

APPLIANCE DEMANUFACTURING ANNUAL REPORT

January 1, 2025 – December 31, 2025

33-ADP-01-10

Please make address corrections as necessary

REPORT IS DUE ON OR BEFORE
January 31, 2026

KURT YEAROUS
 KURT YEAROUS
 982 FAIRFIELD STREET
 ARLINGTON IA 50606

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
 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	30	Furnaces	0
Commercial coolers	0	Clothes washers and dryers	40
Air-conditioning units	0	Dishwashers	20
Dehumidifiers	0	Microwave Ovens	10
Gas Water Heaters	0	Stoves/ Ovens or Other items containing Mercury, refrigerant or PCB-containing articles.	2

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.	JUNE 25 2025
---	--	--	--------------------

Component Removal

TYPE OF COMPONENT	NUMBER	TYPE OF COMPONENT	NUMBER
Number of mercury switches removed. (Not in lbs)	0	Amount of Refrigerant Removed	20 LBS
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

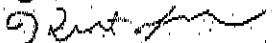
Sodium Chromate Appliances

Number of sodium chromate containing appliances shipped to another manufacturer

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 recorded above and that I believe the information is true, accurate and complete.

Signature: 	Name & Agency of Person Certifying (please type or print): 	Date: 1-29-26	Telephone Number: 319-238-9026
Email: 			Fax Number:

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.