 **MRW FIXED FACILITY - ANNUAL REPORT**

 INSTRUCTIONS

 Note: Each letter corresponds to a section of the attached reporting form.

A. Provide the name of the facility. If there is **more than** **one facility**, and the wastes are recorded cumulatively, indicate in the space provided **OR** if there are separate collection quantities for each facility, make a copy of this form and report them **separately**.

B. Check the appropriate waste category (HHW or CESQG) accepted. If you **accept both waste categories**, make a copy of this form and report them **separately**.

 Indicate the number of participants for Households (unless you are a limited MRW facility) **OR** CESQGs and the **Calendar Year** of the report.

 **REMEMBER!** Copy the form to report HHW and CESQG collection **separately**. **Do not** combine HHW and CESQG data on one form. **Annual reporting forms that contain a combination of HHW *and* CESQG data will not be accepted.**

C.-E. Provide the facility name, address, telephone number, and hours/days when open.

F.-G. Check “YES” if you received waste during the reporting year or if you used the services of an environmental contractor or if there was a change in the waste category under which you previously reported a certain waste stream. Provide the contractor’s name, address, telephone number, fax number and e-mail address (if applicable), and what type of service was provided by the environmental contractor.

H.-I. Using the waste unit codes and waste disposal method codes check the appropriate box for waste collected at the fixed facility and fill in the quantities collected. If you do not have actual weights for your wastes by type, contact Ecology for conversion factors.

 To add waste categories not included on this form or if you have multiple disposal methods for one category of waste use the open cells at the bottom of this section. If you need additional cells go to the last open cell in the list and click outside the box to the right. Then hit enter and two additional cells will appear. Repeat for more cells.

J. If applicable, include the location and dates reported from collection events or mobile collections if those wastes are included in this report.

K. Indicate the costs for the disposal of waste by the contractor and the costs incurred by the local jurisdiction for the fixed facility. Also, show paid and volunteer hours. **See Section K for additional information on filling out this section.**

L. Indicate the restrictions on waste received; check the source (e.g. household only waste), type (e.g. paint and oil), amount (e.g. 5 gallons per person/per day).

**Make sure you have completed, filled in your name, and dated this form.**

The preparer is the person who prepared the annual report, is familiar with the regulations, and is in charge of overseeing the operations. Please provide the preparer’s name, title, date, telephone number, and e-mail address.

**RETURN THIS FORM BY: APRIL 1**

Email electronic copy to: **megan.warfield@ecy.wa.gov**

**OR** mail a printed copy to:

**Megan Warfield, Department of Ecology, PO Box 47600, Olympia WA 98504-7600**

 FIXED FACILITY - ANNUAL REPORT

**Household Hazardous Waste (HHW) or**

**Conditionally Exempt Small Quantity Generator (CESQG)**

Please complete each box

(Complete a separate form for HHW and CESQG wastes collected)

|  |  |
| --- | --- |
| FACILITY NAME(S) (If separate collection quantities are reported for each facility, use one form for each facility) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_This fixed facility is the: [ ]  **Main Facility** OR IS A [ ]  **Satellite Facility**  | 1. **WASTE ACCEPTED (check only one per form)**

 [ ]  **HHW or** [ ]  **CESQG**(If both, copy this form to report HHW and CESQG separately) **Number of Participants: \_\_\_\_\_\_\_\_\_\_\_\_\_** **Calendar Year of Report:** \_\_\_\_\_\_\_\_\_\_\_\_ |
| FACILITY ADDRESS (city) (state) (zip)  | **D. COUNTY** |
| **E. FACILITY PHONE (\_\_\_\_\_)**  **HOURS / DAYS OPEN**  |
| **F. DID YOU RECEIVE WASTE THIS YEAR? [ ]  NO [ ]  YES** |  |
| **If YES**, proceed to item G.**If NO**, please answer the following questions, and sign, date and return the form, which will complete your reporting obligations for this form.When did you stop taking waste? Do you plan to reopen? **[ ]  NO [ ]  YES** When? **If YES**, what type of facility?  |
| **G. DID YOU USE THE SERVICES OF AN ENVIRONMENTAL CONTRACTOR THIS YEAR? [ ]  NO [ ]  YES****If YES,**  |
| 1. Name(s) of Contractor(s) Contact Person Address Phone No. Fax No. E-mail Address What type of service was provided (recycle oil, dispose of waste, etc.)?  |
| 2. Name(s) of Contractor(s) Contact Person Address Phone No. Fax No. E-mail Address What type of service was provided (recycle oil, dispose of waste, etc.)?  |
| **DID YOU CATEGORIZE A WASTE DIFFERENTLY THIS YEAR? [ ]  NO [ ]  YES****FOR EXAMPLE, IF SOMETHING THAT WAS CATEGORIZED AS BASES (AEROSOLS) LAST YEAR AND WAS CATEGORIZED AS AEROSOLS (CONSUMER COMMODITIES) THIS YEAR, PLEASE DESCRIBE WHAT WAS CHANGED AND WHY.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*To request ADA accommodation or materials in a format for the visually impaired, visit* [*https://ecology.wa.gov/accessibility*](https://ecology.wa.gov/accessibility)*, call Ecology at 360-407-6000, Relay Service 711, or TTY 877-833-6341.*

