



ELECTRONIC FORM INSTRUCTIONS

This form may be filled out electronically using your computer:

- Cursor will blink in the box currently being used
- The form can be saved to your computer at any time
- Use the “tab” key to advance to the next box
- Place your cursor in a box to go back
- Use the “enter” key to place or remove a check in a check box
- If interrupted before completing the form, it can be saved and finished at a later time
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When the form is completed and printed, please **SIGN** in the appropriate boxes.

WASTE STREAM APPROVAL PROCESS

Step 1: Complete the Waste Profile form. Enter all information completely and accurately to avoid unnecessary delays in obtaining a disposal permit for this waste-stream.

Step 2: Return the Waste Profile form along with any completed analytical data to:

Liquid Waste

Arthur Kern
Business Waste Management Representative
Regional Collection Center
1105 Prairie Drive S.W.
Bondurant, IA 50035
Office: 515-967-5512 ext. 434
Fax: 515-967-1772
Email: ake@mwatoday.com

Special Waste or Other Waste

Debra Danley
Special Waste Coordinator
Metro Park East Landfill
12181 N.E. University Ave
Mitchellville, IA 50169
Office: 515-333-4475
Fax: 515-967-7965
Email: dda@mwatoday.com

INSTRUCTIONS FOR COMPLETING THE WASTE PROFILE FORM

For items that are not applicable to the request, the generator should insert the words “not applicable” or “N/A”

A. Generator Information

1. Generator’s Name – The name of the generator or facility that produced the waste for which the request is being submitted
2. Address – The mailing address of the generator
3. Site Location – Enter the address of where the waste was generated, if different from the Generator’s address
4. Contact Name – Name of responsible person who is employed by, or represents the generating facility
5. Telephone Number – contact method for questions and/or approval notification
6. Fax Number if applicable

B. Customer/Billing Information

1. Billing name – Responsible party, or the person to be billed, e.g. waste generator or hauler
2. Address – Billing address of responsible party
3. Contact Name – Representative of responsible party
4. Phone Number of responsible party
5. Fax Number of responsible party
6. Payment by cash or Credit Card – Check “Yes” if a credit account with MWA has not been established. Check “No” to bill and account has been established with MWA for billing.

C. Transporter Information

1. Name – Name of the company transporting the waste to the landfill
2. Address – the mailing address of the hauler
3. Phone number – contact method for questions and or approval notification
4. Fax Number if applicable
5. Contact Name – Name of responsible person representing the waste hauler

D. Agent/Consultant Information

1. Name – The name of the company representing the generator on the project
2. Address – The mailing address of the contractor
3. Phone Number- The phone number of the contractor
4. Fax Number if applicable
5. Contact Name – Name of the project manager representing the contractor

E. Waste Stream Information

1. Common Name of Waste – Enter how the waste is commonly referred
2. Detailed Description of Process – Provide a description of the complete process which caused the material to become a waste. Specific details are necessary in order to properly classify the waste. Flow diagrams and pictorial representations may be included as attachments to the Waste Profile Form. For removal of Contaminated Soil – All known or suspected contaminants contained in the soil should be listed, e.g. diesel fuel, waste oil, gasoline, benzene, etc.
3. Please check the appropriate box for questions 3-14

F. Supplemental Information

1. Attached documents – please indicate which supporting documents are included.
2. Please answer the question as applicable

G. Shipping Information

1. Packaging – Check the appropriate boxes
2. Estimated Volume – The quantity that will be delivered per waste delivery vehicle. Please complete as appropriate. If the waste is liquid waste, weight per gallon is required. There is a one-ton minimum charge per delivery
3. Shipping frequency – An estimate of the amount of waste to be delivered during the next year or one-time disposal
4. Disposal Method – please mark the appropriate box

H. Generator's Certification Statement

1. Requestor must sign and date the form prior to submittal to Metro Waste Authority certifying that the waste to be disposed of is not a hazardous waste as defined by Code of Federal Regulations or any other federal, state or local laws.

I. Landfill Authorization – For MWA use only

For additional information or assistance, please contact:

Deb Danley,
Metro Waste Authority
(515) 333-4475
dda@mwatoday.com



Metro Waste Authority

Your Partner in Environmental Solutions

Waste Profile Form

A. GENERATOR INFORMATION			B. CUSTOMER/BILLING INFORMATION		
1. Generator Name:			1. Billing Name:		
2. Address:			2. Address:		
City:	County:		City:	County:	
State:	Zip:		State:	Zip:	
3. Site Location (if different):			3. Contact Name:		
			4. Phone Number:		
4. Contact Name:			5. Fax Number:		
5. Phone Number:			6. Payment by cash check or credit card? YES NO, please bill my account.		
6. Fax Number:			The responsible party to be billed must have established a credit account with MWA. Contact MWA's accounting specialist at 515-323-6515 to open an account. If payment is to be made by cash, check or credit card, please indicate.		
C. TRANSPORTER INFORMATION			D. AGENT/CONSULTANT INFORMATION		
1. Name:			1. Name:		
2. Address:			2. Address:		
City:	State:	Zip:	City:	State:	Zip:
3. Phone Number:			3. Phone Number:		
4. Fax Number:			4. Fax Number:		
5. Contact Name:			5. Contact Name:		
E. WASTE STREAM INFORMATION					
1. Common Name of Waste:					
2. Detailed Description of Process:					
3. Physical State at 70°F Solid Semi-Solid Liquid Powder Other					
4. Odor: None Mild Significant: (describe)					
5. Color:			6. Flash Point: ° F ° C		



Metro Waste Authority

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Waste Profile Form

7. Reactive: NO YES , with	8. pH Range:	9. Heat Generating Waste NO YES
10. Free Liquid: NO YES	11. Water Content: % by water	
12. Does the waste contain U.S.D.O.T. hazardous materials, PCB's, or asbestos?		NO YES
13. Does the waste contain any etiological agents or untreated medical waste?		NO YES
14. Is the proposed waste a hazardous waste as defined by Federal or State regulations?		NO YES

F. SUPPLEMENTAL INFORMATION

1. Attached Document(s): None MSDS Certified Analytical Report Memo/Letter Process Knowledge
2. If analytical data is attached, is the data derived from testing a representative sample in accordance with 40 CFR 261 and/or other applicable laws? YES NO

G. SHIPPING INFORMATION

1. Packaging: Bulk Solids Bulk Liquids Drums Roll-Off Dump Truck Tank Truck Other:
2. Estimated Volume in: Tons: Cubic Yards: Drums: Gallons/weight per gallon: (enter number) Other:
3. Shipping Frequency: One Time Times per Month Times per Year Other:
4. Disposal Method: Landfill Solidification Bioremediation Other:

H. GENERATOR'S CERTIFICATION STATEMENT:

I hereby certify that the material named is not a hazardous waste as defined by 40CFR261 or any applicable state law, that all known or suspected hazards have been disclosed, that there are no other economical or environmentally safe ways to manage this material and that all information submitted is complete and accurate. If any of the above information changes, I agree to notify Metro Waste Authority prior to offering the waste for shipment or management.

I,
(NAME, PLEASE PRINT)

COMPANY NAME:

DATE: SIGNATURE:

I. LANDFILL AUTHORIZATION:

MWA Authorized Signature: Date:

Landfill Manager's Signature: Date: