



DUBUQUE METROPOLITAN AREA SOLID WASTE AGENCY
GENERATORS WASTE PROFILE FORM

Profile ID and/or SWA:

PROGRAM CONDITIONS: The intent of a Generators Waste Profile authorization is ensure safe and proper disposal of non-hazardous industrial process wastes or those wastes which may otherwise present a threat to human health or the environment. If a generator wishes to utilize the Agency’s landfill facility, it is the Agency’s right to require that an identified waste stream be managed as a special waste. A waste may be declared a special waste if it has inherent properties that make safe disposal in a sanitary landfill difficult to manage. We require that special wastes delivered to our landfill be pre-approved and conform to the Special Waste Acceptance Criteria (SWAC) as required by the Iowa Department of Natural Resources (IDNR). It is the generator’s responsibility to ensure that their wastes are declared to the Agency by their hauler, and to confirm that any waste delivered to the Agency’s landfill be non-hazardous, and lawfully landfilled under current regulations.

INSTRUCTIONS: Fill out form completely and sign. Attach supporting documentation: Documentation includes lab analytical results and for certain waste streams an Iowa Department of Natural Resources Request for Special Waste Authorization form. Submit completed form to: DMASWA@cityofdubuque.org

Questions about the form or need assistance with the form? Call 563-557-8220 or email us at DMASWA@cityofdubuque.org.

Please check one:	<input type="checkbox"/> NEW APPLICATION	<input type="checkbox"/> RENEWAL
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SECTION 1: WASTE GENERATOR INFORMATION

GENERATOR INFORMATION

CONTACT PERSON		ORGANIZATION/COMPANY NAME		
ADDRESS		CITY	STATE	ZIP
PHONE NUMBER		EMAIL ADDRESS		

WASTE SITE LOCATION INFORMATION

CHECK IF SAME AS ABOVE

CONTACT PERSON		ORGANIZATION/COMPANY NAME		
ADDRESS		CITY	STATE	ZIP
PHONE NUMBER		EMAIL ADDRESS		

CONTRACTOR/HAULER INFORMATION

CHECK IF SAME AS ABOVE

CONTACT PERSON		ORGANIZATION/COMPANY NAME		
ADDRESS		CITY	STATE	ZIP
PHONE NUMBER		EMAIL ADDRESS		

BILL TO:	<input type="checkbox"/> GENERATOR	<input type="checkbox"/> HAULER	<input type="checkbox"/> OTHER
PAYMENT METHOD:	<input type="checkbox"/> PRE-APPROVED ACCOUNT	<input type="checkbox"/> OTHER FORM OF PAYMENT (CREDIT CARD, CASH, CHECK)	

SECTION 2: WASTE CHARACTERIZATION INFORMATION

WASTE CHARACTERIZATION: Hazardous waste may not be landfilled in Iowa. To demonstrate that waste is not hazardous, the generator must submit a written waste determination, to include Toxicity Characteristic Leaching Procedure (TCLP) test results; safety data sheets (SDS), and/or documentation of knowledge of process to demonstrate that the waste is not a listed or characteristic hazardous waste nor exhibiting the properties of flammability, corrosivity, reactivity or toxicity as defined in 40 CFR Part 261, Subpart D. For raw or virgin materials being disposed of, in lieu of a TCLP analysis, an SDS that indicates the waste is not hazardous may be submitted. The Agency reserves the right to require analytical data and may take confirmatory samples, as necessary. The generator must provide accurate waste determination information to the Agency, and update the Agency in the event of any process changes that alter the nature of the waste.

COMMON WASTE NAME	
WASTE DESCRIPTION INCLUDING THE GENERATION PROCESS AND/OR SOURCE OF CONTAMINATION (Space limited to the size of the text box)	

PHYSICAL CONSTITUENTS (e.g. SOIL 0-55%, WOOD 0-45%)			
	CONSTITUENT	%	CONSTITUENT
1			4
2			5
3			6

Has any pretreatment been utilized (i.e. Solidification, Neutralization, etc.)?		YES		NO
IF SO PLEASE DESCRIBE THE PROCESS (INCLUDE SDS SHEET FOR PRETREATMENT MATERIALS) (Space limited to the size of the text box)				

Was this waste generated through waste water treatment, air handling, pollution or emissions control equipment?		YES		NO
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PHYSICAL STATE AT ROOM TEMPERATURE						
SOLID	SEMI-SOLID	LIQUID	POWDER	SLUDGE	OTHER:	

PERCENT (%) SOLID	COLOR	pH	FLASHPOINT

Odor present?		YES		NO
DESCRIBE THE ODOR (Space limited to the size of the text box):				

Does the waste pass the paint filter test? Free liquids are prohibited from landfill disposal. The Agency reserves the right to require a paint filter test be conducted.		YES		NO
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SECTION 3: WASTE REGULATORY STATUS INFORMATION

