



IOWA DEPARTMENT OF NATURAL RESOURCES
REQUEST FOR SPECIAL WASTE
AUTHORIZATION



Check one of the following: ☐ New Application ☒ Renewal, Existing SWA #: 07-SWA-107-18

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 (2) copies of 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) 725-8317 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:

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 faxed 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) 725-8317 or susan.johnson@dnr.iowa.gov

SECTION 1: WASTE GENERATOR INFORMATIONName of Primary Contact* Aaron Bottorff Title General Manager

*SWA approvals will be sent to this person at the address provided below.

Company Name CMI Roadbuilding Inc.Mailing Address 110 12th Street SECity Waverly State IA Zip Code 50677Telephone # 319-559-2800 Fax # _____

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

Address _____

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:

Paint Filter and paint waste material

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? <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Semi-Solid <input type="checkbox"/> Liquid	Percent (%) Solid: 100	pH: 5.3	Flashpoint: >215
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.			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SECTION 2: WASTE CHARACTERIZATION (Continued)

Does this waste exhibit the property of <i>ignitability</i> as defined in 40 CFR 261, Subpart C?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does this waste exhibit the property of <i>corrosivity</i> as defined in 40 CFR 261, Subpart C?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does this waste exhibit the property of <i>reactivity</i> as defined in 40 CFR 261, Subpart C?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does this waste exhibit the property of <i>toxicity</i> as defined in 40 CFR 261, Subpart C?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

SECTION 3: WASTE DISPOSAL INFORMATION

Indicate the proposed disposal location and if this is a request for an on going 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* Black Hawk County Landfill

**List only a landfill that is authorized to accept waste from the service area of where the waste was generated. Sue Johnson at (515) 725-8317 or susan.johnson@dnr.iowa.gov for a list of landfills authorized to accept waste from your facility.*

☒ On going (or intermittent) with an average disposal rate per quarter of 1000 pounds

Indicate the amount on hand to be disposed of immediately: 1500 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: 11/6/2025

Printed Name: Aaron Bottorff Title: General Manager

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:
See Next page

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

Name of Responsible Official*: _____

**SWA approvals will be sent to this person at the address given below.*

Solid Waste Agency Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone # _____ Fax # _____

Responsible Official Signature: _____ Date: _____

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 the generator follows the instructions for disposal of the waste, as contained in the landfill's Special Waste Acceptance Criteria.

The receiving landfill's prior review of this application will allow the department to process and evaluate it more quickly.

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

This pollution control waste may contain RCRA-regulated hazardous materials and is hazardous if TCLP limits are exceeded. Paint filters may be prone to spontaneous combustion.

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

The generator is required to separate the material from other waste. If mixed, the entire load will be considered as special waste. All efforts to prevent spontaneous combustion of paint filters and minimize dust generation prior to delivery shall be exercised. Thorough drying of the material is necessary. Waste cannot contain free liquids and must pass the paint filter test.

Arrangements for delivery must be made 24 hours in advance to the landfill at (319) 296-2524. Upon arrival, the driver shall identify the material by the SWA number to the scale house operator. Documentation must be presented to the scale house operator while on the inbound scale.

The waste will be deposited in the designated area, worked into the active face, and covered as required.

The Generator must test the waste material periodically and notify the BHCSWC Administrator of any process change or deviations from the submitted sampled parameters. The generator must inform the receiving landfill for re-evaluation.

Name of Responsible Official*: John A. Foster

*SWA approvals will be sent to this person at the address given below

Solid Waste Agency Name Black Hawk County Solid Waste Management Commission

Mailing Address 229 E. Park Ave., P.O. Box 208

City Waterloo **State** IA **Zip Code** 50704

Telephone # 319-234-8115 **Fax #** jfoster@wastetrac.org

Responsible Official Signature:  **Date:** December 4, 2025



Microbac Laboratories, Inc., Newton
CERTIFICATE OF ANALYSIS
1IJ2218

Stone Environmental Engineering

Donn Stone
1631 NW 30th Court
Ankeny, IA 50023

Project Name: CMI Roadbuilding Inc. - Stormwater

Project / PO Number: N/A
Received: 10/24/2025
Reported: 12/02/2025

Analytical Testing Parameters

Client Sample ID:	Paint Filters	Collected By:	Unknown
Sample Matrix:	Solid	Collection Date:	10/23/2025 10:00
Lab Sample ID:	1IJ2218-01		

