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

## 28-ADP-03-21

Please make address corrections as necessary

AARON SUPPLE SUPPLE SCRAP 523 ANDREW STREET HOPKINTON IA 52237

RECEIVED

JAN 2 3 2025

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?

Yes ONo

Are appliances containing mercury accepted at this facility?

Yes ONo

Are appliances containing sodium chromate accepted at this facility?

OYes ⊚No

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

Yes ONo

Number of App	liances Den	nanufactured in each category	
TYPE OF APPLIANCE	NUMBER	TYPE OF APPLIANCE	NUMBER
Refrigerators and freezers	/	Furnaces	20
Commercial coolers	0	Clothes washers and dryers	2
Air-conditioning units	46	Dishwashers	$\bigcirc$
Dehumidifiers	0	Microwave Ovens	
Gas Water Heaters	10	Stoves/ Ovens or Other items containing Mercury, refrigerant or PCB-containing articles.	0

Storage Dates			
Date the first item was placed in the mercury storage drum that is in use on December 31.	4/9/24	Date the first PCB-containing item was placed in the storage drum that is in use on December 31.	1/1/24

Component Removal			
TYPE OF COMPONENT	NUMBER	R TYPE OF COMPONENT N	
Number of mercury switches removed. (Not in lbs)	47	Amount of Refrigerant Removed	None
Number of mercury thermocouples removed.(Not in lbs)	0	Number of PCB capacitors removed. (Not in lbs)	44
Number of fluorescent tubes removed.(Not in lbs)	0	Number of PCB ballasts removed. (Not in lbs)	0

Sodium Chromate Appliances		
Number of sodium chromate containing appliances shipped to another demanufacturer	None	

I certify under penalty of law that I examined and am familiar with the	<sup>26</sup> Certification am the owner, operator, or authorized representative of information reported above, and that I believe the information reported above.	of the owner or rmation is true	operator and that I have , accurate and complete.	
Signature:	Name & Agency of Person Certifying	Date:	Telephone	
Moren Dunkole	(please type or print)	1//	Number: 3-920-	77.
Email:	Supple Scrap	1/2925	Fax Number:	
aaronsupple92@gmail.com	Ann Enla	/ /		

Additional Comments
Additional Comments:
Additional Comments:  My plumber removes all refrigerant before
I pick them up. Furnaces are usually
in multiple pieces when I pick up

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