APPLIANCE DEMANUFACTURING ANNUAL REPORT

JANUARY 1, _____ - DECEMBER 31, _____

REPORT IS DUE ON OR BEFORE
JANUARY 31ST

Permit Number: _____

Responsible Official: _____

Facility Name: _____

Address: _____

City, State Zip: _____

Send completed form to:
Iowa DNR, Land Quality Bureau
Becky Jolly
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		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.	

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)	

Questions? Call or email Theresa Stiner, Theresa.Stiner@dnr.iowa.gov, 515-721-7979

Sodium Chromate Appliances

Number of sodium chromate containing appliances shipped to another demanufacturer: _____

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 102.611 - Annual reports with the information required in subrule 102.611(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.