



# CITY OF SIOUX FALLS

Waste  
Hauling  
Company \_\_\_\_\_ Date \_\_\_\_\_

## Case by Case MSW Exemption Report

### Industrial Accounts

Use this form to report any Municipal Solid Waste (MSW) that should be negated from your monthly MSW total. **Note: This form is only intended for industrial MSW exemptions and is not intended for any other purpose.** You **MUST** include 3<sup>rd</sup> party verification for any MSW reductions you would like to have counted toward your recycling rate. The material also must be sent separately from all other MSW accounts so that it may be verified accurately. Upon receipt of verifying reports, these Case by Case MSW Exemption reports must be signed and approved by the Landfill Superintendent. Acceptable forms of verification include weigh tickets, monthly statements or letters on official letterhead, so long as they include the date(s) and actual weight of materials. Additional Claims will appear on the report for the month in which they were verified. These Case by Case MSW Exemptions will be up to the Landfill Superintendent's discretion whether they can be voided from your MSW Total. Please provide a thorough description and the appropriate information requested below:

### **SECTION 1 Industrial MSW (In-Region Only)**

Please report any MSW generated in the 5 county region served by the landfill (Lake, Lincoln, McCook, Minnehaha and Turner Counties) taken Sioux Falls Regional Sanitary Landfill (SFRSL) that qualifies to be included in this form.

Industrial Municipal Solid Waste Hauled to SFRSL  
TONS

Company:	
a. Tons Delivered:	
b. Total Number of Weight Tickets:	

*Note: Weight tickets for each load are required to receive exemption*

### **SECTION 2 Industrial MSW Description (In-Region Only)**

Please provide the following information:

Name of Company:	Address:	Contact Name & Title:
Email Address:		Phone:
Description of Waste Product:		

Please submit all forms to:

City of Sioux Falls Sustainability Program  
1017 E Chambers Street  
Sioux Falls, South Dakota 57104

Email: [PMatthaei-Goeman@siouxfalls.org](mailto:PMatthaei-Goeman@siouxfalls.org)  
Fax: 605-367-4886

To the best of my knowledge, this report is complete and accurate for waste collected only from Lake, Lincoln, McCook, Minnehaha and Turner counties. I further certify that these materials were not collected by another waste hauling company licensed by the Sioux Falls Regional Sanitary Landfill.

Print name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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(For Internal Use Only)

**SECTION 3 Landfill Superintendent Exemption Approval**

I have reviewed this Case by Case MSW Exemption claim and approve this exemption. This MSW is not to be counted against their recycling rate as it is considered exempt under our defined criteria.

Landfill Superintendent:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*By signing this form I hereby allow the reduction of MSW as outlined in this form. This exemption is only applies to the recycling reporting process and does not have any effects on landfill billing or any other reporting purposes.*