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

20-ADP-01-05

Please make address corrections as necessary

RECEIVED

JAN 2 5 2024

KIRK HAUGE HAUGE'S SALVAGE 1318 225TH AVE OSCEOLA IA 50213 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.jowa.gov</u> Or Fax: 515-725-8202, Attn: Sue Johnson

Attach additional pages if necessary.

			Attach additional	pages II	110000
Are	appliances	containing	refrigerants accepted at this facility?	Yes	ONo
Are	appliances	containing	mercury accepted at this facility?	XYes	ONo
Are	appliances	containing	sodium chromate accepted at this facility?	OYes	ØNo
	appliances facility?	containing	PCB capacitors and ballasts accepted at	X Yes	ONo

Number of App	liances Den	nanufactured in each category		
TYPE OF APPLIANCE	NUMBER	TYPE OF APPLIANCE	NUMBER	
Refrigerators and freezers	0	Furnaces	6	
Commercial coolers	Ô	Clothes washers and dryers	4	
Air-conditioning units	0	Dishwashers	0	
Dehumidifiers		Microwave Ovens		
Gas Water Heaters	a subtract of the	Stoves/ Ovens	Same of the same o	
		or		
		Other items containing Mercury, refrigerant or PCB-containing articles.		

	Stora	ge Dates	
Date the first item was placed in the mercury storage drum that is in use on December 31.	empty	Date the first PCB-containing item was placed in the storage drum that is in use on December 31.	empty

Component Removal						
TYPE OF COMPONENT	NUMBER	TYPE OF COMPONENT	NUMBER			
Number of mercury switches removed. (Not in lbs)	Ó	Amount of Refrigerant Removed	0			
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)	0			

Number of sodium chromat appliances shipped to another		O		
I certify under penalty of law that examined and am familiar with th	I am the owner, operator, or	ification authorized representa a, and that I believe the	tive of the owner o	r operator and that I have e, accurate and complete.
Signature: Mmo Huzi Email:	Name & Agency of (please type Hauge's Sa	e or print)	g Date:	Telephone Number: , 641-344-0547 Fax Number:

Lynne Hatege

Sodium Chromate Appliances

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

hauge@iowatelecom.net

542-8005