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

28-ADP-03-21

Please make address corrections as necessary

RECEIVED

DEC 0 1 2024

AARON SUPPLE SUPPLE SCRAP 523 ANDREW STREET HOPKINTON IA 52237 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: <u>Becky.jolly@dnr.iowa.gov</u> Or Fax: 515-725-8202, Attn: Sue Johnson

Attach additional pages if necessary.

Are	appliances	containing	refrigerants acc	epted at thi	s facility?	Yes	⊙No
Are	appliances	containing	mercury accepte	ed at this fa	icility?	OYes	No
Are	appliances	containing	sodium chromat	e accepted	at this facility?	OYes	No

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

١	VIC	\circ	Yes	
	N۲		YAS	

Number of Appliances Demanufactured in each category				
TYPE OF APPLIANCE	NUMBER	TYPE OF APPLIANCE	NUMBER	
Refrigerators and freezers	0	Furnaces	12	
Commercial coolers	0	Clothes washers and dryers	0	
Air-conditioning units	35	Dishwashers	0	
Dehumidifiers		Microwave Ovens	0	
Gas Water Heaters	27	Stoves/ Ovens or Other items containing Mercury, refrigerant or PCB-containing articles.	0	

The second secon	Stora	ge Dates	an ang mga ng mga n Mga ng mga ng
Date the first item was placed in the mercury storage drum that is in use on December 31.	MA	Date the first PCB-containing item was placed in the storage drum that is in use on December 31.	NA

Component Removal				
TYPE OF COMPONENT	NUMBER	TYPE OF COMPONENT	NUMBER	
Number of mercury switches removed. (Not in lbs)	0	Amount of Refrigerant Removed	0	
Number of mercury thermocouples removed.(Not in lbs)	0	Number of PCB capacitors removed. (Not in lbs)	47	
Number of fluorescent tubes removed.(Not in lbs)	0	Number of PCB ballasts removed. (Not in lbs)		

umber of sodium chromate containing opliances shipped to another demanufacturer	
I certify under penalty of law that I am the owner, operator, or	tification r authorized representative of the owner or operator and that I have re, and that I believe the information is true, accurate and complete.

Sodium Chromate Appliances

Signature:
Name & Agency of Person Certifying (please type or print)

Email:
aaronsupple92@gmail.com

Name & Agency of Person Certifying (please type or print)

Fax Number:

Telephone Number: 756

Fax Number:

Additional Comments:
Plumber drains all retrigerants for his resale.
All 47 PCB were "No PCB"
Didn't do alot of scrapping last year with
buging a dump truck business.
the same of the sa

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