

NAME OF BUD HOLDER: NAME OF COMPANY:	NAME OF CONTACT: POSITION:
BUD HOLDER MAILING ADDRESS: Street: City: State: Zip:	BUD Holder Phone: FAX: e-mail address:
NAME OF RESPONSIBLE OFFICIAL (See WAC 173-350-715(3)) : POSITION:	
Did you engage in activities authorized by your beneficial use exemption in _____? <p> <input type="checkbox"/> Yes If yes, proceed to next section and complete the form. </p> <p> <input type="checkbox"/> No If no, answer the following questions, sign, date and return. This completes your reporting obligations. </p> When did you stop operations? _____ <p> Do you plan to restart? <input type="checkbox"/> No <input type="checkbox"/> Yes When? _____ </p>	
PLEASE SIGN AND DATE THIS FORM AND RETURN: Prepared by: _____ Date: _____	
AMOUNT AND TYPE OF MATERIAL BENEFICALLY USED PER YEAR: Please report by (check one): <p> Cubic Yards Per Year <input type="checkbox"/> _____ </p> <p style="text-align: center;">or</p> <p> Scaled Tons Per Year <input type="checkbox"/> _____ </p>	
ADDITIONAL INFORMATION REQUIRED: <p> <input type="checkbox"/> Attach any additional information that may be specified under the beneficial use permit exemption, including any required sampling and analytical results. </p>	
PREPARED BY:	DATE:
PHONE:	

ADA Accessibility

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