

**APPLIANCE DEMANUFACTURING ANNUAL REPORT**  
**January 1, 2025 – December 31, 2025**

**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, 2026**

Send completed form to:  
Iowa Department of Natural Resources  
Land Quality Bureau  
6200 Park Avenue, Ste 200  
Des Moines, Iowa 50321  
Or Email: [Becky.jolly@dnr.iowa.gov](mailto:Becky.jolly@dnr.iowa.gov)  
Or Fax: 515-725-8201, Attn: Becky Jolly

**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	149	Furnaces	8
Commercial coolers	0	Clothes washers and dryers	401
Air-conditioning units	0	Dishwashers	213
Dehumidifiers	0	Microwave Ovens	38
Gas Water Heaters		Stoves/ Ovens or Other items containing Mercury, refrigerant or PCB-containing articles.	98

**Storage Dates**

Date the first item was placed in the mercury storage drum that is in use on December 31.	NO MERCURY	Date the first PCB-containing item was placed in the storage drum that is in use on December 31.	NO P.C.B
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Component Removal			
TYPE OF COMPONENT	NUMBER	TYPE OF COMPONENT	NUMBER
Number of mercury switches removed. (Not in lbs)	0	Amount of Refrigerant Removed	26 lb
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	
Number of sodium chromate containing appliances shipped to another demanufacturer	0

74 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.			
Signature: 	Name & Agency of Person Certifying (please type or print)	Date:	Telephone Number:
Email: aostapllg@gmail.com mki55usa@gmail.com	LARRY LANDEGENT	1-5-26	712 470 1472
			Fax Number: NONE

Additional Comments:
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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.