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

17-ADP-10-17

Please make address corrections as necessary

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

JEFF RISER ALTER METAL RECYCLING/BEHR IRON & METAL, 12050 W STATE STREET MASON CITY IA 50401

Attach additional pages if necessary.

Are appliances containing refrigerants accepted at this facility?

Yes ONo

Are appliances containing mercury accepted at this facility?

Yes ONo

Are appliances containing sodium chromate accepted at this facility?

OYes 
No

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

Yes ONo

Number of App	oliances Dem	nanufactured in each category	
TYPE OF APPLIANCE	NUMBER	JMBER TYPE OF APPLIANCE	
Refrigerators and freezers	163	Furnaces	54
Commercial coolers	2	Clothes washers and dryers	286
Air-conditioning units	52	Dishwashers	128
Dehumidifiers	44	Microwave Ovens	177
Gas Water Heaters	122	Stoves/ Ovens or Other items containing Mercury, refrigerant or PCB-containing articles.	201

Storage Dates					
Date the first item was placed in the mercury storage drum that is in use on December 31.	A/A- 4/21-12/51/2	Date the first PCB-containing item was placed in the storage drum that is in use on December 31.	3-13-24		

				2.5	ine "company		
Component Removal							
TYPE OF COMPONENT	NUMBER	TYPE OF Co	NUMBER				
Number of mercury switches removed. (Not in lbs)	0	Amount of Refrigerant Removed			1 50 Cb Tanks		
Number of mercury thermocouples removed.(Not in lbs)	0	Number of PCB capacitors removed. (Not in lbs)			3		
Number of fluorescent tubes removed.(Not in lbs)	0	Number of PCB ballasts removed. (Not in lbs)			$\Diamond$		
Sodium Chromate Appliances							
Number of sodium chromate contai appliances shipped to another demandances	Ø		r.				
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I certify under penalty of law that I am the ov examined and am familiar with the information	vner, operator, or	<b>tification</b> authorized representative e, and that I believe the info	of the owner or ormation is true	operator a , accurate a	nd that I have and complete.		
Signature. Name	me & Agency of Person Certifying (please type or print)		Date: 1/6/25	Telephone Number:  641-761-043  Fax Number:			
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Additional Comments:	,	·	<u> </u>	
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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