Solid Waste Transfer Station
Quarterly Tonnage Report

Reporting Period Year _____

☐ January-March, Due July 1 ☐ July -September, Due January 1
☐ April-June, October 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 fax to: 515-725-8201

Solid Waste Materials. The permit holder is required to maintain records for the service area of tonnages accepted at this facility in accordance with 567 IAC 101.409(455B). Records shall be developed and maintained in such a way that tonnages from each county/state may be tracked in order to provide the local solid waste agency and the Department with accurate statistics from which generation and diversion rates will be derived.

1. Total waste transferred through this facility to be landfilled (*Provide details of disposal below*) **Total Tonnage:** _____

1a. Indicate below the counties from which waste is accepted. If waste is accepted from multiple planning areas, indicate the planning area and county within that planning area from where waste is accepted. The tonnages listed in #10a should equal the total tonnage in #10. Attach additional sheets if necessary.

Planning area accepted from	County Within Planning Area	Final Disposal Site	Tonnage

2. Did this facility accept waste from outside of Iowa for transfer and disposal? ☐ Yes ☐ No

If **yes**, please list the state(s) from which waste was accepted and the tonnage accepted:

State: _____ tonnage: _____

State: _____ tonnage: _____

State: _____ tonnage: _____

3. Did this facility accept waste that was the result of an exceptional event? ☐ Yes ☐ No
If you would like to request that this waste be exempted from goal progress determinations please see 567 IAC 104.5(3).

Type of event: _____ Date(s): _____ tonnage: _____

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:

_____

_____

Questions? Call or email:
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