

Fee-Exempt Material Quarterly Report

Reporting Period Year _____

January-March, Due July 1st

July-September, Due January 1st

April-June, October 1st

October-December, Due April 1st

County: _____ Permit #: _____ Responsible Official: _____ Facility Name: _____ Address: _____ City, State, Zip: _____	Send completed form to: Energy and Waste Management Bureau 502 East Ninth Street Des Moines, Iowa 50319-0034 Or fax to: 515-281-8895
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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? <input type="radio"/> Yes <input type="radio"/> No	tonnage: _____
Is C & D waste disposed of in a cell specifically designated for C & D waste only? <input type="radio"/> Yes <input type="radio"/> No Is this facility permitted as a C & D landfill facility only? <input type="radio"/> Yes <input type="radio"/> No	fee-exempt C & D waste shall be included in goal progress calculations
If yes 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? <input type="radio"/> Yes <input type="radio"/> No If yes , 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. <i>If the facility is permitted to receive and dispose of only cement kiln dust, coal combustion waste, or foundry sand, then the waste is exempt from fees. If the facility accepts remediated petroleum contaminated soil, this is also exempt from fees.</i>	
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Waste: _____	<input type="radio"/> daily cover: tonnage _____	<input type="radio"/> landfilled: tonnage: _____
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Waste: _____	<input type="radio"/> daily cover: tonnage _____	<input type="radio"/> landfilled: tonnage: _____
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Waste: _____	<input type="radio"/> daily cover: tonnage _____	<input type="radio"/> landfilled: tonnage: _____
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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? <input type="radio"/> Yes <input type="radio"/> No If yes , 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 accept fee-exempt waste for disposal from other facilities? <input type="radio"/> Yes <input type="radio"/> No If yes , please list the facility(s), its location, waste type, and the tonnage accepted:

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.state.ia.us, (515) 281-8308

Mark Warren, Comprehensive Planning, mark.warren@dnr.state.ia.us, (515) 281-4968

Please mail completed form to: Iowa Department of Natural Resources, Energy and Waste Management Bureau, 502 East 9th 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 yes , 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 yes , 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.

Signature	Name & agency of Person Certifying (please type or print)	Date	Telephone Number
Email:			Fax:

Additional Comments:
