

## APPLIANCE DEMANUFACTURING ANNUAL REPORT

JANUARY 1, <u>2023</u> - DECEMBER 31, <u>202</u>3

Permit Number: 35-AD	13	CON 12-1-1 Doc # 109303			
	3 Sw		C# 109303		
		Sanda	ompleted form to:		
Facility Name: Swieter		ge send to	Iowa DNR		
Address: Mallar	d Ave		Quality Bureau		
City, State Zip: Hampton	, Towa	50741	502 E 9 <sup>th</sup> St nes, IA 50319-0034		
ATTACH ADDITIONAL PAGES	IF NECESSARY.		AX: 515-725-8202		
Are appliances containing refrigerants acc	cepted at this fac	ility? ☐ Yes ☐ N	0		
Are appliances containing mercury accept	ted at this facility	? Yes N	o		
Are appliances containing sodium chroma	ate accepted at t	his facility? Yes N	0		
Are appliances containing PCB capacitors	and ballasts acce	epted at this facility? 🕡 Yes 🗌 N	0		
Number of	Appliances Der	manufactured in each category			
TYPE OF APPLIANCE	NUMBER	TYPE OF APPLIANCE	NUMBER		
Refrigerators and freezers		Furnaces	135		
Commercial coolers		Clothes washers and dryers	20		
Air-conditioning units		Dishwashers	5		
Dehumidifiers		Microwave Ovens	2		
Gas Water Heaters	239	Stoves/ Ovens or	9		
		Other items containing Mercury, refrigerant or PCB-containing articles			
	Stora	age Dates			
Date the first item was placed in the		Date the first PCB-containing item was pl	aced		
mercury storage drum that is in use		n the storage drum that is in use on			
on December 31.		December 31.			
	Compon	ent Removal			
TYPE OF COMPONENT	NUMBER	TYPE OF COMPONENT	NUMBER		
Number of mercury switches removed. (Not in lbs)		Amount of Refrigerant Removed			
Number of mercury thermocouples removed. (Not in lbs)		Number of PCB capacitors removed. (Not in lbs)			
Number of fluorescent tubes removed. (Not in lbs)		Number of PCB ballasts removed. (Not in lbs)			
	Sodium Chro	omate Appliances			
Number of sodium chromate containing shipped to another demanufacturer	appliances				
Questions? Call or amail: Susan Johnson	: -   -   -	Admi (a.u.a. aay) 515 317 0073			

Questions? Call or email: Susan Johnson, <a href="mailto:susan.johnson@dnr.iowa.gov">susan.johnson@dnr.iowa.gov</a>, 515-217-0872

Please mail completed form to: Land Quality Bureau, 502 E 9<sup>th</sup> St, Des Moines IA 50319

04/2021 cmc

## 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 o	of Person Certifying	(please type or print)	Swieter	Sa	luage 1	Jennis Swie
Telephone Numb	er: <u>64) - 7</u>	151 - 5346	Fax Nu	mber:		
Email: conn	ie 2875	@ msn. (	com			
Signature:	Dennis	Swieter	_	Date:	2-9-	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.

