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

07-ADP-08-06

Please make address corrections as necessary

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, lowa 50319-0034
Or Email: Becky.jolly@dnr.jowa.gov

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

KYLE STONE A-LINE IRON AND METALS, INC. 1500 DAVID STREET WATERLOO IA 50703

Attach additional pages if necessary.

Are appliances containing refrigerants accepted at this facility?

XYes ONo

Are appliances containing mercury accepted at this facility?

ØYes ONo

Are appliances containing sodium chromate accepted at this facility?

Yes No

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	(047	Furnaces	Ø	
Commercial coolers	Ø	Clothes washers and dryers	1092	
Air-conditioning units	\$	Dishwashers	519	
Dehumidifiers	P	Microwave Ovens	406	
Gas Water Heaters	9	Stoves/ Ovens or Other items containing Mercury, refrigerant or PCB-containing articles.	392	

Storage Dates			
Date the first item was placed in the mercury storage drum that is in use on December 31.	7/19/23	Date the first PCB-containing item was placed in the storage drum that is in use on December 31.	5/27/23

Component Removal				
TYPE OF COMPONENT	NUMBER	TYPE OF COMPONENT	NUMBER	
Number of mercury switches removed. (Not in lbs)	5	Amount of Refrigerant Removed	3001bs	
Number of mercury thermocouples removed.(Not in lbs)	Ø	Number of PCB capacitors removed. (Not in lbs)	152	
Number of fluorescent tubes removed.(Not in lbs)	195	Number of PCB ballasts removed. (Not in lbs)	233	

appliances shipped to anot			
I certify under penalty of law that examined and am familiar with th	4Certification I am the owner, operator, or authorized representative information reported above, and that I believe the in	e of the owner o	r operator and that I have e, accurate and complete.
Signature:	Name & Agency of Person Certifying (please type or print)	Date:	Telephone Number: 3 /9 z 33 73 D
Email: broks. dunkalberger Q	Brooks Dunkelberger	1/29/2	Fax Number:

Sodium Chromate Appliances

Additional Comr	nents:		
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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

542-8005