

August 13, 2025

To: ASHLEE MADSEN, EHSE SPECIALIST
CNH INDUSTRIAL AMERICA LLC
1930 DES MOINES AVE.
BURLINGTON, IA 52601

ERIC HOUTZ
DES MOINES COUNTY LANDFILL
13758 WASHINGTON ROAD
W. BURLINGTON, IA 52655

Re: *Renewed Special Waste Authorization # 29-SWA-11-06*

The following special waste authorization (SWA) applies ONLY to the waste generator addressed above. This authorization allows the waste generator to dispose of the special waste referenced in accordance with the instructions, conditions and limitations contained in this SWA. A copy of this SWA must accompany the hauler to the landfill. The waste generator shall notify the department and landfill, prior to disposal, of any change in the characteristics of the special waste being disposed.

The issuance of an SWA does not obligate any waste disposal facility to accept the waste nor does it preclude the facility from imposing restrictions other than those listed in the SWA. The landfill has the final decision whether to accept the special waste. The issuance of an SWA does not exempt the waste generator from any local, state or federal laws or regulations. The department may revoke an SWA for cause at any time

WASTE & VOLUME: Quarterly disposal of approximately 2650 pounds of Powder Coat Paint. Previously requested RCRA 8 metals testing was completed and showed all constituents were below all standards established in 40 CFR 261.24.

GENERATOR: CNH Industrial
Ashlee Madsen, (319) 371-7064, ashlee.madsen@cnh.com

ISSUE DATE: August 13, 2025

EXPIRATION DATE: August 13, 2028

DISPOSAL SITE: Des Moines County Sanitary Landfill, #29-SDP-01-76

SWA CONTACT: Eric Houtz, (319) 753-8722, ehoutz@dmcwaste.org

Authorized by _____
Iowa Department of Natural Resources

If you have questions regarding this authorization, please contact Brad Davison at (515) 415-1331.
cc: Iowa DNR Field Office #6, Washington, IA



IOWA DEPARTMENT OF NATURAL RESOURCES

REQUEST FOR SPECIAL WASTE AUTHORIZATION



Check one of the following:

☐ New Application

☒ Renewal, Existing SWA #: 29-SWA-11-DV

The intent of a special waste authorization is to provide safe and proper management for disposal of wastes which present a threat to human health or the environment or a waste with inherent properties which make the disposal of the waste in a sanitary landfill difficult to manage. It is each landfill's responsibility to inform the waste generator if a waste should be handled as a special waste and to ensure that special wastes delivered to the landfill conform to the Special Waste Acceptance Criteria (SWAC) on file with the Department. It is the Department's responsibility to review each application for a special waste authorization to verify that the proposed waste can be landfilled under the current regulations in Iowa.

READ THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

Waste Generator:

1. Complete Sections 1-3 of this application applicable to the waste characterization and disposal information.
2. Attach Toxicity Characteristic Leaching Procedure (TCLP) test results, material safety data sheet(s) (MSDS), or evidence of "processor knowledge" when appropriate that demonstrates the waste is not considered a characteristic hazardous waste exhibiting the properties of flammability, corrosivity, reactivity or toxicity or a listed hazardous waste as defined in 40 CFR Part 261, Subpart D.
3. Provide signature in Section 3 to verify that the information provided is true, accurate and complete.
4. Mail or deliver the completed application with attachments to the requested disposal destination (*must be a landfill that is authorized to accept waste from the service area of where the waste was generated*). Please contact Sue Johnson at (515) 217-0872 for a list of landfills authorized to accept waste from the service area in which your facility is located.

Receiving Landfill: Prior review of this application by the receiving landfill allows the department to more quickly process and evaluate the application.

1. Complete Section 5 of this application applicable to the landfill.
2. Indicate by signing the application that the landfill is willing to accept the waste if a Special Waste Authorization is issued by the department and if instructions for disposal of the waste, as contained in the landfill's SWAC, are followed by the generator.
3. Attach SWAC procedures for disposal of the waste.
4. Keep 1 copy for your records and submit the remaining one copy of the completed application with attachments (TCLP, MSDS, SWAC, etc.) to the department at the following address, or email to Susan.Johnson@dnr.iowa.gov:

Iowa Department of Natural Resources
Land Quality Bureau- Attn: Susan Johnson
502 East 9th Street
Des Moines, IA 50319-0034

Applications will be considered incomplete if not signed by both the waste generator and receiving landfill. The receiving landfill must attach a copy of the SWAC for the particular waste for which the application has been submitted.

