Fee-Exempt Material Quarterly Report

Reporting Period Year _____

☐ January-March, Due July 1
☐ April-June, October 1
☐ July -September, Due January 1
☐ October-December, Due April 1

County: _____ **Permit #:** _____

Responsible Official: _____

Facility Name: _____

Address: _____

City, State, Zip: _____

Send completed form to:
Land Quality Bureau
6200 Park Ave Ste 200
Des Moines IA 50321
Or email to: Becky.Jolly@dnr.iowa.gov

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? ☐ Yes ☐ No tonnage: _____

Is C & D waste disposed of in a cell specifically designated for C & D waste only? ☐ Yes ☐ No

Is this facility permitted as a C & D landfill facility only? ☐ Yes ☐ 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? ☐ Yes ☐ 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.

Waste: _____ ☐ daily cover: tonnage: _____ ☐ 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? ☐ Yes ☐ No tonnage: _____

If **yes**, please enter the tonnage of material used for these purposes: (attach additional pages if needed)

Materials Used	Tonnage Used	Purpose

Did this facility **accept** fee-exempt waste for disposal **from** other facilities? ☐ Yes ☐ No

If yes**, please list the facility(s), its location, waste type, and the tonnage accepted:**

Facility, location _____ Type of waste _____ tonnage: _____

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Facility, location _____ Type of waste _____ tonnage: _____

Questions? Call or email: Becky Jolly, Solid Waste Section, becky.jolly@dnr.iowa.gov, 515-249-1482
Please mail completed form to: Iowa Department of Natural Resources, Land Quality Bureau, 6200 Park Ave Ste 200, Des Moines IA 50321
or email to: becky.jolly@dnr.iowa.gov

Did this facility ship any fee exempt material for recycling or reuse?
If **yes**, list material, use(s) and tonnage(s) below: ☐ Yes ☐ No

Is this facility currently exploring new markets?
If **yes**, what are they? ☐ Yes ☐ No

Would your facility like to be contacted by WRAP or IWE for assistance with waste diversion? ☐ Yes ☐ 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: _____ **Date:** _____

Name & agency of Person Certifying: _____

Email: _____ **Telephone Number:** _____ **Fax:** _____

Additional Comments:

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