



APPLIANCE DEMANUFACTURING ANNUAL REPORT

JANUARY 1, 2023 DECEMBER 31, 2023

Permit Number: 38-ADP-01-04
 Responsible Official: Chad Pruisner
 Facility Name: Pruisner Industries
 Address: 18346 E Ave
 City, State Zip: Holland IA 50642

REPORT IS DUE ON OR BEFORE
 JANUARY 31ST

Send completed form to:
 Iowa DNR
 Land Quality Bureau
 502 E 9th St
 Des Moines, IA 50319-0034
 OR FAX: 515-725-8202

ATTACH ADDITIONAL PAGES IF NECESSARY.

- Are appliances containing refrigerants accepted at this facility? Yes No
- Are appliances containing mercury accepted at this facility? Yes No
- Are appliances containing sodium chromate accepted at this facility? Yes No
- Are appliances containing PCB capacitors and ballasts accepted at this facility? Yes No

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

Storage Dates			
Date the first item was placed in the mercury storage drum that is in use on December 31.	NA	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)	0
Number of fluorescent tubes removed. (Not in lbs)	0	Number of PCB ballasts removed. (Not in lbs)	0

Sodium Chromate Appliances	
Number of sodium chromate containing appliances shipped to another demanufacturer	0

Questions? Call or email: Susan Johnson, susan.johnson@dnr.iowa.gov, 515-217-0872
 Please mail completed form to: Land Quality Bureau, 502 E 9th St, Des Moines IA 50319

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.

Name & Agency of Person Certifying (please type or print) Chad Pruisner
Telephone Number: 319 231 8649 Fax Number: _____
Email: Pruisnerind@yahoo.com
Signature: Chad Pruisner Date: 2/15/24

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.

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