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

41-ADP-02-09

Please make address corrections as necessary

KEVIN COLLEN

COLLEN RECYCLING 2245 PALM AVE GARNER IA 50438

REPORT IS DUE ON OR BEFORE January 31, 2024

RECEIVED

JAN 24 2024

Land Quality Bureau 502 East Ninth Street Des Moines, Iowa 50319-0034 Or Email: Becky.jolly@dnr.iowa.gov

Send completed form to: **Iowa Department of Natural Resources**

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?

Yes ONo

Are appliances containing sodium chromate accepted at this facility?

No OYes

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

Yes ONo

Number of Appliances Demanufactured in each category				
TYPE OF APPLIANCE	NUMBER	TYPE OF APPLIANCE	NUMBER	
Refrigerators and freezers	3	Furnaces)]	
Commercial coolers	0	Clothes washers and dryers	24	
Air-conditioning units	1	Dishwashers	9	
Dehumidifiers	V 1	Microwave Ovens		
Gas Water Heaters		Stoves/ Ovens	. ~ ~	
	15	or Other items containing Mercury, refrigerant or PCB-containing articles.		

Storage Dates				
Date the first item was placed in the mercury storage drum that is in use on December 31.	NA	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)	0	Amount of Refrigerant Removed	3402		
Number of mercury thermocouples removed.(Not in lbs)	0	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)			

Sodium Chro	mate Appliar	nces
Number of sodium chromate containing appliances shipped to another demanufacturer		

42 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: kdcollen@live.com

Name & Agency of Person Certifying

OWher

(please type or print) Keun D. Colleh

Telephone Number:

Additional Comments:

I am not going to take anyting with French in it in 2024 and am going to refire and move off my Farm in the next courle years. I will keep you informed.

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