Written notification of approval or rejection will be mailed or emailed to the generator and landfill. If approved, a copy of the authorization must accompany the waste hauler to the landfill.

For questions concerning this application contact Sue Johnson at (515) 217-0872 or Susan.Johnson@dnr.iowa.gov.

SECTION 1: WASTE GENERATOR INFORMATIONName of Primary Contact* ASHILL MADSEN Title EHSE MANAGER**SWA approvals will be sent to this person at the address provided below.*Company Name CNH INDUSTRIAL LLCMailing Address 1930 DES MOINES AVE.City BURLINGTON State IA Zip Code 52601Telephone # (319) 217-7477 Email Address ASHILL.MADSEN@CNH.COM

Address or location of the point of generation of the waste, if different from the company address:

Address SAME AS ABOVE

City _____ State _____ Zip Code _____

SECTION 2: WASTE CHARACTERIZATION

Waste determined to be hazardous may not be landfilled in Iowa. Attach TCLP analysis that demonstrates the waste is not considered hazardous. For raw or virgin materials being disposed of, a MSDS that indicates the waste is not hazardous may be submitted in lieu of a TCLP analysis.

The generator may also apply knowledge of the hazardous characteristic(s) of the waste in light of the materials or the processes used ("knowledge of process"). In order to use knowledge to characterize the waste, the knowledge that is applied must be valid and verifiable and the generator must be able to demonstrate the basis for their claim by providing supporting information to justify that conclusion.

Name and description of waste. Please address any RCRA listings derived from wastes etc., that may be applicable and why these listings would not pertain to the waste:

POWDER COAT PAINT

Has any pretreatment been utilized? If so, please describe the pretreatment process:

NO

List the alternatives to disposal that were analyzed and reason not utilized (*attach extra sheets if necessary*):

NONE

Physical state at room temperature? ☒ Solid ☐ Semi-Solid ☐ Liquid
Percent (%) Solid: 99.4 pH: 5.8 Flashpoint: > 200

Does this waste pass the paint filter liquids test?

Free liquids are prohibited from landfill disposal. Free liquids are defined as the liquid produced when a 100-millimeter or 100-gram representative sample is placed on a standard mesh number 60 (fine mesh size) conical paint filter for five minutes. ☒ Yes ☐ No

Is this waste a listed hazardous waste as identified in 40 CFR 261, Subpart D? Refer to the following web link to find listed hazardous wastes: <http://www.gpoaccess.gov/cfr/index.html> ☐ Yes ☒ No

Does this waste exhibit the property of *ignitability* as defined in 40 CFR 261, Subpart C? ☐ Yes ☒ No

Does this waste exhibit the property of *corrosivity* as defined in 40 CFR 261, Subpart C? ☐ Yes ☒ No

Does this waste exhibit the property of *reactivity* as defined in 40 CFR 261, Subpart C? ☐ Yes ☒ No

Does this waste exhibit the property of *toxicity* as defined in 40 CFR 261, Subpart C? ☐ Yes ☒ No

SECTION 3: WASTE DISPOSAL INFORMATION

Indicate the proposed disposal location and if this is a request for an ongoing disposal of a special waste or a one-time disposal. If on going, indicate the approximate amount in pounds to be disposed of quarterly.

Landfill Name* _____

*List only a landfill that is authorized to accept waste from the service area of where the waste was generated. Sue Johnson at (515) 217-0872 or susan.johnson@dnr.iowa.gov for a list of landfills authorized to accept waste from your facility.

☒ Ongoing (or intermittent) with an average disposal rate per quarter of 2650 pounds

Indicate the amount on hand to be disposed of immediately: N/A pounds

☐ One time only, with an estimated quantity of _____ pounds

SECTION 4: WASTE GENERATOR CERTIFICATION

"I certify under penalty of law (§455B.417.1(c), Code of Iowa) that I have examined and am familiar with the information submitted in this document concerning hazardous waste, and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete."

Applicant Signature: _____

Date: 06/16/2025

Printed Name: Ashlee Madsen

Title: EHSE Manager

See Landfill Information on the following page.

SECTION 5: LANDFILL INFORMATION

The following section is to be completed by the receiving landfill. By signing below, the landfill verifies that the application has been examined and if approved by the department, is willing to accept the waste described within, provided that instructions for disposal of the waste, as contained in the landfill's Special Waste Acceptance Criteria, are followed by the generator.

