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

34-ADP-04-20

Please make address corrections as necessary

RECEIVED

JAN 13 2025

RICH TYNAN
TYNAN RECYCLING
1100 13TH AVENUE
CHARLES CITY IA 50616

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: <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?

QYes ONo

Are appliances containing mercury accepted at this facility?

192Yes ONo

Are appliances containing sodium chromate accepted at this facility?

ÒgYes ÒgNo

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

Ŏ\Yes ONo

| Number of Appliances Demanufactured in each category | | | |
|--|--------|---|-----|
| TYPE OF APPLIANCE | NUMBER | TYPE OF APPLIANCE NUM | |
| Refrigerators and freezers | 125 | Furnaces | 180 |
| Commercial coolers | 0 | Clothes washers and dryers | 230 |
| Air-conditioning units | 68 | Dishwashers | 150 |
| Dehumidifiers | 70 | Microwave Ovens | 117 |
| Gas Water Heaters | 180 | Stoves/ Ovens or Other items containing Mercury, refrigerant or PCB-containing articles. | 128 |

| 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. | |

| Component Removal | | | | |
|--|--------|--|--------|--|
| TYPE OF COMPONENT | NUMBER | TYPE OF COMPONENT | NUMBER | |
| Number of mercury switches removed. (Not in lbs) | 0 | Amount of Refrigerant Removed | 4/65 | |
| Number of mercury thermocouples removed.(Not in lbs) | 0 | Number of PCB capacitors removed. (Not in lbs) | Ô | |
| Number of fluorescent tubes removed.(Not in lbs) | 17 | Number of PCB ballasts removed. (Not in lbs) | | |

| | Sodium Chro | mate Appliance | S | | | |
|---|-------------|----------------------------------|--------------|--|--|--|
| Number of sodium chromate appliances shipped to anothe | | 0 | | | | |
| ³⁵ 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: //// // June 14 14 16 Con Tyvansrecycling of & mail & Con | | f Person Certifying pe or print) | Date: 1-6-25 | Telephone Number: 641-228-1613 Fax Number: | | |

| 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.

DNR form rev 3/13

542-8005