ANNUAL REPORT
WASTE TIRE STORAGE FACILITY

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<tr>
<th>FACILITY NAME:</th>
<th>CALENDAR YEAR OF REPORT:</th>
<th>PERMIT NUMBER:</th>
<th>FACILITY ID:</th>
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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? __________________________

**QUANTITIES OF TIRES (TONS):** (conversion use 21lbs passenger/41lbs passenger with rim/70lbs semi-truck)

Tires received in reporting calendar year (tons):

Tires remaining at the facility from previous years (tons):

Tires remaining at the facility at end of reporting calendar year (tons):

**Tires removed from facility in reporting calendar year (tons) and disposition**

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<th>Tires Removed (tons)</th>
<th>End Use</th>
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<tr>
<td></td>
<td>(Specify: baled, burned for energy, disposed, recycled/retreaded, resold/reused, or other.)</td>
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ADDITIONAL INFORMATION REQUIRED (check if attached):

☐ Attach applicable financial assurance review and audit findings in accordance with WAC 173-350-600

Are you open to the public?  ☐ Yes  ☐ No

Tip fees (attach schedule if available):

REMAINING PERMITTED CAPACITY:

Are you planning an expansion this year?  ☐ Yes  ☐ No

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 TIRES FROM:  WHERE FROM  ESTIMATE AMOUNT (tons)

Out of County?

☐ Yes  ☐ No

Out of State?

☐ Yes  ☐ No

Out of Country?

☐ Yes  ☐ 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.