Analyses Performed by: Microbac Laboratories, Inc., Newton

Metals TCLP by AA	Result	RL	Units	Note	Prepared	Analyzed	Analyst
EPA 7470A							
Mercury	<0.00050	0.00050	mg/L		10/31/25 1540	11/03/25 1352	JAR
Metals TCLP by ICP	Result	RL	Units	Note	Prepared	Analyzed	Analyst
EPA 3010A/EPA 6010B							
Arsenic	0.069	0.030	mg/L		10/31/25 1425	11/03/25 2224	JAR
Barium	0.115	0.010	mg/L		10/31/25 1425	11/03/25 2224	JAR
Cadmium	<0.005	0.005	mg/L		10/31/25 1425	11/03/25 2224	JAR
Chromium	0.012	0.010	mg/L		10/31/25 1425	11/03/25 2224	JAR
Lead	<0.020	0.020	mg/L		10/31/25 1425	11/03/25 2224	JAR
Selenium	<0.050	0.050	mg/L		10/31/25 1425	11/03/25 2224	JAR
Silver	<0.010	0.010	mg/L		10/31/25 1425	11/03/25 2224	JAR
TCLP Extraction	Result	RL	Units	Note	Prepared	Analyzed	Analyst
EPA 1311/EPA 1311							
pH Initial Leachate	5.0		pH		10/27/25 1552	10/31/25 1405	JAR
pH Final Leachate	5.3		pH		10/27/25 1552	10/31/25 1405	JAR



Microbac Laboratories, Inc., Newton

CERTIFICATE OF ANALYSIS

11J2218

Client Sample ID: Paint Filters
Sample Matrix: Solid
Lab Sample ID: 11J2218-02

Collected By: _____
Collection Date: 11/06/2025

Analyses Performed by: Microbac Laboratories, Inc., Newton

Determination of TCLP Volatile Organic Compounds	Result	RL	Units	Note	Prepared	Analyzed	Analyst
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EPA 1311/EPA 5030B/EPA 8260D

Vinyl Chloride (TCLP)	<0.020	0.020	mg/L		11/19/25 0000	11/19/25 1633	RAF
1,1-Dichloroethylene (TCLP)	<0.070	0.070	mg/L		11/19/25 0000	11/19/25 1633	RAF
2-Butanone (MEK) (TCLP)	<20.0	20.0	mg/L		11/19/25 0000	11/19/25 1633	RAF
Chloroform (TCLP)	<0.600	0.600	mg/L		11/19/25 0000	11/19/25 1633	RAF
Carbon Tetrachloride (TCLP)	<0.050	0.050	mg/L		11/19/25 0000	11/19/25 1633	RAF
Benzene (TCLP)	<0.050	0.050	mg/L		11/19/25 0000	11/19/25 1633	RAF
1,2-Dichloroethane (TCLP)	<0.050	0.050	mg/L		11/19/25 0000	11/19/25 1633	RAF
Trichloroethylene (TCLP)	<0.050	0.050	mg/L		11/19/25 0000	11/19/25 1633	RAF
Tetrachloroethylene (TCLP)	<0.070	0.070	mg/L		11/19/25 0000	11/19/25 1633	RAF
Chlorobenzene (TCLP)	<10.0	10.0	mg/L		11/19/25 0000	11/19/25 1633	RAF
Surrogate: Dibromofluoromethane	94.9	Limit: 57-128	% Rec		11/19/25 0000	11/19/25 1633	RAF
Surrogate: 1,2-Dichloroethane-d4	88.2	Limit: 49-135	% Rec		11/19/25 0000	11/19/25 1633	RAF
Surrogate: Toluene-d8	97.6	Limit: 82-116	% Rec		11/19/25 0000	11/19/25 1633	RAF
Surrogate: 4-Bromofluorobenzene	98.7	Limit: 77-114	% Rec		11/19/25 0000	11/19/25 1633	RAF

Determination of TCLP Semi-Volatile Organic Compounds	Result	RL	Units	Note	Prepared	Analyzed	Analyst
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EPA 3520C/EPA 8270C

