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

17-ADP-06-08

Please make address corrections as necessary

REPORT IS DUE ON OR BEFORE January 31, 2024

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.jowa.gov

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

TONY JOHNSON
JOHNSON HEATING & A.C.
1405-B SOUTH TAFT AVENUE
MASON CITY IA 50401

Attach additional pages if necessary.

Are appliances containing refrigerants accepted at this facility?

XYes ONo

Are appliances containing mercury accepted at this facility?

Are appliances containing sodium chromate accepted at this facility?

OYes XNo

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

**X**Yes ONo

Number of Appliances Demanufactured in each category				
TYPE OF APPLIANCE	NUMBER	TYPE OF APPLIANCE	NUMBER	
Refrigerators and freezers	2	Furnaces	123	
Commercial coolers	Ø	Clothes washers and dryers	D	
Air-conditioning units	110	Dishwashers	Ø	
Dehumidifiers	Ø	Microwave Ovens	8	
Gas Water Heaters	64	Stoves/ Ovens or Other items containing Mercury, refrigerant or PCB-containing articles.	5	

	Storag	ge Dates	# 1
Date the first item was placed in the mercury storage drum that is in use on December 31.	3/14/23	Date the first PCB-containing item was placed in the storage drum that is in use on December 31.	1/27/23

Component Removal #			
TYPE OF COMPONENT	NUMBER	TYPE OF COMPONENT	NUMBER
Number of mercury switches removed. (Not in lbs)		Amount of Refrigerant Removed	521
Number of mercury thermocouples removed.(Not in lbs)	Ø	Number of PCB capacitors removed. (Not in lbs)	32
Number of fluorescent tubes removed.(Not in lbs)	Ø	Number of PCB ballasts removed. (Not in lbs)	Ø

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

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:	<b>Telephone Number:</b> (241)424-4808		
Email: / ()	(please type or print) Shelly Radcliff Johnson Heating of A/C, LLC 1405-B S. Taft Aue Mason City IA 50401	1/26/24	Fax Number: 641)424-8278		

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

542-8005