



## ANNUAL REPORT DROP BOX

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? \_\_\_\_\_

PLEASE CHECK IF RECEIVED	AMOUNT RECEIVED
	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"/> Appliances	
<input type="checkbox"/> Tires	
<input type="checkbox"/> Other (specify):	
<input type="checkbox"/> Other (specify):	
<b>Total</b>	

**OTHER ACTIVITIES AT THE SITE:**

- Recycling Collection/Material Recovery (specify materials collected) \_\_\_\_\_
- Yard Debris for Recycling     Moderate Risk Waste Handling     Waste Tire Storage     Pile     Surface Impoundment
- Tank     Other \_\_\_\_\_

**DESTINATION OF MATERIAL (after pickup):**

Name of transfer station \_\_\_\_\_

Name of recycling/processing facility \_\_\_\_\_

Final disposal (name of landfill or incinerator) \_\_\_\_\_

Name of composting facility \_\_\_\_\_

Other \_\_\_\_\_

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 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			
PREPARED BY:	DATE:		PHONE:
EMAIL:			

*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.*