

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

**55-ADP-01-02**

Please make address corrections as necessary

**RECEIVED**

**JAN 07 2026**

MARK BIERSTEDT  
 NORTH IOWA APPLIANCE CENTER  
 1600 HIGHWAY 18 EAST  
 ALGONA IA 50511

**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	91	Furnaces	0
Commercial coolers	0	Clothes washers and dryers	131
Air-conditioning units	5	Dishwashers	80
Dehumidifiers	0	Microwave Ovens	61
Gas Water Heaters	0	Stoves/ Ovens or Other items containing Mercury, refrigerant or PCB-containing articles.	50

**Storage Dates**

Date the first item was placed in the mercury storage drum that is in use on December 31.	N/A	Date the first PCB-containing item was placed in the storage drum that is in use on December 31.	N/A
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## Component Removal

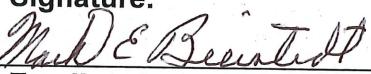
TYPE OF COMPONENT	NUMBER	TYPE OF COMPONENT	NUMBER
Number of mercury switches removed. (Not in lbs)	0	Amount of Refrigerant Removed	0
Number of mercury thermocouples removed. (Not in lbs)	0	Number of PCB capacitors removed. (Not in lbs)	0
Number of fluorescent tubes removed. (Not in lbs)	0	Number of PCB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

## Sodium Chromate Appliances

Number of sodium chromate containing appliances shipped to another demanufacturer

### <sup>61</sup>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:  Email: noiaapct@ncn.net CORRECT	Name & Agency of Person Certifying (please type or print) North Iowa Appliance Ctr	Date:	Telephone Number: 515/295/3818
			Fax Number: 515/295/9439

### 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.*