



Metro Waste Authority
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 from address): _____ _____			3. Contact Name: _____		
4. Contact Name: _____			4. Phone Number: _____		
5. Phone Number: _____			5. Fax Number: _____		
6. Fax Number: _____			6. Payment by cash check or credit card? <input type="checkbox"/> YES <input type="checkbox"/> NO, please bill my account. If no account is in place, please call 515-323-6515 to apply.		
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 <input type="checkbox"/> Solid <input type="checkbox"/> Semi-Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Powder <input type="checkbox"/> Other					
4. Odor: <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Significant (describe): _____					
5. Color: _____			6. Flash Point: _____° F _____° C		
7. Reactive: <input type="checkbox"/> NO <input type="checkbox"/> YES with _____			8. pH Range: _____		9. Heat Generating Waste <input type="checkbox"/> NO <input type="checkbox"/> YES
10. Free Liquid: <input type="checkbox"/> NO <input type="checkbox"/> YES			11. Water Content: _____ % by water		
12. Does the waste contain U.S.D.O.T. hazardous materials, PCB's, or asbestos? <input type="checkbox"/> NO <input type="checkbox"/> YES					



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13. Does the waste contain any etiological agents or untreated medical waste? <input type="checkbox"/> NO <input type="checkbox"/> YES	
14. Is the proposed waste a hazardous waste as defined by Federal or State regulations? <input type="checkbox"/> NO <input type="checkbox"/> YES	
F. SUPPLEMENTAL INFORMATION	
1. Attached Document(s): <input type="checkbox"/> None <input type="checkbox"/> MSDS <input type="checkbox"/> Certified Analytical Report <input type="checkbox"/> Memo/Letter <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO	
G. SHIPPING INFORMATION	
1. Packaging: <input type="checkbox"/> Bulk Solids <input type="checkbox"/> Bulk Liquids <input type="checkbox"/> Drums <input type="checkbox"/> Roll-Off <input type="checkbox"/> Dump Truck <input type="checkbox"/> Tank Truck <input type="checkbox"/> Other: _____	
2. Estimated Volume: _____ <input type="checkbox"/> Tons <input type="checkbox"/> Cubic Yards <input type="checkbox"/> Drums <input type="checkbox"/> Gallons/weight per gallon: _____ <input type="checkbox"/> Other: _____	
3. Shipping Frequency: _____ per <input type="checkbox"/> One Time <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____	
4. Disposal Method: <input type="checkbox"/> Landfill <input type="checkbox"/> Solidification <input type="checkbox"/> Bioremediation <input type="checkbox"/> 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