

# Quarterly Transfer Station/Citizen Convenience Center Tonnage Report

## Reporting Period Year

- January-March, Due July 1<sup>st</sup>                       July -September, Due January 1<sup>st</sup>  
 April-June, October 1<sup>st</sup>                               October-December, Due April 1<sup>st</sup>

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

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

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

**Send completed form to:**  
**Land Quality Bureau**  
**502 E 9<sup>th</sup> St**  
**Des Moines IA 50319-0034**  
**Or fax to: 515-725-8202**

**Solid Waste Materials.** The permit holder is required to maintain records for the service area of tonnages accepted at this facility in accordance with IAC 567 Chapter 106.13. 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 Iowa Administrative Code 567 – 101.7(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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