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

57-ADP-05-11

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

PATRICK HESSER STAR APPLIANCE 600 44TH STREET MARION IA 52302

Attach additional pages if necessary.

Are appliances containing refrigerants accepted at this facility?

Yes ONo

Are appliances containing mercury accepted at this facility?

Yes ONo

Are appliances containing sodium chromate accepted at this facility?

OYes 🔊 No

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

Yes ON

Number of Appliances Demanufactured in each category				
TYPE OF APPLIANCE	NUMBER	TYPE OF APPLIANCE	NUMBER	
Refrigerators and freezers	227	Furnaces	0	
Commercial coolers	0	Clothes washers and dryers	3)5	
Air-conditioning units	À	Dishwashers	235	
Dehumidifiers	1	Microwave Ovens	126	
Gas Water Heaters		Stoves/ Ovens or Other items containing Mercury, refrigerant or PCB-containing articles.	179	

Storage Dates				
Date the first item was placed in the mercury storage drum that is in use on December 31.	Modified	Date the first PCB-containing item was placed in the storage drum that is in use on December 31.		

	Compe	Art Removal	
TYPE OF COMPONENT	NUM	TYPE OF COMPONENT	NUMBER
Number of mercury switches removed. (Not in lbs)	More	Amount of Refrigerant Removed	1102
Number of mercury thermocouples removed.(Not in lbs)	0	Number of PCB capacitors removed. (Not in lbs)	l
Number of fluorescent tubes removed.(Not in lbs)	39	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 I	57 Certification am the owner, operator, or authorized representative of the information reported above, and that I believe the information reported above.	of the owner or rmation is true	operator and that I have , accurate and complete.
Signature: Email:	Name & Agency of Person Certifying (please type or print) Show the Control of th	Date:	Telephone Number: 39373291 Fax Number:
Salles Con	mailcon		

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