|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 from address): | | | | | 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.  If no account is in place, please call 515-323-6515 to apply. | | | | |
| 6. Fax Number:                                 Email Address: | | | | | **PO # if required by the Bill-To Customer:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(If a PO # is required to be on the invoices, this # must be provided before waste can be brought in)** | | | | |
| C. TRANSPORTER INFORMATION | | | | | D. AGENT/CONSULTANT INFORMATION | | | | |
| 1. Name: | | | | | 1. Name:                                         \_\_\_\_\_ | | | | |
| 2. Street Address: | | | | | 2. Street 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 | | | | | |
| 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:             Tons  Cubic Yards  Drums  Gallons/weight per gallon:  Other: | | | | | | | | | |
| 3. Shipping Frequency:            per  One Time  Monthly  Yearly  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:                           PRINTED NAME: | | | | | | | | | |
| DATE:                      SIGNATURE: | | | | | | | | | |
| **I. LANDFILL AUTHORIZATION** | | | | | | | | | |
| MWA Authorized Signature:                           Date: | | | | | | | | | |
| Landfill Manager’s Signature:                           Date: | | | | | | | | | |

**PLEASE COMPLETE AND RETURN THIS FORM TO:**

**Liquid, Special and Other Waste**

Special Waste Representative

Metro Park East Landfill

12181 NE University Ave.

Mitchellville, IA 50169

Office: 515-333-4475

Fax: 515-967-7965

[SpecialWaste@MWAtoday.com](mailto:SpecialWaste@MWAtoday.com)