



# IOWA DEPARTMENT OF NATURAL RESOURCES

## REQUEST FOR SPECIAL WASTE AUTHORIZATION



Check one of the following: ☐ New Application ☐ Renewal, Existing SWA #: \_\_\_\_\_

The intent of a special waste authorization is to provide safe and proper management for disposal of wastes which present a threat to human health or the environment or a waste with inherent properties which make the disposal of the waste in a sanitary landfill difficult to manage. It is each landfill's responsibility to inform the waste generator if a waste should be handled as a special waste and to ensure that special wastes delivered to the landfill conform to the Special Waste Acceptance Criteria (SWAC) on file with the Department. It is the Department's responsibility to review each application for a special waste authorization to verify that the proposed waste can be landfilled under the current regulations in Iowa.

### **READ THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION**

#### **Waste Generator:**

1. Complete Sections 1-3 of this application applicable to the waste characterization and disposal information.
2. Attach Toxicity Characteristic Leaching Procedure (TCLP) test results, material safety data sheet(s) (MSDS), or evidence of "processor knowledge" when appropriate that demonstrates the waste is not considered a characteristic hazardous waste exhibiting the properties of flammability, corrosivity, reactivity or toxicity or a listed hazardous waste as defined in 40 CFR Part 261, Subpart D.
3. Provide signature in Section 3 to verify that the information provided is true, accurate and complete.
4. Mail or deliver (2) copies of the completed application with attachments to the requested disposal destination (must be a landfill that is authorized to accept waste from the service area of where the waste was generated). Please contact Sue Johnson at (515) 725-8317 for a list of landfills authorized to accept waste from the service area in which your facility is located.

#### **Receiving Landfill:**

Prior review of this application by the receiving landfill allows the department to more quickly process and evaluate the application.

1. Complete Section 5 of this application applicable to the landfill.
2. Indicate by signing the application that the landfill is willing to accept the waste if a Special Waste Authorization is issued by the department and if instructions for disposal of the waste, as contained in the landfill's SWAC, are followed by the generator.
3. Attach SWAC procedures for disposal of the waste.
4. Keep 1 copy for your records and submit the remaining one copy of the completed application with attachments (TCLP, MSDS, SWAC, etc.) to the department at the following address:

Iowa Department of Natural Resources  
Land Quality Bureau- Attn: Susan Johnson  
502 East 9<sup>th</sup> Street  
Des Moines, IA 50319-0034

Applications will be considered incomplete if not signed by both the waste generator and receiving landfill. The receiving landfill must attach a copy of the SWAC for the particular waste for which the application has been submitted.

Written notification of approval or rejection will be mailed or faxed to the generator and landfill. If approved, a copy of the authorization must accompany the waste hauler to the landfill.

For questions concerning this application contact Sue Johnson at (515) 725-8317 or [susan.johnson@dnr.iowa.gov](mailto:susan.johnson@dnr.iowa.gov)

**SECTION 1: WASTE GENERATOR INFORMATION**

Name of Primary Contact\* \_\_\_\_\_ Title \_\_\_\_\_

\*SWA approvals will be sent to this person at the address provided below.

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Address or location of the point of generation of the waste, if different from the company address:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**SECTION 2: WASTE CHARACTERIZATION**

Waste determined to be hazardous may not be landfilled in Iowa. Attach TCLP analysis that demonstrates the waste is not considered hazardous. For raw or virgin materials being disposed of, a MSDS that indicates the waste is not hazardous may be submitted in lieu of a TCLP analysis.

The generator may also apply knowledge of the hazardous characteristic(s) of the waste in light of the materials or the processes used ("knowledge of process"). In order to use knowledge to characterize the waste, the knowledge that is applied must be valid and verifiable and the generator must be able to demonstrate the basis for their claim by providing supporting information to justify that conclusion.

Name and description of waste:

Has any pretreatment been utilized? If so, please describe the pretreatment process:

List the alternatives to disposal that were analyzed and reason not utilized (*attach extra sheets if necessary*):

Physical state at room temperature?

☐ Solid ☐ Semi-Solid ☐ Liquid

Percent (%) Solid:

pH:

Flashpoint:

Does this waste pass the paint filter liquids test?

Free liquids are prohibited from landfill disposal. Free liquids are defined as the liquid produced when a 100-millimeter or 100-gram representative sample is placed on a standard mesh number 60 (fine mesh size) conical paint filter for five minutes.

☐ Yes  
☐ No

Is this waste a listed hazardous waste as identified in 40 CFR 261, Subpart D? Refer to the following web link to find listed hazardous wastes: <http://www.gpoaccess.gov/cfr/index.html>

☐ Yes  
☐ No**SECTION 2: WASTE CHARACTERIZATION (Continued)**Does this waste exhibit the property of *ignitability* as defined in 40 CFR 261, Subpart C?☐ Yes  
☐ NoDoes this waste exhibit the property of *corrosivity* as defined in 40 CFR 261, Subpart C?☐ Yes  
☐ NoDoes this waste exhibit the property of *reactivity* as defined in 40 CFR 261, Subpart C?☐ Yes  
☐ NoDoes this waste exhibit the property of *toxicity* as defined in 40 CFR 261, Subpart C?☐ Yes  
☐ No

### **SECTION 3: WASTE DISPOSAL INFORMATION**

Indicate the proposed disposal location and if this is a request for an on going disposal of a special waste or a one-time disposal. If on going, indicate the approximate amount in pounds to be disposed of quarterly.

Landfill Name\* \_\_\_\_\_

*\*List only a landfill that is authorized to accept waste from the service area of where the waste was generated. Sue Johnson at (515) 725-8317 or [susan.johnson@dnr.iowa.gov](mailto:susan.johnson@dnr.iowa.gov) for a list of landfills authorized to accept waste from your facility.*

☐ On going (or intermittent) with an average disposal rate per quarter of \_\_\_\_\_ pounds

Indicate the amount on hand to be disposed of immediately: \_\_\_\_\_ pounds

☐ One time only, with an estimated quantity of \_\_\_\_\_ pounds

### **SECTION 4: WASTE GENERATOR CERTIFICATION**

"I certify under penalty of law (§455B.417.1(c), Code of Iowa) that I have examined and am familiar with the information submitted in this document concerning hazardous waste, and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete."

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

### **SECTION 5: LANDFILL INFORMATION**

The following section is to be completed by the receiving landfill. By signing below, the landfill verifies that the application has been examined and if approved by the department, is willing to accept the waste described within, provided that instructions for disposal of the waste, as contained in the landfill's Special Waste Acceptance Criteria, are followed by the generator.

Prior review of this application by the receiving landfill will allow the department to more quickly process and evaluate the application. Please address the following:

Indicate the properties that lead you to believe this is a special waste:

Indicate any special handling procedures that the waste generator must follow prior to delivery at the landfill:

Name of Responsible Official\*: \_\_\_\_\_

*\*SWA approvals will be sent to this person at the address given below.*

Solid Waste Agency Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

Responsible Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_