



# APPLIANCE DEMANUFACTURING ANNUAL REPORT

JANUARY 1, \_\_\_\_\_ - DECEMBER 31, \_\_\_\_\_

Permit Number: \_\_\_\_\_

Responsible Official: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

**REPORT IS DUE ON OR  
BEFORE  
JANUARY 31<sup>ST</sup>**

**Send completed form to:  
Iowa DNR  
Land Quality Bureau  
502 E 9<sup>th</sup> St  
Des Moines, IA 50319-0034  
OR FAX: 515-725-8202**

## 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		Furnaces	
Commercial coolers		Clothes washers and dryers	
Air-conditioning units		Dishwashers	
Dehumidifiers		Microwave Ovens	
Gas Water Heaters		Stoves/ Ovens or 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.		Date the first PCB-containing item was placed in the storage drum that is in use on December 31.	
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### Component Removal

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

### Sodium Chromate Appliances

Number of sodium chromate containing appliances shipped to another demanufacturer	
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**Questions? Call or email:** Susan Johnson, [susan.johnson@dnr.iowa.gov](mailto:susan.johnson@dnr.iowa.gov), 515-217-0872

**Please mail completed form to:** Land Quality Bureau, 502 E 9<sup>th</sup> St, Des Moines IA 50319

### 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.

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

**Telephone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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.*

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