

# Fee-Exempt Material Quarterly Report

Reporting Period Year \_\_\_\_\_

January-March, Due July 1<sup>st</sup>

July-September, Due January 1<sup>st</sup>

April-June, October 1<sup>st</sup>

October-December, Due April 1<sup>st</sup>

<b>County:</b> _____ <b>Permit #:</b> _____  Responsible Official: _____ Facility Name: _____ Address: _____ City, State, Zip: _____	<b>Send completed form to:</b> <b>Land Quality Bureau</b> <b>502 East Ninth Street</b> <b>Des Moines, Iowa 50319-0034</b> <b>Or fax to: 515-281-8895</b>
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**Fee-exempt Landfilled Materials.** Please answer the following questions on materials accepted at the landfill for fee-exempt disposal. If you answer "yes" to any question, please provide tonnage information available for this reporting period.

Is construction and demolition (C & D) waste accepted at this facility? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>	tonnage:
Is C & D waste disposed of in a cell specifically designated for C & D waste only? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span> Is this facility permitted as a C & D landfill facility only? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>	fee-exempt C & D waste shall be included in goal progress calculations
If <b>yes</b> to either of the previous two questions, please enter the tonnage accepted:	

Is remediated petroleum contaminated soil, foundry sand, coal combustion waste and/or cement kiln dust accepted at this facility? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span> If <b>yes</b> , list what wastes are accepted and indicate whether the waste is used for alternative daily cover or landfilled. Check both if the waste is used for both.	
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Waste:	<input type="radio"/> daily cover: tonnage _____	<input type="radio"/> landfilled: tonnage: _____
Waste:	<input type="radio"/> daily cover: tonnage _____	<input type="radio"/> landfilled: tonnage: _____
Waste:	<input type="radio"/> daily cover: tonnage _____	<input type="radio"/> landfilled: tonnage: _____

Did this facility use department approved waste materials (other than a SWA) for the lining, capping and or constructing of berms or roads at the facility? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span> If <b>yes</b> , please enter the tonnage of material used for these purposes: (attach additional pages if needed)	tonnage:
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Materials Used	Tonnage Used	Purpose

Did this facility <b>accept</b> fee-exempt waste for disposal <b>from</b> other facilities? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span> If <b>yes</b> , please list the facility(s), its location, waste type, and the tonnage accepted:
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Facility, location	Type of waste	tonnage:
Facility, location	Type of waste	tonnage:
Facility, location	Type of waste	tonnage:

**Questions? Call or email:**

Becky Jolly, Comprehensive Planning Assistant [becky.jolly@dnr.iowa.gov](mailto:becky.jolly@dnr.iowa.gov), (515) 281-8308

**Please mail completed form to:** Iowa Department of Natural Resources, Land Quality Bureau, 502 East 9<sup>th</sup> Street, Des Moines, IA 50319-0034, or fax to: 515-281-8895

Did this facility ship any fee exempt material for recycling or reuse? If <b>yes</b> , list material, use(s) and tonnage(s) below:	<input type="radio"/> Yes <input type="radio"/> No
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black;"/>	
Is this facility currently exploring new markets? If <b>yes</b> , what are they?	<input type="radio"/> Yes <input type="radio"/> No
Would your facility like to be contacted by WRAP or IWE for assistance with waste diversion?	<input type="radio"/> Yes <input type="radio"/> No

**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.

<b>Signature</b>	<b>Name &amp; agency of Person Certifying (please type or print)</b>	<b>Date</b>	<b>Telephone Number</b>
<b>Email:</b>			<b>Fax:</b>

**Additional Comments:**
