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

50-ADP-03-12

Please make address corrections as necessary

RECEIVED

JAN 2 1 2025

THOMAS HULBERT
H&W RECYCLING INC.
204 TOWNSEND PARK ROAD
BAXTER IA 50028

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?

Yes ONo

Are appliances containing mercury accepted at this facility?

ØYes ONo

Are appliances containing sodium chromate accepted at this facility?

ØYes ONo

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

ØYes ONo

Number of Appliances Demanufactured in each category				
TYPE OF APPLIANCE	NUMBER	TYPE OF APPLIANCE	NUMBER	
Refrigerators and freezers	a31	Furnaces	128	
Commercial coolers	38	Clothes washers and dryers	215	
Air-conditioning units	821	Dishwashers	155	
Dehumidifiers		Microwave Ovens		
	10		133	
Gas Water Heaters	4	Stoves/ Ovens		
	152	or Other items containing Mercury, refrigerant or PCB-containing articles.	154	

Storage Dates				
Date the first item was placed in the mercury storage drum that is in use on December 31.	None	Date the first PCB-containing item was placed in the storage drum that is in use on December 31.	None	

Component Removal					
TYPE OF COMPONENT	NUMBER	TYPE OF COMPONENT	NUMBER		
Number of mercury switches removed. (Not in lbs)	None.	Amount of Refrigerant Removed	1200105		
Number of mercury thermocouples removed.(Not in lbs)	None	Number of PCB capacitors removed. (Not in lbs)	None		
Number of fluorescent tubes removed.(Not in lbs)	140	Number of PCB ballasts removed. (Not in lbs)	None		

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

	⁴°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:	Name & Agency of Person Certifying	Date:	Telephone Number:		
Email:	(please type or print)	1-15-25	641-331-3300 Fax Number:		
hwrecycling & hotmail	Thomas Hulbert		641-227-3201		

Additional Comments:					
	Additional Comments:		-		
	State of the state	or way		***	****
	7				

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