



MAHASKA COUNTY SOLID WASTE

MAHASKA COUNTY SOLID WASTE MANAGEMENT COMMISSION

2979 Hwy 63 Oskaloosa, IA 52577

Joe Farris, Landfill Manager

Phone (641) 673-9266

COMMON NAME OF WASTE:			CITY AND COUNTY OF GENERATION SITE:		
A. GENERATOR INFORMATION			B. CUSTOMER/BILLING INFORMATION		
1. Generator Name: _____			1. Billing Name:		
2. Address: _____			2. Address:		
City:	County:		City:	County:	
State:	Zip:		State:	Zip:	
3. Site Location (if different): _____			3. Contact Name:		
_____			4. Phone Number:		
4. Contact Name: _____			5. Fax Number:		
5. Phone Number: _____			6. Payment by cash or check? <input type="checkbox"/> YES <input type="checkbox"/> NO, please bill my account. If no account is in place, please call 641-673-9266 to apply.		
6. Fax Number: _____			PO # if required by the Bill-To Customer: _____		
Email Address: _____					
C. TRANSPORTER INFORMATION			D. AGENT/CONSULTANT INFORMATION		
1. Name:			1. Name: _____		
2. Street Address:			2. Street Address: _____		
City:	State:	Zip:	City:	State:	Zip:
3. Phone Number: _____			3. Phone Number: _____		
4. Fax Number:			4. Fax Number:		
5. Contact Name: _____			5. Contact Name:		



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1. Common Name of Waste:		
2. Detailed Description of Process:		
3. Physical State at 70°F <input type="checkbox"/> Solid <input type="checkbox"/> Semi-Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Powder <input type="checkbox"/> Other		
4. Odor: <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Significant: (describe)		
5. Color:	6. Flash Point: _____ °F _____ °C	
7. Reactive: <input type="checkbox"/> NO <input type="checkbox"/> YES with	8. pH Range: _____	9. Heat Generating Waste <input type="checkbox"/> NO <input type="checkbox"/> YES
10. Free Liquid: <input type="checkbox"/> NO <input type="checkbox"/> YES	11. Water Content: _____ % by water	
12. Does the waste contain U.S.D.O.T. hazardous materials, PCB's, or asbestos? <input type="checkbox"/> NO <input type="checkbox"/> YES		
13. Does the waste contain any etiological agents or untreated medical waste? <input type="checkbox"/> NO <input type="checkbox"/> YES		
14. Is the proposed waste a hazardous waste as defined by Federal or State regulations? <input type="checkbox"/> NO <input type="checkbox"/> YES		
F. SUPPLEMENTAL INFORMATION		
1. Attached Document(s): <input type="checkbox"/> None <input type="checkbox"/> MSDS <input type="checkbox"/> Certified Analytical Report <input type="checkbox"/> Memo/Letter <input type="checkbox"/> Process Knowledge		
2. If analytical data is attached, is the data derived from testing a representative sample in accordance with 40 CFR 261 and/or other applicable laws? <input type="checkbox"/> YES <input type="checkbox"/> NO		
G. SHIPPING INFORMATION		
1. Packaging: <input type="checkbox"/> Bulk Solids <input type="checkbox"/> Drums <input type="checkbox"/> Roll-Off <input type="checkbox"/> Dump Truck <input type="checkbox"/> Bagged, containerized, super sacks <input type="checkbox"/> Other:		
2. Estimated Volume: _____ <input type="checkbox"/> Tons <input type="checkbox"/> Cubic Yards <input type="checkbox"/> Drums <input type="checkbox"/> Other:		
3. Shipping Frequency: _____ per <input type="checkbox"/> One Time <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other:		
H. GENERATOR'S CERTIFICATION STATEMENT:		
I hereby certify that the material named is not a hazardous waste as defined by 40CFR261 or any applicable state law, that all known or suspected hazards have been disclosed, that there are no other economical or environmentally safe ways to manage this material and that all information submitted is complete and accurate. If any of the above information changes, I agree to notify Mahaska County Solid Waste Landfill prior to offering the waste for shipment or management.		
I, _____ (NAME, PLEASE PRINT)		
COMPANY NAME: _____	PRINTED NAME: _____	
DATE: _____	SIGNATURE: _____	
I. LANDFILL AUTHORIZATION:		
MCSW Authorized Signature: _____	Date: _____	
Landfill Manager's Signature: _____	Date: _____	

Return this form completed and signed along with supporting waste stream documents to:
Deb Danley, Mahaska County Solid Waste Management Commission
Deb@mahaskacountysolidwaste.org