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

10-ADP-01-10

Please make address corrections as necessary

DEAN S TOURNIER TOURNIER'S RECYCLING, INC. 1644 NATHAN BETHEL AVE INDEPENDENCE IA 50644 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?

XYes ONo

Are appliances containing mercury accepted at this facility?

SYes ONo

Are appliances containing sodium chromate accepted at this facility?

OYes WNo

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

Yes ONo

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

	Sto	rage Dates	
Date the first item was placed in the mercury storage drum that is in use on December 31.	WA	Date the first PCB-containing item was placed in the storage drum that is in use on December 31.	6/6/2

	Compone	ent Removal	
TYPE OF COMPONENT	NUMBER	TYPE OF COMPONENT	NUMBER
Number of mercury switches removed. (Not in lbs)	2	Amount of Refrigerant Removed	133 lbs
Number of mercury thermocouples removed.(Not in lbs)	Ø	Number of PCB capacitors removed. (Not in lbs)	228
Number of fluorescent tubes removed.(Not in lbs)	13	Number of PCB ballasts removed. (Not in lbs)	15

Number of sodium chroma appliances shipped to anot	te containing her demanufacturer	NA		n - ye ildi. A vil
I certify under penalty of law that examined and am familiar with the	I the owner enerator of	ification r authorized representative e, and that I believe the info	of the owner or ormation is true	r operator and that I have e, accurate and complete.
Signature:	Name & Agency o	f Person Certifying	Date:	Telephone Number:
Signature	(please ty	pe or print)	161	319-334-6391
Email:	Dean Tourn	ler	1/15/3000	Fax Number:
townierrecycling@gmail.com	Journier's Re	cycling. Inc.		8

Sodium Chromate Appliances

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

Number of sodium chromate containing

542-8005