



DES MOINES METROPOLITAN WASTEWATER RECLAMATION AUTHORITY

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

APPROVAL - WRA Use Only

WRF Treatment Mgr.

Date:

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

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.)
Has this waste been analyzed for PFAS compounds? 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"/> Pickling Liquors |
| <input type="checkbox"/> Biological Wastes | <input type="checkbox"/> Inks / Dyes | <input type="checkbox"/> Plating Wastes |
| <input type="checkbox"/> Chromium | <input type="checkbox"/> Mercury | <input type="checkbox"/> Pretreatment Sludges |
| <input type="checkbox"/> Corrosives: Strong Acids | <input type="checkbox"/> Nonhalogenated Solvents | <input type="checkbox"/> Radioactive Materials |
| <input type="checkbox"/> Corrosives: Strong Bases | <input type="checkbox"/> Noxious / Fuming Chemicals | <input type="checkbox"/> Reductants |
| <input type="checkbox"/> Detergents | <input type="checkbox"/> Oil, Grease, and/or Fat | <input type="checkbox"/> Resins |
| <input type="checkbox"/> Explosive Chemicals | <input type="checkbox"/> Oils and fuels | <input type="checkbox"/> Silver |
| <input type="checkbox"/> Flammable Chemicals | <input type="checkbox"/> Organic Compounds | <input type="checkbox"/> Solvents / Thinners |
| <input type="checkbox"/> Grit and Sand | <input type="checkbox"/> Oxidants | <input type="checkbox"/> Tars / Creosotes / Pitch |
| <input type="checkbox"/> Halogenated Solvents | <input type="checkbox"/> Paints / Pigments | <input type="checkbox"/> Varnishes/Lacquers/Waxes |
| <input type="checkbox"/> Heavy Metal Sludges | <input type="checkbox"/> Pesticides | <input type="checkbox"/> Zinc |
| <input type="checkbox"/> Hot Water (>150 F) | <input type="checkbox"/> PFAS/PFOS/PFOA Compounds | <input type="checkbox"/> Other (specify on separate page) |

I hereby certify the following: *The waste(s) identified in this Hauled Waste Profile Form for considerations for disposal at the Des Moines Metropolitan WRF does not contain any of the following pollutants: PFAS/PFOA/PFOS related compounds; 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