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

75-ADP-03-21

Please make address corrections as necessary

LORI KELLEN KELLEN EXCAVATION, LLC 20384 7TH AVENUE SE LE MARS 1A 51031 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, lowa 50321
Or Email: Becky.jolly@dnr.jowa.gov

Or Fax: 515-725-8202, Attn: Sue Johnson

Attach additional pages if necessary.

Are appliances containing retrigerants accepted at this facility? OYes

Are appliances containing mercury accepted at this facility? OYes No

Are appliances containing sodium chromate accepted at this facility? OYes ϕ No

Are appliances containing PCB capacitors and ballasts accepted at ϕ No

this facility?

Number of Appliances Demanufactured in each category			
TYPE OF APPLIANCE	NUMBER	TYPE OF APPLIANCE	NUMBER
Refrigerators and freezers	0	Furnaces	0
Commercial coolers	D	Clothes washers and dryers	17
Air-conditioning units	0	Dishwashers	4
Dehumidifiers		Microwave Ovens	
	0		13
Gas Water Heaters	20	Stoves/ Ovens or Other items containing Mercury, refrigerant or PCB-containing articles.	Ø

Storage Dates			
Date the first item was placed in the mercury storage drum that is in use on December 31.	No Mevcury	Date the first PCB-containing item was placed in the storage drum that is in use on December 31.	No PCB

Component Removal				
TYPE OF COMPONENT	NUMBER	TYPE OF COMPONENT	NUMBER	
Number of mercury switches removed. (Not in lbs)	Ø	Amount of Refrigerant Removed	0	
Number of mercury thermocouples removed.(Not in lbs)	D'	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 Chr	omate Appliances
Number of sodium chromate containing appliances shipped to another demanufacturer	We Do Not accept
64 ©e	rtification

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

Place:

Name & Agency of Person Certifying

Place:

Name & Agency of Person Certifying

Name & Agency of Person Cert

	A,
Additional Comments:	``
	*/
manufactures of the contract o	of the second se
- -	; _{i,}
•	;
i,	

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

Ê

542-8005