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

20-ADP-01-05

Please make address corrections as necessary

RECEIVED

KIRK HAUGE HAUGE'S SALVAGE 1318 225TH AVE OSCEOLA IA 50213

JAN 3 0 2025

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

Attach additional pages if necessary.

Are appliances containing refrigerants accepted at this facility?

XYes ONo

Are appliances containing mercury accepted at this facility?

ØYes ○No

Are appliances containing sodium chromate accepted at this facility?

OYes SNo

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

ØYes ○No

Number of Appliances Demanufactured in each category TYPE OF APPLIANCE TYPE OF APPLIANCE NUMBER NUMBER Refrigerators and freezers **Furnaces** 2 Commercial coolers **Clothes washers and dryers**  $\bigcirc$ Air-conditioning units Dishwashers **Dehumidifiers** Microwave Ovens 0 Gas Water Heaters Stoves/ Ovens Other items containing Mercury, refrigerant or PCB-containing articles.

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

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)	0	Number of PCB capacitors removed. (Not in lbs)	0		
Number of fluorescent tubes removed.(Not in lbs)	Ó	Number of PCB ballasts removed. (Not in lbs)	0		

Sodium Chroma	ate Appliances
Number of sodium chromate containing appliances shipped to another demanufacturer	none
¹⁴Certific	cation

14 <b>Certification</b> 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)	Date:	Telephone Number:			
Emali:	1	1/27/20	641-344-0547 Fax Number:			
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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