

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 31st**

Send completed form to:
Energy and Waste Management Bureau
502 East Ninth Street
Des Moines, Iowa 50319-0034

Or Fax: 515-281-8895, Attn: Sue Johnson

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			
<i>TYPE OF APPLIANCE</i>	<i>NUMBER</i>	<i>TYPE OF APPLIANCE</i>	<i>NUMBER</i>
Refrigerators and freezers		Furnaces	
Commercial coolers		Clothes washers and dryers	
Air-conditioning units		Dishwashers	
Dehumidifiers		Microwave Ovens	
Gas Water Heaters		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.	

