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

07-ADP-09-08

Please make address corrections as necessary

RECEIVED

JAN 24 2024

RANDY D SANDERSON R'S RECYCLING 110 COURT AVENUE WATERLOO IA 50703

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.iowa.gov

Or Fax: 515-725-8202, Attn: Sue Johnson

Attach additional pages if necessary. ONo

Are appliances containing refrigerants accepted at this facility?

ONo Are appliances containing mercury accepted at this facility?

Are appliances containing sodium chromate accepted at this facility?

ONo Are appliances containing PCB capacitors and ballasts accepted at

this facility?

Number of App	oliances Den	nanufactured in each category		
TYPE OF APPLIANCE	NUMBER	TYPE OF APPLIANCE	NUMBER	
Refrigerators and freezers	228	Furnaces	120	
Commercial coolers	0	Clothes washers and dryers	626	
Air-conditioning units	173	Dishwashers	150	
Dehumidifiers	143	Microwave Ovens	147	
Gas Water Heaters	143	Stoves/ Ovens or Other items containing Mercury, refrigerant or PCB-containing articles.	Cell	

Storage Dates					
Date the first item was placed in the mercury storage drum that is in use on December 31.	9/20/23	Date the first PCB-containing item was placed in the storage drum that is in use on December 31.	9/20/23		

Component Removal						
TYPE OF COMPONENT	NUMBER	NUMBER				
Number of mercury switches removed. (Not in lbs)	245	Amount of Refrigerant Removed	250 lbs			
Number of mercury thermocouples removed.(Not in lbs)	UO	Number of PCB capacitors removed. (Not in lbs)	605			
Number of fluorescent tubes removed.(Not in lbs)	TO A	Number of PCB ballasts removed. (Not in lbs)	0			

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

	5Certification		and word that I have
I certify under penalty of law t examined and am familiar wit	hat I am the owner, operator, or authorized representative on the information reported above, and that I believe the info	rmation is true	accurate and complete.
Signature:	Name & Agency of Person Certifying	Date:	Telephone Number:
Marly, Jahr	(please type or print)	. 220	1 319230 3008
Email:	- Kandy Sandyson	1-27-6	Fax Number:
R's Recycling 1804	My R's Recycling		WA

Additional Com	ments:		,			
			en e			

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