IOWA DEPARTMENT OF NATURAL RESOURCES

REQUEST FOR SPECIAL WASTE AUTHORIZATION

Check one of the following: ☒ **New Application** ☐ **Renewal, Existing SWA #:** _____

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 Mike Smith at (515) 229-8356 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 mike.smith@dnr.iowa.gov:

   Iowa Department of Natural Resources
   Land Quality Bureau- Attn: Mike Smith
   6200 Park Ave Ste 200
   Des Moines, IA 50321

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 Mike Smith at (515) 229-8356 or mike.smith@dnr.iowa.gov.

SECTION 1: WASTE GENERATOR INFORMATION

Name of Primary Contact* Aaron Bottorff **Title** Plant Manager

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

Company Name Revolution Concrete Mixers INC

Mailing Address 110 12th ST SE

City Waverly **State** IA **Zip Code** 50677

Telephone # 319-391-5305 ext 2704 **Email Address** abottorff@revolutionmixers.com

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

Used paint filters

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*):

Physical state at room temperature? ☒ Solid ☐ Semi-Solid ☐ Liquid

Percent (%) Solid: 100 **pH:** _____ **Flashpoint:** _____

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* 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) 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** 1000 **pounds**

Indicate the amount on hand to be disposed of immediately: 1000 **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: Aaron Bottorff **Date:** 10/26/26

Printed Name: Aaron Bottorff **Title:** Plant 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:

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 # _____ **Email Address** _____

Responsible Official Signature: _____ **Date:** _____

MICROBAC®

Microbac Laboratories, Inc., Newton

CERTIFICATE OF ANALYSIS

1JI2344

Stone Environmental Engineering

Donn Stone
1631 NW 30th Court
Ankeny, IA 50023

Project Name: LMI

Project / PO Number: N/A
Received: 09/18/2026
Reported: 10/23/2026

Analytical Testing Parameters

Client Sample ID: Paint Filters
Sample Matrix: Solid
Lab Sample ID: 1JI2344-01

Collected By: AB
Collection Date: 09/16/2026 11:19

Analyses Performed by: Microbac Laboratories, Inc., Newton

Inorganics Total	Result	RL	Units	Note	Prepared	Analyzed	Analyst
Method: EPA 7.3.3.2							
Cyanide, reactive	<0.5	0.5	mg/kg	H1	10/12/26 0858	10/13/26 0813	CJF
Method: EPA 7.3.4.2							
Sulfide, reactive	**17**	0.5	mg/kg	H1	10/12/26 0858	10/13/26 0811	CJF

General Parameters	Result	RL	Units	Note	Prepared	Analyzed	Analyst
Method: EPA 9045D							
pH, Soils	**7.2**	0.1	S.U.	H4	10/14/26 0746	10/19/26 1539	AKK

Metals TCLP by AA	Result	RL	Units	Note	Prepared	Analyzed	Analyst
Method: EPA 7470A							
Mercury	<0.000500	0.000500	mg/L		10/13/26 1352	10/15/26 1038	JAR

Metals TCLP by ICP	Result	RL	Units	Note	Prepared	Analyzed	Analyst
Method: EPA 3010A/EPA 6010B							
Arsenic	<0.0300	0.0300	mg/L		10/13/26 1348	10/14/26 2254	JAR
Barium	**2.07**	0.0100	mg/L		10/13/26 1348	10/14/26 2254	JAR
Cadmium	<0.00500	0.00500	mg/L		10/13/26 1348	10/14/26 2254	JAR
Chromium	<0.0100	0.0100	mg/L		10/13/26 1348	10/14/26 2254	JAR
Lead	**0.0295**	0.0200	mg/L		10/13/26 1348	10/14/26 2254	JAR
Selenium	<0.0500	0.0500	mg/L		10/13/26 1348	10/14/26 2254	JAR
Silver	<0.0100	0.0100	mg/L		10/13/26 1348	10/14/26 2254	JAR

Determination of Conventional Chemistry Parameters	Result	RL	Units	Note	Prepared	Analyzed	Analyst
Method: EPA 9045D							
pH, Temperature	**17.4**	0.1	°C	H4	10/14/26 0746	10/19/26 1539	AKK

TCLP Extraction	Result	RL	Units	Note	Prepared	Analyzed	Analyst
Method: EPA 1311/EPA 1311							
pH Inital Leachate	**4.98**		S.U.	H	10/08/26 0542	10/13/26 0930	JAR
pH Final Leachate	**5.10**		S.U.	H	10/08/26 0542	10/13/26 0930	JAR

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

Fuel Testing Chemistry Parameters	Result	RL	Units	Note	Prepared	Analyzed	Analyst

MICROBAC®

Microbac Laboratories, Inc., Newton

CERTIFICATE OF ANALYSIS

1JI2344

Client Sample ID:	Paint Filters		
Sample Matrix:	Solid	**Collected By:**	AB
Lab Sample ID:	1JI2344-01	**Collection Date:**	09/16/2026 11:19

Fuel Testing Chemistry Parameters	Result	RL	Units	Note	Prepared	Analyzed	Analyst
Method: ASTM D92-24							
Flash Point	**>200**	10	°F			10/23/26 1315	ECM

Definitions

H:	Sample was analyzed past holding time.
H1:	Sample was received past holding time.
H4:	The test was performed outside of the EPA recommended holding time of 15 minutes.
RL:	Reporting Limit

Report Comments

Reviewed and Approved By:

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>.***

Michael Daly
Customer Relationship Specialist
Michael.Daly@microbac.com
10/23/26 16:38

CHAIN OF CUSTODY RECORD

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

Printed: 7/16/2026 4:53:03PM

SITE INFORMATION
Sampler: Aaron Bottorff
Project: LMI
1101 12th SE Waverly Iowa 50677

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

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

SPECIAL INSTRUCTIONS
None

Turn Around Time
☒ Standard ☐ RUSH, need by ___/___/___

1JI2344
Stone Environmental Engineering
PM: Michael Daly

Temperature: 19.1 oC

Number	Sample Identification / Client ID	Matrix	Sample Type	Date	Time	# Containers	Analyses	Lab Sample Number
01-001	Paint Filters	Solid	GRAB				tclp-metals	01

Call Donn Stone for Instructions on testing
AB

Relinquished By: Aaron Bottorff Date/Time: 9/16/26 11:15AM

Received By Date/Time

Relinquished By Date/Time

Received for Lab By: Anna Koff Date/Time: 9/18/26 1255

Remarks:

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 it exceeds TCLP limits. 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. Exercise all efforts to prevent spontaneous combustion of paint filters and minimize dust generation before delivery. The material must be thoroughly dried. 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:** November 17, 2026

Formally under 07-SWA-107-18 CMI Paint Waste