Prior review of this application by the receiving landfill will allow the department to more quickly process and evaluate the application. Please address the following:

Indicate the properties that lead you to believe this is a special waste:

Material is in a powder form that may form explosive dust-air mixtures. In addition, irritation can occur when coming in contact.

Indicate any special handling procedures that the waste generator must follow prior to delivery at the landfill:

Material will be packaged in a plastic bag inside a closed DDM.

Drum shall be a steel drum and 24 hour advanced notice will be provided prior to delivery.

Name of Responsible Official*: Eric Houtz
*SWA approvals will be sent to this person at the address given below.

Solid Waste Agency Name Des Moines CO Regional Solid Waste
Mailing Address 13758 Washington Rd
City West Burlington State Ia Zip Code 52655
Telephone # 319-753-8722 Email Address ehoutz@dmcwaste.org
Responsible Official Signature: Eric Houtz Date: 8/5/25



Microbac Laboratories, Inc., Newton

CERTIFICATE OF ANALYSIS

11C0303

CNH America, LLC.

Project Name: TCLP Analysis

Kelly Deen
1930 Des Moines Ave
Burlington, IA 52601

Project / PO Number: 4503365849
Received: 03/04/2025
Reported: 03/13/2025

Analytical Testing Parameters

Client Sample ID:	Powder Coat Paint	Collected By:	Chuck Allen
Sample Matrix:	Bulk-Solid	Collection Date:	02/17/2025 10:10
Lab Sample ID:	11C0303-01		

Determination of TCLP Metals	Result	RL	Units	DF	Note	Prepared	Analyzed	Analyst
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EPA 3010A/EPA 6010B

Arsenic (TCLP)	<0.030	0.030	mg/L	1		03/10/25 1445	03/12/25 0159	JAR
Barium (TCLP)	2.18	0.010	mg/L	1		03/10/25 1445	03/12/25 0159	JAR
Cadmium (TCLP)	<0.005	0.005	mg/L	1		03/10/25 1445	03/12/25 0159	JAR
Chromium (TCLP)	<0.010	0.010	mg/L	1		03/10/25 1445	03/12/25 0159	JAR
Lead (TCLP)	<0.020	0.020	mg/L	1		03/10/25 1445	03/12/25 0159	JAR
Selenium (TCLP)	<0.050	0.050	mg/L	1		03/10/25 1445	03/12/25 1959	JAR
Silver (TCLP)	<0.010	0.010	mg/L	1		03/10/25 1445	03/12/25 0159	JAR

EPA 7470A

Mercury (TCLP)	<0.00050	0.00050	mg/L	1		03/06/25 0754	03/11/25 1131	JAR
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TCLP Extraction	Result	RL	Units	DF	Note	Prepared	Analyzed	Analyst
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EPA 1311/EPA 1311

TCLP pH, Initial	4.9		pH	1	T6	02/17/25 1010	03/07/25 1439	KKJ
TCLP pH, Final	4.9		pH	1	T6	02/17/25 1010	03/07/25 1439	KKJ

Client Sample ID:	Wastewater Cake	Collected By:	Chuck Allen
Sample Matrix:	Sludge	Collection Date:	02/24/2025 8:10
Lab Sample ID:	11C0303-02		

Determination of TCLP Metals	Result	RL	Units	DF	Note	Prepared	Analyzed	Analyst
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EPA 3010A/EPA 6010B

Arsenic (TCLP)	<0.030	0.030	mg/L	1		03/10/25 1445	03/12/25 0210	JAR
Barium (TCLP)	0.031	0.010	mg/L	1		03/10/25 1445	03/12/25 0210	JAR
Cadmium (TCLP)	<0.005	0.005	mg/L	1		03/10/25 1445	03/12/25 0210	JAR
Chromium (TCLP)	0.092	0.010	mg/L	1		03/10/25 1445	03/12/25 0210	JAR
Lead (TCLP)	<0.020	0.020	mg/L	1		03/10/25 1445	03/12/25 0210	JAR
Selenium (TCLP)	0.063	0.050	mg/L	1		03/10/25 1445	03/12/25 2008	JAR
Silver (TCLP)	<0.010	0.010	mg/L	1		03/10/25 1445	03/12/25 0210	JAR

EPA 7470A

Mercury (TCLP)	<0.00050	0.00050	mg/L	1		03/06/25 0754	03/11/25 1133	JAR
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TCLP Extraction	Result	RL	Units	DF	Note	Prepared	Analyzed	Analyst
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EPA 1311/EPA 1311

