
****THIS IS A NEW APPENDIX. – PLEASE READ CAREFULLY.****

RAS SOURCE APPROVAL APPLICATION

Supplier Name _____
Phone _____
Address _____

(IF MORE THAN ONE SOURCE PLEASE ATTACH LIST AND AREA COVERED.)

1. Have the appropriate permits been obtained from the Iowa DNR Land Quality Bureau? (Yes or No) If No, explain. _____
2. Please submit proof of securing a sanitary disposal project permit or documentation from the IDNR that a permit is not needed.
3. What testing laboratory capable of determining gradation, deleterious content, and moisture content will be used? _____
4. Are copies of current applicable specifications, testing IMs and source information data available at the respective sources or testing facilities? (Yes or No) If No, explain. _____
5. Is a production log maintained on a daily basis and available for inspection? (Yes or No) If No, explain. _____
6. Who (position) is responsible for production notification to the District Materials Engineer?
7. Which company representative (position) is normally responsible for daily overall Quality Control processes at the source?
8. Describe the certified stockpile identification system in place at each source (Map, signing, etc.) _____
9. Please attach a detailed summary of your Quality Control Program and Iowa DNR asbestos testing protocol implementation plans.
10. Please attach a flow chart of your current Quality Control structure (Include names, addresses, phone numbers of appropriate management personnel, chain of command, etc., for problem resolution).

(Continued)

Indicate the District(s) for which you are seeking approval.

1 2 3 4 5 6

AUTHORIZED SIGNATURE _____ DATE _____

DME RECOMMENDATIONS _____

DME SIGNATURE _____ DATE _____

APPROVAL (YES or NO) REMARKS _____

MATLS. ENGINEER SIGNATURE _____ DATE _____