

## APPLIANCE DEMANUFACTURING ANNUAL REPORT

January 1, 2024 - December 31, 2024

Permit Number: <u>40-ADP-01-11</u> ATTN: <u>Sue Johnson</u>	<b>REPORT IS DUE ON OR BEFORE January 31st</b>
Responsible Official: <u>Nick West</u>	
Facility Name: <u>Scrap Processors Inc</u>	
Address: <u>505 Seneca Street</u>	
City, State Zip: <u>Webster City IA 50401</u>	

Send completed form to:  
 Energy and Waste Management Bureau  
 502 East Ninth Street  
 Des Moines, Iowa 50319-0034  
  
 Or Fax: 515-281-8895, Attn: Sue Johnson

**Attach additional pages if necessary.**

- Are appliances containing refrigerants accepted at this facility?     Yes     No
- Are appliances containing mercury accepted at this facility?     Yes     No
- Are appliances containing sodium chromate accepted at this facility?     Yes     No
- Are appliances containing PCB capacitors and ballasts accepted at this facility?     Yes     No

Number of Appliances Demanufactured in each category			
TYPE OF APPLIANCE	NUMBER	TYPE OF APPLIANCE	NUMBER
Refrigerators and freezers	616	Furnaces	125
Commercial coolers	9	Clothes washers and dryers	747
Air-conditioning units	281	Dishwashers	306
Dehumidifiers	44	Microwave Ovens	345
Gas Water Heaters	194	Other items containing Mercury, refrigerant or PCB-containing articles. <i>STOVE - OVENS -</i>	284

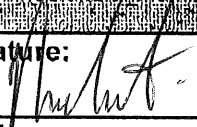
Storage Dates			
Date the first item was placed in the mercury storage drum that is in use on December 31.		Date the first PCB-containing item was placed in the storage drum that is in use on December 31.	

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Component Removal			
TYPE OF COMPONENT	NUMBER	TYPE OF COMPONENT	NUMBER
Number of mercury switches removed.	2	Amount of Refrigerant Removed	104
Number of mercury thermocouples removed.	0	Number of PCB capacitors removed.	61
Number of fluorescent tubes removed.	22	Number of PCB ballasts removed.	0

Sodium Chromate Appliances	
Number of sodium chromate containing appliances shipped to another demanufacturer	

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 (please type or print) Nick West Scrap Processors INC.	Date:	Telephone Number: 515-832-5360
Email:			Fax Number: 515-832-7989

**Additional Comments:**  
 All Hazardous waste was Turned in on 7/31/24 And Again on 12-27-24. No Hazardous waste on Property AT Beginning of Year.

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.