

DELIVERING ENTITY	
Company Name	
Address	
Phone	
Contact Name	
Address of Shingle Source (Residential or Commercial Address)	

Delivering Entity (*signature*)

Date

TO BE COMPLETED BY METRO WASTE AUTHORITY

TRANFERING ENTITY: CITY OF NEWTON LANDFILL	
ACCEPTING ENTITY	
Company Name	Metro Park East
Address	12181 NE University Ave., Mitchellville, IA 50169
Phone	515.333.4448
Contact Name	
*IDNR Permit #	

*If required

(Check One) Post-consumer Pre-consumer

We undersigned certify the following:

1. _____ tons of whole, unprocessed asphalt shingles have been delivered for processing (*Report number of tons*).
2. The delivered material is from a NESHAP exempt structure or documentation stating the material does not contain asbestos has been submitted. The material had not been in contact with hazardous wastes and consists of asphalt shingles and normal roofing debris only.

FOR COMMERCIAL LOADS ONLY

Delivered asphalt shingles have been tested or inspected in accordance with Iowa DNR protocol by _____, (provide trainee name and certification number) who has been trained to identify asbestos-containing materials (ACM) by _____ (provide training program name). Suspected ACM have been rejected.

Accepting Entity (*signature*)

Date