



APPLIANCE DEMANUFACTURING ANNUAL REPORT

JANUARY 1, 2025 - DECEMBER 31, 2025

Permit Number: 57-ADP-01-02
Responsible Official: Jacob Parker
Facility Name: CLEAResult
Address: 4651 8th Ave.
City, State Zip: Marion, IA 52302

REPORT IS DUE ON OR
BEFORE
JANUARY 31ST

Send completed form to:
Iowa DNR
Land Quality Bureau
6200 Park Ave Ste 200
Des Moines, IA 50321
OR FAX: 515-725-8201

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	10700	Furnaces	1
Commercial coolers	18	Clothes washers and dryers	210
Air-conditioning units	117	Dishwashers	88
Dehumidifiers	90	Microwave Ovens	203
Gas Water Heaters	10	Stoves/ Ovens or Other items containing Mercury, refrigerant or PCB-containing articles.	81

Storage Dates

Date the first item was placed in the mercury storage drum that is in use on December 31.	12/19/2025	Date the first PCB-containing item was placed in the storage drum that is in use on December 31.	na
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Component Removal

TYPE OF COMPONENT	NUMBER	TYPE OF COMPONENT	NUMBER
Number of mercury switches removed. (Not in lbs)	386	Amount of Refrigerant Removed	1625
Number of mercury thermocouples removed. (Not in lbs)	1	Number of PCB capacitors removed. (Not in lbs)	11
Number of fluorescent tubes removed. (Not in lbs)	4	Number of PCB ballasts removed. (Not in lbs)	0

Questions? Call or email: Susan Johnson, susan.johnson@dnr.iowa.gov, 515-217-0872

Please mail completed form to: Land Quality Bureau, 6200 Park Ave Ste 200, Des Moines IA 50321

01/2025 cmc

DNR Form 542-8005

Sodium Chromate Appliances

Number of sodium chromate containing appliances shipped to another manufacturer

0

Certification

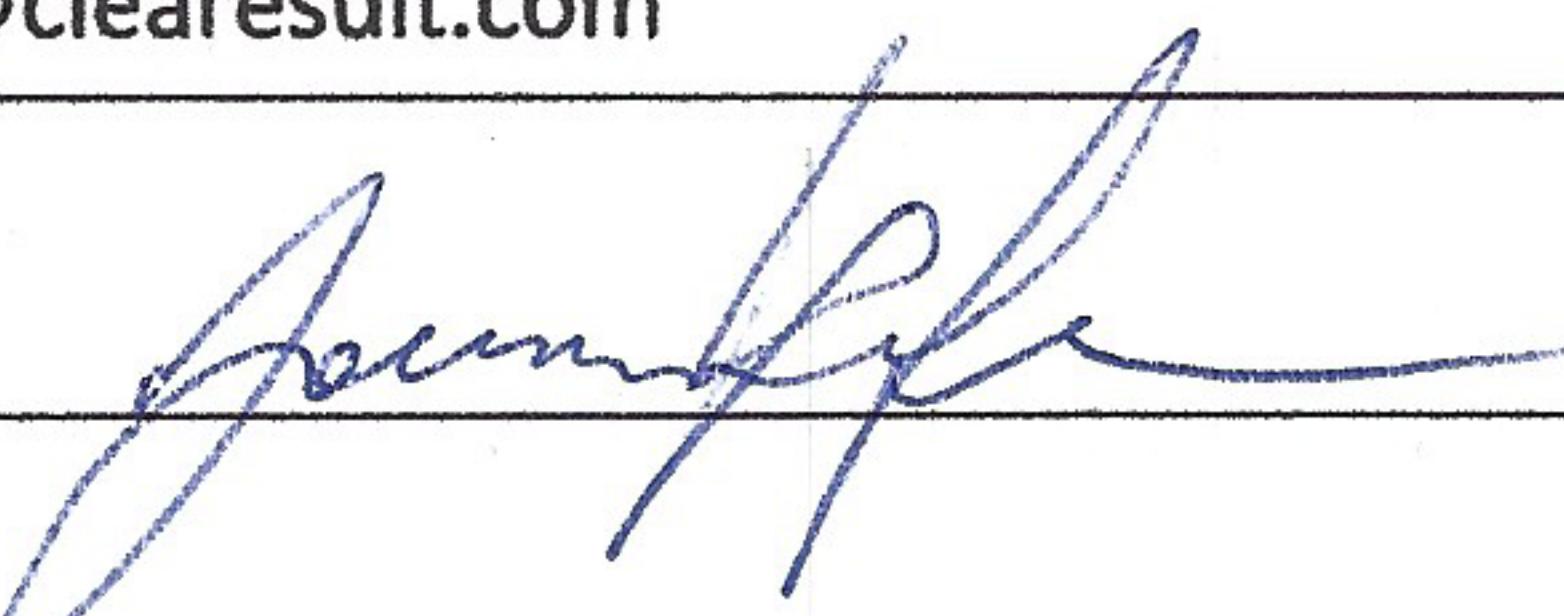
I certify under penalty of law that I am the owner, operator, or authorized representative of the owner or operator and that I have examined and am familiar with the information reported above, and that I believe the information is true, accurate and complete.

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

Telephone Number: 319-560-3438

Fax Number: _____

Email: jacob.parker@clearesult.com

Signature: 

Date: 1/30/2026

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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