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

20-ADP-02-13

Please make address corrections as necessary

PAUL PALMER, JR. P&L RECYCLING, LLC 2261 CHURCH STREET WELDON IA 50264 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: Becky.jolly@dnr.jowa.gov Or Fax: 515-725-8202, Attn: Sue Johnson

Are appliances containing refrigerants accepted at this facility?

Are appliances containing mercury accepted at this facility?

Are appliances containing sodium chromate accepted at this facility?

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

Yes ONO

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

Number of App	oliances Den	nanufactured in each category	
TYPE OF APPLIANCE	NUMBER	TYPE OF APPLIANCE	NUMBER
Refrigerators and freezers	20	Furnaces	6
Commercial coolers		Clothes washers and dryers	158
Air-conditioning units	6	Dishwashers	16
Dehumidifiers		Microwave Ovens	13
Gas Water Heaters	12	Stoves/ Ovens or Other items containing Mercury, refrigerant or PCB-containing articles.	50

	Stora	ge Dates	
Date the first item was placed in the mercury storage drum that is in use on December 31.	3-29-24	Date the first PCB-containing item was placed in the storage drum that is in use on December 31.	none

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

	Compone	ent Removal				
TYPE OF COMPONENT	NUMBER	TYPE OF CO	OMPONEN	T	NUN	BER
Number of mercury switches removed. (Not in lbs)	3	Amount of Refriger	ant Remov	ed	9	145
Number of mercury thermocouples removed.(Not in lbs)	0	Number of PCB cap (Not in lbs)	acitors ren	noved.	C)
Number of fluorescent tubes removed.(Not in lbs)	0	Number of PCB ball (Not in lbs)	asts remov	/ed.	C)
Soc	dium Chro	mate Appliances				
Number of sodium chromate contain appliances shipped to another demandance.						
I certify under penalty of law that I am the ow	vner, operator, o	tification r authorized representative	of the owner o	r operator	and that	have
examined and am familiar with the information Signature: Name	vner, operator, or on reported abov e & Agency o	r authorized representative of e, and that I believe the info f Person Certifying pe or print)	of the owner ormation is true Date: /-8-75	Teleph	and that le and commone Nu 342-umber:	iplete. imber
examined and am familiar with the information Signature: Name	on reported above & Agency o (please ty	r authorized representative of e, and that I believe the info f Person Certifying pe or print)	Date:	Teleph	one Nu	iplete. imber
Signature: Name Lauraloo & hotmail. RH R	on reported above & Agency o (please ty	r authorized representative of e, and that I believe the info f Person Certifying pe or print)	Date:	Teleph	one Nu	iplete. imber
Signature: Name Lauraloo & hotmail. RH R	on reported above & Agency o (please ty	r authorized representative of e, and that I believe the info f Person Certifying pe or print)	Date:	Teleph	one Nu	iplete. imber
Signature: Name Lauraloo & hotmail. RH R	on reported above & Agency o (please ty	r authorized representative of e, and that I believe the info f Person Certifying pe or print)	Date:	Teleph	one Nu	iplete. imber
examined and am familiar with the information Signature: Name	on reported above & Agency o (please ty	r authorized representative of e, and that I believe the info f Person Certifying pe or print)	Date:	Teleph	one Nu	iplete. imber
Signature: Name Lauraloo & hotmail. RH R	on reported above & Agency o (please ty	r authorized representative of e, and that I believe the info f Person Certifying pe or print)	Date:	Teleph	one Nu	iplete. imber

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