Is this waste a listed hazardous waste as identified in 40 CFR 261 or by state regulations? Find listed hazardous wastes at: https://www.epa.gov	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Does this waste exhibit the property of ignitability as defined in 40 CFR 261?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Does this waste exhibit the property of corrosivity as defined in 40 CFR 261?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Does this waste exhibit the property of reactivity as defined in 40 CFR 261?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Does this waste exhibit the property of toxicity as defined in 40 CFR 261?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Is the waste a Delisted Hazardous Waste?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Is the waste an Excluded Waste (40 CFR 261.4)?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Is the waste Treated Hazardous Waste Debris?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Is the waste Treated Characteristic Hazardous Waste?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Is the waste from a Federal or State mandated clean-up?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Does the waste contain radioactive material < 12 urads?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Does the waste contain concentrations of regulated PCBs?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Does the waste contain untreated, regulated, medical or infectious waste?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Does the waste contain asbestos?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Does the waste contain concentrations of regulated PFAS constituents?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

SECTION 4: PERSONAL PROTECTIVE EQUIPMENT INFORMATION

DESCRIBE PPE REQUIREMENT IF NECESSARY (Space limited to the size of the text box)

SECTION 5: WASTE DISPOSAL INFORMATION

IS THIS REQUEST FOR AN: EVENT ONGOING/ANNUAL DISPOSAL

ESTIMATED EVENT QUANTITY: Tons Cubic Yards Gallons Other

ESTIMATED ANNUAL QUANTITY: Tons Cubic Yards Gallons Other

SHIPPING FREQUENCY: One time Monthly Quarterly Yearly

DELIVERY REQUIREMENTS: All profiled waste loads must be delivered to the landfill before 3:00 PM, Monday - Friday, unless other delivery criteria are pre-established between generator and Agency. The hauler or driver of the waste is required to identify the load by the Profile ID number to the scale operators each and every time a load is delivered at the landfill. Failure to properly identify the waste by the Profile ID to the scale house operator may result in loads being rejected.

SECTION 5: WASTE GENERATOR CERTIFICATION INFORMATION

By signing this Generator's Waste Profile and Disposal Request, I hereby certify that all information submitted in this profile and all attached documents contain true and accurate descriptions of the waste material; Relevant information within the possession of the Generator regarding known or suspected hazards pertaining to this waste has been disclosed to the Agency/the Contractor; Analytical data attached pertaining to the profiled waste was derived from testing a representative sample in accordance with 40 CFR 261.20 or equivalent rules; and Changes that occur in the character of the waste (i.e. changes in the process or new analytical) will be identified by the Generator and disclosed to the Agency (and the Contractor if applicable) prior to providing the waste to the Agency (and the Contractor if applicable).

I am an agent signing on behalf of the generator, and the delegation of authority to me from the Generator for this signature is available upon request.	
SIGNATURE	DATE
PRINT NAME	TITLE

FOR DMASWA USE ONLY

APPROVAL DECISION:	<input type="checkbox"/> Request is approved	<input type="checkbox"/> Request is denied
Waste Code:	Account Number:	Job Number:
Management Method:	<input type="checkbox"/> Landfill	<input type="checkbox"/> ADC
Supporting documents:	<input type="checkbox"/> Analytical Results	<input type="checkbox"/> SDS Sheet(s)
DATE RECEIVED:	DATE APPROVED:	EXPIRATION DATE:
PROFILE ID:	IDNR SWA (if applicable):	
SIGNATURE	DATE	
PRINT NAME	TITLE	

Generators Waste Profile and Disposal Request Supplemental

Table 1 - Recommended Testing Methods for Profiled Wastes

Testing Method	PFAS	Gas	Diesel	Motor	Hydraulic	Other	Metals	Solvents	Acid	Pesticide	Tar or
				Oil	Oil	Oil/Fuel					Asphalt
OA-1 (total extractable hydrocarbons)		X	X	X	X	X		X			
OA-2 (total extractable hydrocarbons)		X	X	X	X	X		X			
Paint filter (if soil is sludgy)		X	X	X	X	X	X	X	X	X	X
TCLP RCRA metals							X			X	
TCLP volatiles								X		X	
Total PAHs (SVOCs)										X	X
TCLP pesticides										X	

Table 2 – Recommended Sampling Frequencies

Analytical Parameter(As Required by Table 1)	Sample Type	Minimum Sample Frequency
Extractable Total Petroleum Hydrocarbons (ETPH)	Composite	One per 100 cubic yards
Volatile Organic Compounds (VOCs)	Discrete	One per 300 cubic yards
Semi-Volatile Organic Compounds	Discrete	One per 300 cubic yards
Lead, TCLP	Composite	One per 300 cubic yards
Arsenic, TCLP	Composite	One per 300 cubic yards
Barium, TCLP	Composite	One per 300 cubic yards
Cadmium, TCLP	Composite	One per 300 cubic yards
Chromium, TCLP	Composite	One per 300 cubic yards
Mercury, TCLP	Composite	One per 300 cubic yards
Selenium, TCLP	Composite	One per 300 cubic yards
Silver, TCLP,	Composite	One per 300 cubic yards
Polychlorinated Biphenyls (PCBs)	Discrete	One per 300 cubic yards
Ignitability	Composite	One per 600 cubic yards
Paint Filter Test	Composite	One per 600 cubic yards