APPLIANCE DEMANUFACTURING ANNUAL REPORT January 1, 2024 – December 31, 2024

38-ADP-01-04

Please make address corrections as necessary

CHAD R PRUISNER
PRUISNER INDUSTRIES
18346 L AVENUE
HOLLAND IA 50642

REPORT IS DUE ON OR BEFORE January 31, 2025

Send completed form to:

lowa Department of Natural Resources

Land Quality Bureau

6200 Park Avenue, Ste 200

Des Moines, Iowa 50321

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?

Yes 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?

eyes ONo

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

	Stor	age 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

Questions? Call or email: Susan Johnson, susan.johnson@dnr.iowa.gov, 515-217-0872

Please mail completed form to: Land Quality Bureau, 6200 Park Avenue, Ste 200, Des Moines, IA 50321

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 Ibs)	0	Number of PCB ballasts removed. (Not in lbs)	0			

Sodium Chromate Appliances							
Number of sodium chromat appliances shipped to anoth		0					
³⁷ 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.							
Signature: Mas lunion Email: Druisperial@baha.com	Name & Agency of (please type) Chad Pru Pruisner	e or print)	Date: 1/6/25	Telephone Number: 319 231 8649 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

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