



ANNUAL REPORT TRANSFER STATION

FACILITY NAME:	CALENDAR YEAR OF REPORT:	PERMIT NUMBER:	FACILITY ID:
FACILITY LOCATION (street address):	COUNTY:		
FACILITY CONTACT (name):	FACILITY PHONE:		
FACILITY CONTACT MAILING ADDRESS (if different):	FACILITY CONTACT PHONE (if different):	FACILITY CONTACT EMAIL:	

Did you operate in ____?

Yes ***If yes***, proceed to next section and complete the form.

No ***If no***, answer the following questions, sign and date the last page, and submit. This completes your reporting obligations.

When did you stop operations? ____

Do you plan to restart? No Yes When? ____

AMOUNT AND TYPE OF WASTE DISPOSED PER YEAR

PLEASE CHECK IF RECEIVED	AMOUNT RECEIVED FOR DISPOSAL Please check: <input type="checkbox"/> Cubic Yards or <input type="checkbox"/> Tons
<input type="checkbox"/> Municipal/Commercial Solid Waste	
<input type="checkbox"/> Construction/Demolition Waste	
<input type="checkbox"/> Landclearing Debris	
<input type="checkbox"/> Industrial Waste	
<input type="checkbox"/> Inert Waste	
<input type="checkbox"/> Wood Waste	
<input type="checkbox"/> Yard Debris	
<input type="checkbox"/> Ash (other than special incinerator ash)	
<input type="checkbox"/> Dredged Materials	
<input type="checkbox"/> Sewage Sludge	
<input type="checkbox"/> Asbestos	
<input type="checkbox"/> Petroleum Contaminated Soils	
<input type="checkbox"/> Other Contaminated Soils	
<input type="checkbox"/> Tires (for disposal)	
<input type="checkbox"/> Medical Waste	
<input type="checkbox"/> Food Processing Waste (for disposal)	
<input type="checkbox"/> Other (specify):	
Total	

OTHER ACTIVITIES AT THE SITE:

- Recycling Collection / Material Recovery (Please specify on pages 3-4) Yard Debris Collection for Recycling
 Moderate Risk Waste Handling Waste Tire Storage Pile Surface Impoundment Tank
 Other _____

METHOD OF TRANSPORT TO FINAL DISPOSAL DESTINATION(s):

- Truck Rail Intermodal Other (specify): _____

Name of Disposal Facility: _____

Are you open to the public? Yes No | Tip fees (Attach schedule if available): _____

During the reporting year, were there any changes in your management practices that would impact your operations?

- No Yes (specify) _____

Are there any new solid waste activities planned at your site for this calendar year? No Yes (specify) _____

Planned start date: _____

DID YOU RECEIVE MATERIAL FOR DISPOSAL FROM:	WHERE FROM	TYPE OF MATERIAL	ESTIMATE AMOUNT <input type="checkbox"/> Tons or <input type="checkbox"/> Cubic Yards
Out of County? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Out of State? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Out of Country? <input type="checkbox"/> Yes <input type="checkbox"/> No			

NOTE: Please ONLY fill in this chart if you collected materials for RECYCLING or COMPOSTING

AMOUNTS AND TYPES OF MATERIALS COLLECTED FOR RECYCLING OR COMPOSTING

PLEASE CHECK IF RECEIVED FOR RECYCLING or COMPOSTING	COMMERCIAL Please check: <input type="checkbox"/> Cubic Yards/Year or <input type="checkbox"/> Scaled Tons/Year	RESIDENTIAL Please check: <input type="checkbox"/> Cubic Yards/Year or <input type="checkbox"/> Scaled Tons/Year	TOTAL AMOUNT RECEIVED Please check: <input type="checkbox"/> Cubic Yards/Year or <input type="checkbox"/> Scaled Tons/Year
<input type="checkbox"/> Newspaper			
<input type="checkbox"/> Corrugated Paper			
<input type="checkbox"/> Mixed Waste Paper			
<input type="checkbox"/> Container Glass			
<input type="checkbox"/> PET Plastics			
<input type="checkbox"/> HDPE Plastics			
<input type="checkbox"/> LDPE Plastics			
<input type="checkbox"/> Other Recyclable Plastics			
<input type="checkbox"/> Aluminum Cans			
<input type="checkbox"/> Tin Cans			
<input type="checkbox"/> Ferrous Metals (iron, steel)			
<input type="checkbox"/> Nonferrous Metals (excluding aluminum cans)			
<input type="checkbox"/> Appliances (white goods)			
<input type="checkbox"/> Electronics (computers, CPUs, hard drives)			
<input type="checkbox"/> Electronics (monitors, TVs)			
<input type="checkbox"/> Tires (collected)			
<input type="checkbox"/> Asphalt			
<input type="checkbox"/> Concrete			
<input type="checkbox"/> Construction/Demolition			
<input type="checkbox"/> Wood Waste			
<input type="checkbox"/> Landclearing Debris			
<input type="checkbox"/> Yard Debris			
<input type="checkbox"/> Food/Food Scraps			
<input type="checkbox"/> Textiles (rags, clothing)			
<input type="checkbox"/> Co-Mingled Recyclables (specify):			
<input type="checkbox"/> Other (specify):			
<input type="checkbox"/> Other (specify):			
<input type="checkbox"/> Other (specify):			
Total Collected for Recycling			

NOTE: Please ONLY fill in this chart if you collected materials for RECYCLING or COMPOSTING

DESTINATION AND FINAL USE OF OUTGOING MATERIALS COLLECTED FOR RECYCLING or COMPOSTING

RECYCLED MATERIAL	OUTGOING AMOUNT Please specify tons or cubic yards.	DESTINATION FACILITY Please specify name, city, state.	FINAL USE OF MATERIAL Please specify: disposed, recycled, reused, composted, treated, burned for energy, stockpiled, etc.

PREPARED BY:	DATE:	PHONE:
EMAIL:		

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