



## ANNUAL REPORT INERT WASTE LANDFILL

FACILITY NAME:	CALENDAR YEAR OF REPORT:	PERMIT NUMBER:	FACILITY ID:
FACILITY LOCATION (street address):	COUNTY:		
FACILITY CONTACT:	FACILITY PHONE:		
FACILITY CONTACT MAILING ADDRESS (if different):	FACILITY CONTACT PHONE (if different):	FACILITY CONTACT EMAIL:	
<p>Did you operate in _____?</p> <p><input type="checkbox"/> Yes <i>If yes</i>, proceed to next section and complete the form.</p> <p><input type="checkbox"/> No <i>If no</i>, answer the following questions, sign and date the last page, and submit. This completes your reporting obligations.</p> <p style="margin-left: 40px;">When did you stop operations? _____</p> <p style="margin-left: 40px;">Do you plan to restart? <input type="checkbox"/> No <input type="checkbox"/> Yes When? _____</p>			
<b>AMOUNT AND TYPE OF WASTE DISPOSED PER YEAR (report in tons):</b>			
<b>Inert waste as listed in WAC 173-350-990 (2):</b>	<b>AMOUNT DISPOSED (In tons)</b>		
<input type="checkbox"/> Cured concrete			
<input type="checkbox"/> Asphaltic materials (does not include roofing)			
<input type="checkbox"/> Brick and masonry			
<input type="checkbox"/> Ceramic materials			
<input type="checkbox"/> Glass			
<input type="checkbox"/> Stainless steel			
<input type="checkbox"/> Aluminum			
<b>Waste meeting inert criteria per WAC 173-350-990 (3) (specify):</b>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<b>Total</b>			

Remaining permitted capacity: \_\_\_\_\_  tons or  cubic yards

Based on your permit and current rate of waste disposal, years of remaining life for facility: \_\_\_\_\_

Estimated date of closure: \_\_\_\_\_

Are you planning an expansion this year?  Yes  No

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 MATERIALS FOR DISPOSAL FROM:	WHERE FROM	TYPE OF WASTE	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			

**NOTE: Please ONLY fill in this chart if you collected materials for RECYCLING or COMPOSTING**

**AMOUNTS AND TYPES OF MATERIALS COLLECTED FOR RECYCLING OR COMPOSTING**

<b>PLEASE CHECK IF RECEIVED FOR RECYCLING or COMPOSTING</b>	<b>COMMERCIAL</b> Please check: <input type="checkbox"/> Cubic Yards/Year or <input type="checkbox"/> Scaled Tons/Year	<b>RESIDENTIAL</b> Please check: <input type="checkbox"/> Cubic Yards/Year or <input type="checkbox"/> Scaled Tons/Year	<b>TOTAL AMOUNT RECEIVED</b> Please check: <input type="checkbox"/> Cubic Yards/Year or <input type="checkbox"/> Scaled Tons/Year
<input type="checkbox"/> Newspaper			
<input type="checkbox"/> Corrugated Paper			
<input type="checkbox"/> Mixed Waste Paper			
<input type="checkbox"/> Container Glass			
<input type="checkbox"/> PET Plastics			
<input type="checkbox"/> HDPE Plastics			
<input type="checkbox"/> LDPE Plastics			
<input type="checkbox"/> Other Recyclable Plastics			
<input type="checkbox"/> Aluminum Cans			
<input type="checkbox"/> Tin Cans			
<input type="checkbox"/> Ferrous Metals (iron, steel)			
<input type="checkbox"/> Nonferrous Metals (excluding aluminum cans)			
<input type="checkbox"/> Appliances (white goods)			
<input type="checkbox"/> Electronics (computers, CPUs, hard drives)			
<input type="checkbox"/> Electronics (monitors, TVs)			
<input type="checkbox"/> Tires (collected)			
<input type="checkbox"/> Asphalt			
<input type="checkbox"/> Concrete			
<input type="checkbox"/> Construction/Demolition			
<input type="checkbox"/> Wood Waste			
<input type="checkbox"/> Landclearing Debris			
<input type="checkbox"/> Yard Debris			
<input type="checkbox"/> Food/Food Scraps			
<input type="checkbox"/> Textiles (rags, clothing)			
<input type="checkbox"/> Co-Mingled Recyclables (specify):			
<input type="checkbox"/> Other (specify):			
<input type="checkbox"/> Other (specify):			
<input type="checkbox"/> Other (specify):			
<b>Total Collected for Recycling</b>			

**NOTE: Please ONLY fill in this chart if you collected materials for RECYCLING or COMPOSTING**

**DESTINATION AND FINAL USE OF OUTGOING MATERIALS COLLECTED FOR RECYCLING OR COMPOSTING**

<b>MATERIAL</b>	<b>OUTGOING AMOUNT</b> Please specify tons or cubic yards.	<b>DESTINATION FACILITY</b> Please specify name, city, state.	<b>FINAL USE</b> Please specify: disposed, recycled, reused, composted, treated, burned for energy, stockpiled, etc.

PREPARED BY:	DATE:	PHONE:
EMAIL:		

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