



APPLIANCE DEMANUFACTURING ANNUAL REPORT
 JANUARY 1, 2024 - DECEMBER 31, 2024

Permit Number: 21-ADP-07-12
 Responsible Official: Andy Samson
 Facility Name: Samson Development
 Address: PO Box 329
 City, State Zip: Petersen, IA 51047

REPORT IS DUE ON OR
BEFORE
JANUARY 31ST

Send completed form to:
Iowa DNR
Land Quality Bureau
502 E 9th St
Des Moines, IA 50319-0034
OR FAX: 515-725-8202

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	211	Furnaces	95
Commercial coolers	0	Clothes washers and dryers	407
Air-conditioning units	159	Dishwashers	135
Dehumidifiers	181	Microwave Ovens	479
Gas Water Heaters	79	Stoves/ Ovens or Other items containing Mercury, refrigerant or PCB-containing articles.	301

Storage Dates			
Date the first item was placed in the mercury storage drum that is in use on December 31.	1-13	Date the first PCB-containing item was placed in the storage drum that is in use on December 31.	3-19

Component Removal			
TYPE OF COMPONENT	NUMBER	TYPE OF COMPONENT	NUMBER
Number of mercury switches removed. (Not in lbs)	3	Amount of Refrigerant Removed	67
Number of mercury thermocouples removed. (Not in lbs)	0	Number of PCB capacitors removed. (Not in lbs)	7
Number of fluorescent tubes removed. (Not in lbs)	4	Number of PCB ballasts removed. (Not in lbs)	0

Sodium Chromate Appliances	
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

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.

Name & Agency of Person Certifying (please type or print) Samsen Development Jennike Samsen
Telephone Number: 712-295-8889 Fax Number: _____
Email: jennike.samsen@gmail.com
Signature: Jennike Samsen Date: 2-4-2025

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.

Questions? Call or email: Susan Johnson, susan.johnson@dnr.iowa.gov, 515-217-0872
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04/2021 cmc

DNR Form 542-8005