



DES MOINES METROPOLITAN WASTEWATER RECLAMATION FACILITY

3000 Vandalia Road, Des Moines, Iowa 50317
Ph: (515) 323-8133 FAX: (515) 323-8063

INDUSTRIAL HAULED WASTE PROFILE FORM

GENERATOR INFORMATION

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Waste Generation Address: If same as above, check here: [] _____

City: _____ State: _____ Zip: _____

Authorized Official representing Waste Generator:

Name: _____ Title: _____

Telephone: _____ email: _____

WASTE DESCRIPTION & PRODUCTION INFORMATION

Common Name of Waste: Waste #1: _____

Waste #2: _____

Process Generating Waste: Waste #1: _____

Waste #2: _____

Are the wastes in a flowable state? [] YES [] NO (Wastes must be able to gravity-flow through a 4-inch diameter hose.)

Is the process by which this waste is generated subject to Federal Categorical Pretreatment Standards?

[] YES [] NO

If yes, please identify process: _____

SIC Code(s) of Processes Generating the Waste(s): _____

- Waste Type: [] Industrial Process Waste—Organic [] Unused or Off-Spec Product
[] Industrial Process Waste—Inorganic [] Contaminated Groundwater
[] Food Production/Processing Waste [] UST or Spill-Related Waste
[] Pet/Livestock Food Manufacturing Waste [] Confined Livestock Operation Waste
[] Biofuels Production Waste
[] OTHER (please describe): _____

Anticipated Volume (gal): _____ per: [] Day [] Week [] Month

One-Time Disposal or On-Going/Continuous? [] One-Time [] On-Going/Continuous

If One-Time, Anticipated Duration of Disposals: _____ [] Days [] Weeks [] Months

Who will transport the waste? [] In-house trucks [] Private waste transporter

Name of private firm: _____

WASTE CHARACTERISTICS – Lab Data (Fill-in lab results below or attach analytical reports to this form.)

CBOD₅: _____ mg/L
 COD: _____ mg/L
 Oil & Grease: _____ mg/L
 pH: _____ S.U.
 Phosphorus (T): _____ mg/L
 TKN: _____ mg/L
 TSS: _____ mg/L
 Total Solids: _____ %
 Volatile Solids: _____ %
 Dissolved Solids (T): _____ mg/L
 Chloride: _____ mg/L
 Cyanide: _____ mg/L
 Total BETX: _____ mg/L
 TTOs (Sum of): _____ mg/L

Metals
 Arsenic: _____ mg/L
 Barium: _____ mg/L
 Cadmium: _____ mg/L
 Chromium: _____ mg/L
 Copper: _____ mg/L
 Mercury: _____ mg/L
 Molybdenum: _____ mg/L
 Nickel: _____ mg/L
 Lead: _____ mg/L
 Selenium: _____ mg/L
 Silver: _____ mg/L
 Zinc: _____ mg/L

Has this waste been analyzed for Priority Pollutants? YES NO (If yes, please provide lab data.)

DECLARATIONS & CERTIFICATIONS

Check all those which are likely to be present in your hauled waste stream(s).

- | | | |
|---|---|--|
| <input type="checkbox"/> Acids and Alkalis | <input type="checkbox"/> Herbicides | <input type="checkbox"/> Plating Wastes |
| <input type="checkbox"/> Biological Wastes | <input type="checkbox"/> Inks / Dyes | <input type="checkbox"/> Pretreatment Sludges |
| <input type="checkbox"/> Chromium | <input type="checkbox"/> Mercury | <input type="checkbox"/> Radioactive Materials |
| <input type="checkbox"/> Corrosives: Strong Acids | <input type="checkbox"/> Nonhalogenated Solvents | <input type="checkbox"/> Reductants |
| <input type="checkbox"/> Corrosives: Strong Bases | <input type="checkbox"/> Noxious / Fuming Chemicals | <input type="checkbox"/> Resins |
| <input type="checkbox"/> Detergents | <input type="checkbox"/> Oil, Grease, and/or Fat | <input type="checkbox"/> Silver |
| <input type="checkbox"/> Explosive Chemicals | <input type="checkbox"/> Oils and fuels | <input type="checkbox"/> Solvents / Thinners |
| <input type="checkbox"/> Flammable Chemicals | <input type="checkbox"/> Organic Compounds | <input type="checkbox"/> Tars / Creosotes / Pitch |
| <input type="checkbox"/> Grit and Sand | <input type="checkbox"/> Oxidants | <input type="checkbox"/> Varnishes/Lacquers/Waxes |
| <input type="checkbox"/> Halogenated Solvents | <input type="checkbox"/> Paints / Pigments | <input type="checkbox"/> Zinc |
| <input type="checkbox"/> Heavy Metal Sludges | <input type="checkbox"/> Pesticides | <input type="checkbox"/> Other Wastes: (specify below) |
| <input type="checkbox"/> Hot Water (>150 F) | <input type="checkbox"/> Pickling Liquors | _____ |
| | | _____ |

I hereby certify the following: *The wastes identified in this Hauled Waste Profile Form for considerations for disposal at the Des Moines Metropolitan WRF do not contain any pesticides or herbicides including Endrin, Methoxychlor, 2,4-D Lindane, Toxaphene, 2,4,5-TP (Silvex), Chlordane, or Heptachlor (and its Epoxide); does not contain PCBs; and does not contain any material at a concentration which would render it as hazardous as defined in 40 CFR 261.3.*

Authorized Official's Initials: _____

SIGNATURE OF AUTHORIZED OFFICIAL

I have personally examined and am familiar with the information submitted in this document and attachments. To the best of my knowledge, the submitted information is true, accurate, and complete. I acknowledge that any changes from the stated pollutants, general pollutant concentrations, volumes, or other measures require immediate notification to and approval from the Des Moines Metropolitan WRA, and waste acceptance by the WRF is strictly limited to the wastes identified in this Hauled Waste Profile Form.

Name

Title

Signature of Official

Date