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

42-ADP-01-10

Please make address corrections as necessary

REPORT IS DUE ON OR BEFORE January 31, 2024

RECEIVED

Iowa Department of Natural Resources
Land Quality Bureau
502 East Ninth Street
Des Moines, Iowa 50319-0034

Send completed form to:

DIANE VANDERPOOL D&T RECYCLING 11733 CO HWY S45 IOWA FALLS IA 50126 Or Email: <u>Becky.jolly@dnr.iowa.gov</u> Or Fax: 515-725-8202, Attn: Sue Johnson

JAN 1 8 2024

Attach additional pages if necessary.

Are appliances containing refrigerants accepted at this facility?

Are appliances containing mercury accepted at this facility?

Are appliances containing sodium chromate accepted at this facility?

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

? Yes ONo
Yes ONo

Pies Vi

Yes N

Yes ONo

Number of App	iances Den	nanufactured in each category		
TYPE OF APPLIANCE	NUMBER	TYPE OF APPLIANCE	NUMBER	
Refrigerators and freezers	23.	Furnaces	3	
Commercial coolers	Q	Clothes washers and dryers	60	
Air-conditioning units	B	Dishwashers	3	
Dehumidifiers	Ø	Microwave Ovens	15	
Gas Water Heaters		Stoves/ Ovens or Other items containing Mercury, refrigerant or PCB-containing articles.	9	

	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.	10 to

	Compone	ent Removal	
TYPE OF COMPONENT	NUMBER	TYPE OF COMPONENT	NUMBER
Number of mercury switches removed. (Not in lbs)	k	Amount of Refrigerant Removed	35.5 03.0
Number of mercury thermocouples removed.(Not in lbs)	Ø	Number of PCB capacitors removed. (Not in lbs)	q
Number of fluorescent tubes removed.(Not in lbs)	8	Number of PCB ballasts removed. (Not in lbs)	×

		Sodium Chro	mate Appliances		
Number of sodium chromate containing appliances shipped to another demanufacturer		Not accepted) at Recycles (
examined and a	enalty of law that I am am familiar with the in	n the owner, operator, or formation reported above #	tification authorized representative of e, and that I believe the infor	nation is true,	, accurate and complete.
Signature: Location Email: dandtrecyclin	g@hotmail.com		of Person Certifying type on print) Hur \$45 14 50126	Date:	Telephone 48-30 Number: 48-30 Fax Number:
		F			

Additional Comments:	0 0	201	1 12	E111 12000
Additional Comments: A tech - PCB None removed	+ Non PCB 1	- Bolast -	taken in	3/16/d0d
None semored	after that	dotte:		
10012 101100				
	- -			

In accordance with lowa 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