

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

**38-ADP-01-04**

Please make address corrections as necessary

CHAD R PRUISNER  
 PRUISNER INDUSTRIES  
 18346 L AVENUE  
 HOLLAND IA 50642

**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

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**

<b>TYPE OF APPLIANCE</b>	<b>NUMBER</b>	<b>TYPE OF APPLIANCE</b>	<b>NUMBER</b>
Refrigerators and freezers	0	Furnaces	2
Commercial coolers	0	Clothes washers and dryers	4
Air-conditioning units	0	Dishwashers	0
Dehumidifiers	0	Microwave Ovens	0
Gas Water Heaters	0	Stoves/ Ovens or Other items containing Mercury, refrigerant or PCB-containing articles.	0

**Storage Dates**

Date the first item was placed in the mercury storage drum that is in use on December 31.

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

### 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

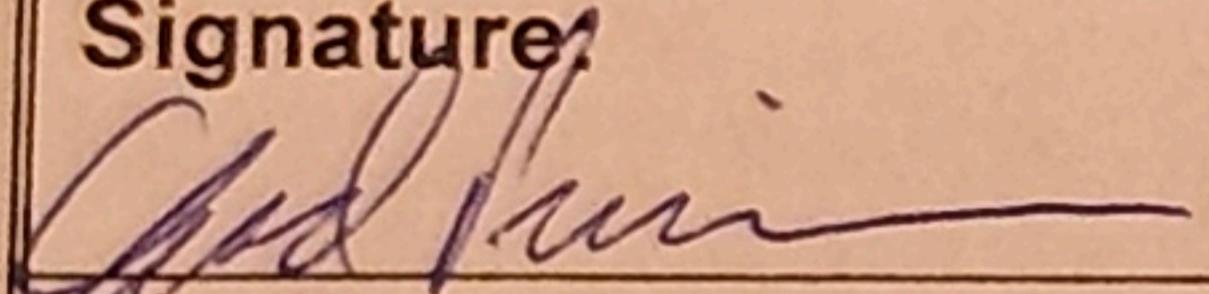
### Sodium Chromate Appliances

Number of sodium chromate containing appliances shipped to another manufacturer

NA

### <sup>38</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: 	Name & Agency of Person Certifying (please type or print)	Date: 1/26	Telephone Number: 319 231 8649
Email: prvisner.industry@yahoo.com			Fax Number: NA

### 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.