

APPLIANCE DEMANUFACTURING ANNUAL REPORT

January 1, 2023 – December 31, 2023

33-ADP-01-10

Please make address corrections as necessary

REPORT IS DUE ON OR BEFORE
January 31, 2024

KURT YEAROUS
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982 FAIRFIELD STREET
ARLINGTON IA 50606

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.

- Are appliances containing refrigerants accepted at this facility? Yes No
- Are appliances containing mercury accepted at this facility? Yes No
- Are appliances containing sodium chromate accepted at this facility? Yes No
- Are appliances containing PCB capacitors and ballasts accepted at this facility? Yes No

Number of Appliances Demanufactured in each category

TYPE OF APPLIANCE	NUMBER	TYPE OF APPLIANCE	NUMBER
Refrigerators and freezers	40	Furnaces	0
Commercial coolers	0	Clothes washers and dryers	150
Air-conditioning units	7	Dishwashers	50
Dehumidifiers	0	Microwave Ovens	10
Gas Water Heaters	0	Stoves/ Ovens or Other items containing Mercury, refrigerant or PCB-containing articles.	0

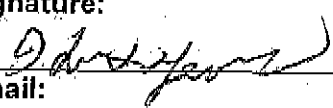
Storage Dates

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.
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Questions? Call or email: Susan Johnson, susan.johnson@dnr.iowa.gov, 515-217-0872
Please mail completed form to: Land Quality Bureau, 502 East 9th Street, Des Moines, IA 50319

Component Removal			
TYPE OF COMPONENT	NUMBER	TYPE OF COMPONENT	NUMBER
Number of mercury switches removed. (Not in lbs)	0	Amount of Refrigerant Removed	20 LBS
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

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

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: 	Name & Agency of Person Certifying (please type or print)	Date:	Telephone Number: 319-238-0718
Email:			Fax Number:

Additional Comments:

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.