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

87-ADP-01-07

Please make address corrections as necessary

RECEIVED

JACK BRANDON BRANDON SALVAGE 2507 ADAM TAYLOR ST LENOX IA 50851 FEB 0 7 2024

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.iowa.gov</u> Or Fax: 515-725-8202, Attn: Sue Johnson

Attach additional pages if necessary.

Are appliances containing refrigerants accepted at this facility?

OYes ONo
Are appliances containing mercury accepted at this facility?

OYes ONo

Are appliances containing sodium chromate accepted at this facility?

OYes ONo

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

Number of Appli	ances Den	nanufactured in each category	
TYPE OF APPLIANCE	NUMBER	TYPE OF APPLIANCE NO	
Refrigerators and freezers	15	Furnaces	5
Commercial coolers	Ø :	Clothes washers and dryers	10
Air-conditioning units	10	Dishwashers	Ø
Dehumidifiers	6	Microwave Ovens	6
Gas Water Heaters	Ø a	Stoves/ Ovens or Other items containing Mercury, refrigerant or PCB-containing articles.	10

	Storage [Dates	
Date the first item was placed in the mercury storage drum that is in use on December 31.	was	te the first PCB-containing item so placed in the storage drum that n use on December 31.	3/15/23

Component Removai			
TYPE OF COMPONENT	NUMBER	TYPE OF COMPONENT	NUMBER
Number of mercury switches removed. (Not in lbs)	0	Amount of Refrigerant Removed	5135
Number of mercury thermocouples removed.(Not in lbs)	0	Number of PCB capacitors removed. (Not in 1bs)	5
Number of fluorescent tubes removed.(Not in lbs)	2	Number of PCB ballasts removed. (Not in lbs)	

Sodium Chron	mate Appliances
Number of sodium chromate containing appliances shipped to another demanufacturer	\$

I certify under penalty of law that examined and am familiar with th	84 Certification I am the owner, operator, or authorized representative e information reported above, and that I believe the info	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:
Email: ACK. & Brondon 48xy	Brandon SAlvAg	130	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.

DNR form rev 3/13

542-8005