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

97-ADP-01-02

Please make address corrections as necessary

RECEIVED

JAN 2 2 2024

TIM B
SIOUX CITY DEMANUFACTURING CO., L.C.
PO BOX 3262
SIOUX CITY IA 51102

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, 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?

OYes ONo

Are appliances containing mercury accepted at this facility?

Yes ONo

Are appliances containing sodium chromate accepted at this facility?

OYes ONo

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

Yes ONo

Number of Applia	ances Den	nanufactured in each category	
TYPE OF APPLIANCE	NUMBER	TYPE OF APPLIANCE	NUMBER
Refrigerators and freezers	32	Furnaces	24
Commercial coolers		Clothes washers and dryers	4/10
Air-conditioning units	26	Dishwashers	
Dehumidifiers	34	Microwave Ovens	11
Gas Water Heaters	12	Stoves/ Ovens or Other items containing Mercury, refrigerant or PCB-containing articles.	Ь

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.	12/18/20

Component Removal			
TYPE OF COMPONENT	NUMBER	TYPE OF COMPONENT	NUMBER
Number of mercury switches removed. (Not in lbs)	29	Amount of Refrigerant Removed	34 UB
Number of mercury thermocouples removed.(Not in lbs)		Number of PCB capacitors removed. (Not in lbs)	0
Number of fluorescent tubes removed.(Not in lbs)	0	Number of PCB ballasts removed. (Not in lbs)	0

Sodium Chromate Appliances			
Number of sodium chromate containing appliances shipped to another demanufacturer	0		

91 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: Email:	Name & Agency of Person Certifying (please type or print)	Date:	Telephone Number: 7/2 277 4/60 Fax Number: 7/2	
TimB@compressedsteel.com			277-1210	

Additional Comments		-
	Volume Down Que to Lower Prices	
	V	

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