

APPLIANCE DEMANUFACTURING ANNUAL REPORT

JANUARY 1, 2024 - DECEMBER 31, 2024

Permit Number: 77-ADP-11-20			ORT IS DUE ON OR BEFORE		
Responsible Official: Colby Reid			JANUARY 31 ST		
Facility Name: Metro Park East Landill Appliance Recycling			Send completed form to:		
Address: 12181 NE University			lowa DNR Land Quality Bureau 502 E 9 th St		
City, State Zip: Mitchellville, IA 50169					
MACH ADDITIONAL PAGES IF NECESSARY.			Des Moines, IA 50319-0034 OR FAX: 515-725-8202		
Are appliances containing refrigerants Are appliances containing mercury acc Are appliances containing sodium chro Are appliances containing PCB capacito	epted at this facility mate accepted at th	? Yes No			
Number of Appliances Demanufactured in each category					
TYPE OF APPLIANCE	NUMBER	TYPE OF APPLIANCE	NUMBER		
Refrigerators and freezers	1515	Furnaces	60		
Commercial coolers	42	Clothes washers and dryers			
			1272		
Air-conditioning units	396	Dishwashers	1272		
Air-conditioning units Dehumidifiers	396 476	Dishwashers Microwave Ovens	1272 660 948		

Storage Dates				
Date the first item was placed in the mercury storage drum that is in use on December 31.	11-6-24	Date the first PCB-containing item was placed in the storage drum that is in use on December 31.	N/A, have not added PCB's sinc last shipment, nev drum	

Component Removal				
TYPE OF COMPONENT NUMBER TYPE OF COMPONENT		NUMBER		
Number of mercury switches removed. (Not in lbs)	3	Amount of Refrigerant Removed	479.2 lbs	
Number of mercury thermocouples removed. (Not in lbs)	7	Number of PCB capacitors removed. (Not in lbs)		
Number of fluorescent tubes removed. (Not in lbs)	9	Number of PCB ballasts removed. (Not in lbs)	0	

Sodium Chromate Appliances				
Number of sodium chromate containing appliances shipped to another demanufacturer	0, do not accept			

Questions? Call or email: Susan Johnson, susan.johnson@dnr.iowa.gov, 515-217-0872 Please mail completed form to: Land Quality Bureau, 502 E 9th St, Des Moines IA 50319 04/2021 cmc

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.

Name & Agency of Per	son Certifying (please type or print) Col	lby Reid	
Telephone Number:	515-423-5321	Fax Number:	515-967-7965
Email: cre@mwatoda	y.com		
Signature:		Date:	1-17-25

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.