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

84-ADP-02-03

Please make address corrections as necessary

LARRY LANDEGENT LARRY LANDEGENT SERVICE 2769 320TH STREET ROCK VALLEY IA 51247 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, 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?

Yes ONo

Are appliances containing mercury accepted at this facility?

Yes ONo

Are appliances containing sodium chromate accepted at this facility?

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

PYes ONo

Number of Appliances Demanufactured in each category			
TYPE OF APPLIANCE	NUMBER	TYPE OF APPLIANCE	NUMBER
Refrigerators and freezers	235	Furnaces	31
Commercial coolers	0	Clothes washers and dryers	562
Air-conditioning units	0	Dishwashers	386
Dehumidifiers		Microwave Ovens	300
	102		76
Gas Water Heaters	197	Stoves/ Ovens or Other items containing Mercury, refrigerant or PCB-containing articles.	184

	Sto	rage Dates	
Date the first item was placed in the mercury storage drum that is in use on December 31.	0	Date the first PCB-containing item was placed in the storage drum that is in use on December 31.	0

	Component Removal		
TYPE OF COMPONENT	NUMBER	TYPE OF COMPONENT	NUMBER
Number of mercury switches removed. (Not in lbs)	0	Amount of Refrigerant Removed	35
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)	0	Number of PCB ballasts removed. (Not in lbs)	0

Sodium Chromate	Appliances	000
Number of sodium chromate containing appliances shipped to another demanufacturer	0	

	5 7 6 6 7		
77 Certi	fica	itic	n

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.

e :	
5 65	2
-	1
	5 5

Name & Agency of Person Certifying (please type or print)

LARRY LANDEGENT

Date:

Telephone Number: 7/2 470/472
Fax Number:

2025 Fax Numb

NUME

Additional Comments:

n accordance with Iowa Administrative Code 557 Chapter 118.13(1) – Annual reports with the information required in ubrule 118.13(2) are due January 31 each year for the activities of the previous calendar year shall be retained at the actility for at least three years.

)NR form rev 3/13

542-8005