



ANNUAL REPORT WASTE TIRE STORAGE FACILITY

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? _____

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

Tires Removed (tons)	End Use (Specify: baled, burned for energy, disposed, recycled/retreaded, resold/reused, or other.)

ADDITIONAL INFORMATION REQUIRED (check if attached): <input type="checkbox"/> Attach applicable financial assurance review and audit findings in accordance with WAC 173-350-600		
Are you open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tip fees (attach schedule if available):	
REMAINING PERMITTED CAPACITY:	Are you planning an expansion this year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
During the reporting year, were there any changes in your management practices that would impact your operations? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____		
Are there any new solid waste activities planned at your site for this calendar year? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____ _____		
Planned start date: _____		
DID YOU RECEIVE TIRES FROM:	WHERE FROM	ESTIMATE AMOUNT (tons)
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:		

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