



# ANNUAL REPORT LAND APPLICATION

|   |  |                         |              |
|---|--|-------------------------|--------------|
| FACILITY NAME:  | CALENDAR YEAR OF REPORT:               | PERMIT NUMBER:          | FACILITY ID: |
| SITE ADDRESS OR LEGAL DESCRIPTION:<br><input type="checkbox"/> Check if multiple sites<br>(Attach additional sheets for additional site information.) | 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? \_\_\_\_\_

### IDENTIFY FOR EACH CROP:

| Crop | Acreage Used | Type of Waste | Amt of Waste (specify cu yds or tons) | Source of Waste (including county) | Additional lbs. of N/acres |           |                       |             |       |
|------|--------------|---------------|---------------------------------------|------------------------------------|----------------------------|-----------|-----------------------|-------------|-------|
|      |              |               |                                       |                                    | Manure                     | Biosolids | Commercial Fertilizer | Waste Water | Other |
|      |              |               |                                       |                                    |                            |           |                       |             |       |
|      |              |               |                                       |                                    |                            |           |                       |             |       |
|      |              |               |                                       |                                    |                            |           |                       |             |       |
|      |              |               |                                       |                                    |                            |           |                       |             |       |

**IDENTIFY THE TYPE AND AMOUNT OF ANY WASTE REMAINING IN STORAGE AS OF  
DECEMBER 31<sup>ST</sup> OF THE REPORTING YEAR:**

| Waste Type | Amount<br>Please check: <input type="checkbox"/> Cubic Yards/Year or<br><input type="checkbox"/> Scaled Tons/Year | Specify Method of Storage |
|------------|---|---------------------------|
|            |   |                           |
|            |   |                           |
|            |   |                           |
|            |   |                           |
|            |   |                           |
|            |   |                           |
|            |   |                           |

Additional information to be attached **if required** (please check is included):

Additional waste characterization information **if required** to be obtained as a condition of the permit, and a summary of that data.

Environmental monitoring data **if required** to be obtained as a condition of the permit, and a summary report of that data.

Additional information **if required** by the jurisdictional health department as a condition of the permit.

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: \_\_\_\_\_

|              |       |        |
|--------------|-------|--------|
| PREPARED BY: | DATE: | PHONE: |
| EMAIL:       |       |        |

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