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

62-ADP-01-02 Please make address corrections as necessary			REPORT IS DUE ON OR BEFORE January 31, 2025		
DON DEHEER D&D RECYCLING 1175 220TH STREET PELLA IA 50219	JAN 0 6 2025	C	Send completed form to: va 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> Fax: 515-725-8202, Attn: Sue Johnson		
Are appliances containing r Are appliances containing n		s faci	and have		

OYes No OYes ONo

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

Number of Appliances Demanufactured in each category				
TYPE OF APPLIANCE	NUMBER	TYPE OF APPLIANCE	NUMBER	
Refrigerators and freezers	35	Furnaces	59	
Commercial coolers	6	Clothes washers and dryers	61	
Air-conditioning units	76	Dishwashers	16	
Dehumidifiers	21	Microwave Ovens	18	
Gas Water Heaters	100	Stoves/ Ovens or Other items containing Mercury, refrigerant or PCB-containing articles.	25	

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

Questions? Call or email: Susan Johnson, <u>susan.johnson@dnr.iowa.gov</u>, 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	279.lb.
Number of mercury thermocouples removed.(Not in lbs)	Ô	Number of PCB capacitors removed. <i>(Not in lbs)</i>	\bigcirc
Number of fluorescent tubes removed. <i>(Not in Ibs)</i>	0	Number of PCB ballasts removed. (Not in lbs)	Õ

Sodium Chromate Appliances			
Number of sodium chromate containing appliances shipped to another demanufacturer	\mathcal{O}		

⁵⁵ 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:	Name & Agency of Person Certifying (please type or print)	Date:	Telephone Number:		
Email:	DYD Recyclin	2. 25	Fax Number:		

Additional Comments:		
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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