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

77-ADP-08-12

Please make address corrections as necessary

RECEIVED

KEVIN NIELSEN JAN 24 2024

SCRAP PROCESSORS INC. 918 SE 21ST STREET DES MOINES IA 50317 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 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?

ØYes ONo

Are appliances containing sodium chromate accepted at this facility?

OYes @No

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

ØYes ONo

Number of App	liances Den	nanufactured in each category	
TYPE OF APPLIANCE	NUMBER	TYPE OF APPLIANCE	NUMBER
Refrigerators and freezers	1753	Furnaces	2585
Commercial coolers	244	Clothes washers and dryers	1562
Air-conditioning units	2735	Dishwashers	768
Dehumidifiers	234	Microwave Ovens	400
Gas Water Heaters	2098	Stoves/ Ovens or Other items containing Mercury, refrigerant or PCB-containing articles.	1413

Storage Dates					
Date the first item was placed in the mercury storage drum that is in use on December 31.	à	Date the first PCB-containing item was placed in the storage drum that is in use on December 31.	11-12-23		

Component Removal					
TYPE OF COMPONENT	NUMBER	TYPE OF COMPONENT	NUMBER		
Number of mercury switches removed. (Not in lbs)	2 1	Amount of Refrigerant Removed	36201h;		
Number of mercury thermocouples removed.(Not in lbs)	3	Number of PCB capacitors removed. (Not in lbs)	25		
Number of fluorescent tubes removed.(Not in lbs)	3	Number of PCB ballasts removed. (Not in lbs)	\otimes		

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

72 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: scrap@spiiowa.com	Name & Agency of Person Certifying (please type or print) (please type or print) (please type or print) (please type or print)	Date: 1-15-24	Telephone Number: \$75-263-8000 Fax Number:		

Addition	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