## APPLIANCE DEMANUFACTURING ANNUAL REPORT January 1, 2024 - December 31, 2024

31-ADP-03-08

Please make address corrections as necessary

DAWN O'MEARA APPLIANCE REGYCLING OF IOWA 8500 OLD HIGHWAY ROAD DUBUQUE IA 52002

REPORT IS DUE ON OR BEFORE January 31, 2025

Send completed form to: Iowa Department of Natural Resources Land Quality Bureau 6200 Park Avenue, Ste 200 Des Moines, Iowa 50321

Or Email; Becky jolly@dnr.iowa.gov Or Fax: 515-725-8202, Attn: Sue Johnson

Attach additional pages if necessary.

Are appliances containing refrigerants accepted at this facility?

Are appliances containing mercury accepted at this facility?

Yes ONo

Are appliances containing sodium chromate accepted at this facility?

OYes ONo

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

OXes ONo

Number of App	oliances Den	nanufactured in each category	
TYPE OF APPLIANCE	NUMBER	TYPE OF APPLIANCE	NUMBER
Refrigerators and freezers	86	Furnaces	2
Commercial coolers	0	Clothes washers and dryers	123
Air-conditioning units	22	Dishwashers	59
Dehumidifiers	64	Microwave Ovens	132
Gas Water Heaters	43	Stoves/ Ovens or Other items containing Mercury, refrigerant or PCB-containing articles.	5+0-43 OTHER-16

		ge Dates	
Date the first item was placed in the mercury storage drum that is in use on December 31.	3/18/24	Date the first PCB-containing item was placed in the storage drum that is in use on December 31.	4/16/24

Component Removal			
TYPE OF COMPONENT	NUMBER	TYPE OF COMPONENT	NUMBER
Number of mercury switches removed. (Not in ibs)	3	Amount of Refrigerant Removed	60 lbs
Number of mercury thermocouples removed.(Not in lbs)	X	Number of PCB capacitors removed. (Not in lbs)	3
Number of fluorescent tubes removed.(Not in lbs)	8	Number of PCB ballasts removed. (Not in lbs)	3

Sodium Chromate Appliances				
Number of sodium chromate containing appliances shipped to another demanufacturer	X			

	<sup>31</sup> Certification		
I certify under penalty of law that I examined and am familiar with the	am the owner, operator, or authorized representative information reported above, and that I believe the information reported above, and that I believe the	of the owner o	r operator and that I have accurate and complete.
Signature:	Name & Agency of Person Certifying	Date:	Telephone Number:
PL Sall	(please type or print)	1	-
Email:	, , , , , , , , , , , , , , , , , , , ,	1/16/25	<i>815-994-6689</i> Fax Number:
Patrick. Kollmeier@		1/10/00	4//1

Additional Comments:		
		25
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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