



### Special Waste Acceptance Criteria

County \_\_\_\_\_ Permit # \_\_\_\_\_

Responsible Official \_\_\_\_\_

Facility \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Send completed form to:  
 Sue Johnson  
 Iowa DNR - Solid Waste Section  
 Iowa DNR  
 502 E 9<sup>th</sup> St  
 Des Moines IA 50319-0034

Please make address corrections as necessary

**SPECIAL WASTE CURRENTLY ACCEPTED. Please provide information regarding special waste this facility is currently accepting for final disposal. Provide details for requirements for accepting and off-loading each special waste. NOTE: Completion of this form requires reference to Iowa Administrative Code 567-109. Please type or print in ink.**

**SWA Number** \_\_\_\_\_

**SWA Acceptance and Management Description**

**SWA Number** \_\_\_\_\_

**SWA Acceptance and Management Description**

**Questions? Call or email:**

Sue Johnson, Environmental Specialist, [Susan.Johnson@dnr.iowa.gov](mailto:Susan.Johnson@dnr.iowa.gov) , 515-217-0872

Becky Jolly, Statistical Research Analyst, [Becky.Jolly@dnr.iowa.gov](mailto:Becky.Jolly@dnr.iowa.gov) , 515-725-8308

SWA Number \_\_\_\_\_

SWA Acceptance and Management Description

SWA Number \_\_\_\_\_

SWA Acceptance and Management Description

If more room is needed, please follow the provided format and attach additional sheets.

**CERTIFICATION**

I certify under penalty of law that I am the owner, operator, or authorized representative of the owner or operator and that U have examined and am familiar with the information reported above, and that I believe the information is true accurate and complete.

Name of Person Certifying: \_\_\_\_\_ Agency: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

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