TCLP pH, Initial	4.9		pH	1	T6	02/24/25 0810	03/07/25 1439	KKJ
TCLP pH, Final	5.6		pH	1	T6	02/24/25 0810	03/07/25 1439	KKJ

Microbac Laboratories, Inc., Newton

600 East 17th Street South | Newton, IA 50208 | 641-792-8451 p | www.microbac.com



Microbac Laboratories, Inc., Newton

CERTIFICATE OF ANALYSIS

11C0303

Client Sample ID: Hydro Paint Sludge
Sample Matrix: Bulk-Solid
Lab Sample ID: 11C0303-03

Collected By: Chuck Allen
Collection Date: 02/24/2025 8:20

Determination of TCLP Metals	Result	RL	Units	DF	Note	Prepared	Analyzed	Analyst
EPA 3010A/EPA 6010B								
Arsenic (TCLP)	<0.030	0.030	mg/L	1		03/10/25 1445	03/12/25 0220	JAR
Barium (TCLP)	0.974	0.010	mg/L	1		03/10/25 1445	03/12/25 0220	JAR
Cadmium (TCLP)	<0.005	0.005	mg/L	1		03/10/25 1445	03/12/25 0220	JAR
Chromium (TCLP)	<0.010	0.010	mg/L	1		03/10/25 1445	03/12/25 0220	JAR
Lead (TCLP)	0.128	0.020	mg/L	1		03/10/25 1445	03/12/25 0220	JAR
Selenium (TCLP)	0.070	0.050	mg/L	1		03/10/25 1445	03/12/25 2018	JAR
Silver (TCLP)	<0.010	0.010	mg/L	1		03/10/25 1445	03/12/25 0220	JAR
EPA 7470A								
Mercury (TCLP)	<0.00050	0.00050	mg/L	1		03/06/25 0754	03/11/25 1136	JAR
TCLP Extraction								
EPA 1311/EPA 1311								
TCLP pH, Initial	4.9		pH	1		02/24/25 0820	03/07/25 1439	KKJ
TCLP pH, Final	5.3		pH	1		02/24/25 0820	03/07/25 1439	KKJ

Definitions

RL: Reporting Limit
RPD: Relative Percent Difference
T6: Insufficient sample for full volume TCLP extraction.

Report Comments

The data and information on this, and other accompanying documents, represents only the sample(s) analyzed. This report is incomplete unless all pages indicated in the footnote are present and an authorized signature is included. The services were provided under and subject to Microbac's standard terms and conditions which can be located and reviewed at <https://www.microbac.com/standard-terms-conditions>.

Reviewed and Approved By:

Heather Tisdale
Customer Relationship Specialist
heather.tisdale@microbac.com
03/13/25 14:37



LABORATORIES
A Microbac Company

500 East
Newton,
MA 02459

CNH America, LLC.
Pvt. Heather Tisdale



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www.keystonelabs.

SITE INFORMATION

Sampler: Chuck Allen

Project: TOL Analysis

REPORT TO

Kelly Deen
CNH America, LLC.
1900 Des Moines Ave
Burlington, IA 52601

INVOICE TO

Accounts Payable
CNH America, LLC. - Billing
PO Box 3100
Lancaster, PA 17604

SPECIAL INSTRUCTIONS

Verify Sample Matrix

Turn Around Time

☐ Standard ☐ RUSH, need by ___/___/___

LAB USE ONLY

Work Order: IC0303

Temperature: 18.0

Turn-Cooler: No

Custody Seal

☒ Containers Intact

☒ COC/Labels Agree

☒ Preservation Confirmed

☒ Refrigerated Ice

Number	Sample Identification / Client ID	Matrix	Sample Type	Date	Time	Number of Containers	Analyses	Lab Sample Number
-001	Paint Filter Powdercoo27 Paint	Bulk-Solid		2/17/25	10:10 AM	1	icb-meds	1
-001	Powder Paint Waste Watermark Cake	Solid		2/24/25	8:10 AM	1	icb-meds	2
-001	Paint Filter Hydroprok Paint Strides	Bulk-Solid		2/24/25	8:20 AM	1	icb-meds	3

Relinquished By: Chuck Allen 2/24/25 8:45 AM

Relinquished By

Date/Time

Received By

Received for Lab By

Date/Time

Remarks:

1015