Gas Water Heaters	125	Stoves/ Ovens or Other items containing Mercury, refrigerant or PCB-containing articles.	94

	Stora	ige 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.	5-123

Component Removal			
TYPE OF COMPONENT	NUMBER	TYPE OF COMPONENT	NUMBER
Number of mercury switches removed. (Not in lbs)	0	Amount of Refrigerant Removed	0
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

Number of sodium chroma appliances shipped to anot	te containing ther demanufacturer	0		
I certify under penalty of law that examined and am familiar with th	I am the owner operator of	ification authorized representative of and that I believe the info	of the owner rmation is tr	or operator and that I have ue, accurate and complete.
Signature: Signat	Name & Agency of (please type of Salva	Person Certifying the or print)	Date:	Telephone Number: 1-712 - 437-2535 Fax Number:

Sodium Chromate Appliances

	Additional Comments:	
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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