Fee-Exempt Material Quarterly Report

	Reporting	Period Year			
	January-March, Due July 1 st April-June, October 1 st		eptember, Due January 1 st	-	
	Aprii-Jurie, October 1		er-December, Due April 1 ^s		
County:	Permit #:			Send completed form to:	
Responsible Official:				ality Bureau E 9 th St	
Facility Name:				S IA 50319-0034	
Address:			Or fax to:	515-725-8202	
City, State, Zip:			_		
	Waterials. Please answer the fol 'yes" to any question, please pro		•	· · · · · · · · · · · · · · · · · · ·	
Is construction and dem	olition (C & D) waste accepted a	t this facility?	Yes No	tonnage:	
Is C & D waste disposed	of in a cell specifically designate	ed for C & D waste only?	Yes No		
Is this facility permitted as a C & D landfill facility only?			Yes No	fee-exempt C & D waste shall be included in goal	
If yes to either of the pr	evious two questions, please en	ter the tonnage accepte	ed:	progress calculations	
accepted at this facility?	re accepted and indicate wheth		•	Yes No	
Waste:	daily	cover: tonnage:	landfilled: to	nnage:	
	_	cover: tonnage:	landfilled: to	nnage:	
Waste:	daily	cover: tonnage:	landfilled: to	nnage:	
or constructing of berm	,	Yes No		tonnage:	
	connage of material used for the	<u> </u>	ional pages if needed)		
Materials	Used Tonnag	e Used	Purpose		
	ee-exempt waste for disposal fro cy(s), its location, waste type, and t			Yes No	
Facility, location		Type of wast	e	tonnage:	
Facility, location		Type of wast	e	tonnage:	

Facility, location Type of waste tonnage:

Did this facility ship any fee exempt material for If yes , list material, use(s) and tonnage(s) belo		☐ Yes ☐ No
	2	
Is this facility currently exploring new markets If yes , what are they?	? -	∐ Yes ∐ No
Would your facility like to be contacted by WR	RAP or IWE for assistance with waste diversion	? Yes No
Legitify under penalty of law that Lam the owner	CERTIFICATION operator, or authorized representative of the own	er or operator and that I have examined and
	eported above, and that I believe the information is	
Signature:		Date:
		
	Telephone Number:	
Additional Comments:		