Pyridine (TCLP)	<0.500	0.500	mg/L		11/17/25 1801	11/19/25 1624	EPP
1,4-Dichlorobenzene (TCLP)	<0.750	0.750	mg/L		11/17/25 1801	11/19/25 1624	EPP
o-Cresol (TCLP)	<20.0	20.0	mg/L		11/17/25 1801	11/19/25 1624	EPP
m+p-Cresol (TCLP)	<20.0	20.0	mg/L		11/17/25 1801	11/19/25 1624	EPP
Total Cresols (TCLP)	<20.0	20.0	mg/L		11/17/25 1801	11/19/25 1624	EPP
Hexachloroethane (TCLP)	<0.300	0.300	mg/L		11/17/25 1801	11/19/25 1624	EPP
Nitrobenzene (TCLP)	<0.200	0.200	mg/L		11/17/25 1801	11/19/25 1624	EPP
Hexachlorobutadiene (TCLP)	<0.050	0.050	mg/L		11/17/25 1801	11/19/25 1624	EPP
2,4,6-Trichlorophenol (TCLP)	<0.200	0.200	mg/L		11/17/25 1801	11/19/25 1624	EPP
2,4,5-Trichlorophenol (TCLP)	<40.0	40.0	mg/L		11/17/25 1801	11/19/25 1624	EPP
2,4-Dinitrotoluene (TCLP)	<0.013	0.013	mg/L		11/17/25 1801	11/19/25 1624	EPP
Hexachlorobenzene (TCLP)	<0.013	0.013	mg/L		11/17/25 1801	11/19/25 1624	EPP
Pentachlorophenol (TCLP)	<10.0	10.0	mg/L		11/17/25 1801	11/19/25 1624	EPP
Surrogate: 2-Fluorophenol	46.6	Limit: 10-159	% Rec		11/17/25 1801	11/19/25 1624	EPP
Surrogate: Phenol-d6	37.2	Limit: 10-162	% Rec		11/17/25 1801	11/19/25 1624	EPP
Surrogate: Nitrobenzene-d5	65.3	Limit: 12-147	% Rec		11/17/25 1801	11/19/25 1624	EPP
Surrogate: 2-Fluorobiphenyl	65.6	Limit: 19-142	% Rec		11/17/25 1801	11/19/25 1624	EPP
Surrogate: 2,4,6-Tribromophenol	111	Limit: 15-166	% Rec		11/17/25 1801	11/19/25 1624	EPP
Surrogate: Terphenyl-dl4	105	Limit: 28-160	% Rec		11/17/25 1801	11/19/25 1624	EPP

TCLP Extraction	Result	RL	Units	Note	Prepared	Analyzed	Analyst
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EPA 1311/EPA 1311

pH Initial Leachate	4.9		pH		11/13/25 1201	11/14/25 1531	JAR
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Microbac Laboratories, Inc., Newton

CERTIFICATE OF ANALYSIS

1IJ2218

Client Sample ID: Paint Filters
Sample Matrix: Solid
Lab Sample ID: 1IJ2218-02

Collected By: _____
Collection Date: 11/06/2025

TCLP Extraction	Result	RL	Units	Note	Prepared	Analyzed	Analyst
pH Final Leachate	5.3		pH		11/13/25 1201	11/14/25 1531	JAR

Analyses Performed by: Microbac Laboratories, Inc., Newton MT

Flash Point by Cleveland Open Cup	Result	RL	Units	Note	Prepared	Analyzed	Analyst
ASTM D92 Flash-Point	>200		Fahrenheit			12/02/25 1350	ECM

Definitions

RL: Reporting Limit

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
12/02/25 16:25



600 East 17th Street South
Newton, IA 50208
Phone: 641-792-8451



SITE INFORMATION

Sampler: _____

Project: CMI Roadbuilding Inc. - Stormwater

SPECIAL INSTRUCTIONS

None

Turn Around Time

☐ Standard ☐ RUSH, need by ____/____/____

REPORT TO

Donn Stone

Stone Environmental Engineering
1631 NW 30th Court
Ankeny, IA 50023

Donn Stone

Stone Environmental Engineering
1631 NW 30th Court
Ankeny, IA 50023

LAB USE ONLY

Laboratory attach WO label here

Temperature: 13.5 °C

Number Sample Identification / Client ID		Matrix		Sample Type		Date	Time	# Containers	Analyses	Lab Sample Number
03-001	Paint Filters	Solid	GRAB						tc:lp-metals	

Relinquished By _____ Date/Time _____

Relinquished By _____ Date/Time _____

Remarks:

Received By _____ Date/Time _____

Received for Lab By _____ Date/Time _____

Donn Stone *10/27/2025*

13:14