

Permit Number:

21 ADP-05-06

APPLIANCE DEMANUFACTURING ANNUAL REPORT

JANUARY 1, 2024 - DECEMBER 31, 2024

| Responsible Official: Tom Clark | m ² | | | JANU | ARY 31 ST | |
|--|--------------------|--|----------------------------|---|----------------------|--|
| Facility Name: City of Spencer Tr | | | | | | |
| Address: 101 West 5th Street | | | | lowa DNR Land Quality Bureau | | |
| City, State Zip: Spencer la 51301 | | | | 502 E 9 th St | | |
| ATTACH ADDITIONAL PAGES IF NECESSARY. | | | | Des Moines, IA 50319-0034 OR FAX: 515-725-8202 | | |
| Are appliances containing refrigerants accepted at this facility? | | | Yes | ☐ No | | |
| Are appliances containing mercury accepted at this facility? | | | ☐ No | | | |
| Are appliances containing sodium chromate accepted at this facility? | | | | | | |
| Are appliances containing PCB capacitors and ballasts accepted at this facility? | | | | | | |
| Numb | er of Appliances D | emanufactured in each | category | | | |
| TYPE OF APPLIANCE | NUMBER | TYPE OF A | PPLIANC | E | NUMBER | |
| Refrigerators and freezers | 215 | Furnaces | | | 25 | |
| Commercial coolers | 0 | Clothes washers and | Clothes washers and dryers | | 56 | |
| Air-conditioning units | 69 | Dishwashers | | | 36 | |
| Dehumidifiers | 109 | Microwave Ovens | | | 126 | |
| Gas Water Heaters | 8 | Stoves/ Ovens or | | | 54 | |
| | | Other items containi refrigerant or PCB-co | _ | | | |
| | Sto | rage Dates | | | | |
| Date the first item was placed in the mercury storage drum that is in use | no mercury | Date the first PCB-contai in the storage drum that | - | • | 8-20-24 | |

| Component Removal | | | |
|---|--------|--|--------|
| TYPE OF COMPONENT | NUMBER | TYPE OF COMPONENT | NUMBER |
| Number of mercury switches removed. (Not in lbs) | 0 | Amount of Refrigerant Removed | 148 |
| Number of mercury thermocouples removed. (Not in lbs) | 0 | Number of PCB capacitors removed. (Not in lbs) | 194 |
| Number of fluorescent tubes removed. (Not in lbs) | 0 | Number of PCB ballasts removed. (Not in lbs) | 85 |

December 31.

| Sodium Chromate App | liances | |
|---|---------|--|
| Number of sodium chromate containing appliances shipped to another demanufacturer | 0 | |

Questions? Call or email: Susan Johnson, susan.johnson@dnr.iowa.gov, 515-217-0872 Please mail completed form to: Land Quality Bureau, 502 E 9th St, Des Moines IA 50319

on December 31.

REPORT IS DUE ON OR

BEFORE

| Certi | |
|-------|--|
| | |
| | |

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.

| Name & Agency of Pers | on Certifying (please type or print) Tho | mas Clark | | |
|-----------------------|--|-------------|---------|--|
| Telephone Number: | 712-580-7165 | Fax Number: | | |
| Email: tclark@spencer | iowacity.com | | | |
| Signature: | un fllen | Date: | 1-29-25 | |
| Additional Comments: | | | | |

In accordance with lowa 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.

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