ANNUAL REPORT
LAND APPLICATION

FACILITY NAME:  

SITE ADDRESS OR LEGAL DESCRIPTION:  
☐ Check if multiple sites  
(Attach additional sheets for additional site information.)  

CALENDAR YEAR OF REPORT:  

PERMIT NUMBER:  

FACILITY ID:  

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:  

<table>
<thead>
<tr>
<th>Crop</th>
<th>Acreage Used</th>
<th>Type of Waste</th>
<th>Amt of Waste (specify cu yds or tons)</th>
<th>Source of Waste (including county)</th>
<th>Manure</th>
<th>Biosolids</th>
<th>Commercial Fertilizer</th>
<th>Waste Water</th>
<th>Other</th>
<th>Additional lbs. of N/ acres</th>
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IDENTIFY THE TYPE AND AMOUNT OF ANY WASTE REMAINING IN STORAGE AS OF DECEMBER 31ST OF THE REPORTING YEAR:

<table>
<thead>
<tr>
<th>Waste Type</th>
<th>Amount</th>
<th>Specify Method of Storage</th>
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Please check: □ Cubic Yards/Year or □ Scaled Tons/Year

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: ____________________________

If you need this publication in another format, please call the Waste 2 Resources Program at 360-407-6900. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.