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

55-ADP-01-02

Please make address corrections as necessary

RECEIVED

JAN 1 5 2025

MARK BIERSTEDT NORTH IOWA APPLIANCE CENTER 1600 HIGHWAY 18 EAST ALGONA IA 50511 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?

OYes ONo

Are appliances containing sodium chromate accepted at this facility?

OYes ONo

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

Yes ONo

Number of Appliances Demanufactured in each category			
TYPE OF APPLIANCE	NUMBER	TYPE OF APPLIANCE	NUMBER
Refrigerators and freezers	79	Furnaces	0
Commercial coolers	1	Clothes washers and dryers	117
Air-conditioning units	10	Dishwashers	96
Dehumidifiers	2	Microwave Ovens	35
Gas Water Heaters	0	Stoves/ Ovens or Other items containing Mercury, refrigerant or PCB-containing articles.	24

Storage Dates			
Date the first item was placed in the mercury storage drum that is in use on December 31.	N/A	Date the first PCB-containing item was placed in the storage drum that is in use on December 31.	MA

Component Removal			
TYPE OF COMPONENT	NUMBER	TYPE OF COMPONENT	NUMBER
Number of mercury switches removed. (Not in lbs)	8	Amount of Refrigerant Removed	0
Number of mercury thermocouples removed.(Not in lbs)	8	Number of PCB capacitors removed. (Not in lbs)	0
Number of fluorescent tubes removed.(Not in lbs)	0	Number of PCB ballasts removed. (Not in lbs)	0

Sodium Chro	mate Appliances
Number of sodium chromate containing appliances shipped to another demanufacturer	
<sup>50</sup> Cer	tification

examined and am familiar with th	I am the owner, operator, or authorized representative one information reported above, and that I believe the information reported above, and that I believe the information.	rmation is true	r operator and that I have e, accurate and complete.
Signature:  MaDE Bessell  Email: noiaapct@ncn.net	Name & Agency of Person Certifying (please type or print) NOMN Jowa Appliance Centa Mark E. Bierstedt	Date:	Telephone Number: 515-295-3818 Fax Number: 515-295-9439

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