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| --- |
| 1. WASTE DISPOSAL METHODS

 (One disposal method per line, or provide separate quantities and units if same waste has different disposal methods.) For each waste type, indicate disposal methods by using a bold letter in the “Disposal” column below:**U** Reused. Reusing waste materials such as latex paint or pesticides without processing the material, e.g., by exchange.**R** Recycled. A process of transforming material into usable or marketable material.**E** Energy recovery. A process of converting waste into usable energy, e.g., oil burned to recover energy or heat building.**T** Treated/solid waste LF. Physical, chemical, or biological processing of waste prior to landfilling.**W** Wastewater disposal with or without pretreatment processing.**H** Hazardous waste facility. Waste materials sent to a facility where dangerous waste is placed such as hazardous waste landfill or a treatment, storage and disposal facility (TSD).**S** Disposal to a solid waste landfill without treatment.**O** Other = Incineration unless listed otherwise:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **I. PLEASE CHECK IF RECEIVED, and RECORD WASTE DISPOSAL METHODS and QUANTITY (refer to H, above.)** |
|  **NOTE: DO NOT FILL IN 1-3** **IF REPORTED IN YOUR USED OIL REPORT** |
| **✓ WASTE TYPE Disposal Methods Lbs** | **✓ WASTE TYPE Disposal Methods Lbs** |
| * 1. Antifreeze
 |  |  | * 20a. Paint – Latex
 |  |  |
| * 2a. Oil Filters
 |  |  | * 20b. Paint – Latex (contaminated)
 |  |  |
| * 2b. Oil Filters (crushed)
 |  |  | * 21a. Paint – Oil Based
 |  |  |
| * 3a. Oil Non-Contaminated
 |  |  | * 21b. Paint – Oil Based Paint (contaminated)
 |  |  |
| * 3b. Oil Contaminated (oily water, oil with PCB’s, Oil with Chlorides)
 |  |  | * 22. Paint Related Materials
 |  |  |
| * 3c. Oil stained rags, absorbent pads, etc.
 |  |  | * 23. Pesticide/Poison Liquid (6.1)
 |  |  |
| * 4**.** Aerosols (consumer commodities)
 |  |  | * 24. Pesticide/Poison Solids (6.1)
 |  |  |
| * 5a. Acids (8)
 |  |  | * 25. Photo/Silver Fixer
 |  |  |
| * 5b. Acids (8) (aerosol cans)
 |  |  | * 26. Reactives
 |  |  |
| * 6a. Bases (8)
 |  |  | * 27. PCB Containing Light Ballasts
 |  |  |
| * 6b. Bases (8) (aerosol cans)
 |  |  | * 28. Non-PCB Containing Light Ballasts
 |  |  |
| * 7a. Batteries – Auto Lead Acid
 |  |  | * 29. Dioxins
 |  |  |
| * 7b. Batteries – Small Lead Acid
 |  |  | * 30. Tar and/or Adhesives (Indicate with a circle)
 |  |  |
| * 7c. Batteries – NiCad/NIMH/Lithium
 |  |  | * 31. Cyanide Solutions
 |  |  |
| * 7d. Batteries – Household Dry Cell (alkaline/carbon)
 |  |  | * 32. Compressed Gas Cylinders (O2 and Acetylene)
 |  |  |
| * 8. Chlorinated Solvents
 |  |  | * 33. Fire Extinguishers
 |  |  |
| * 9. CFC’s
 |  |  | * 34. Used Cooking Oil
 |  |  |
| * 10a. Electronic Wastes (except CRTs)
 |  |  | * 35. Materials Recycled (propane tanks, cardboard, cans and other packaging)
 |  |  |
| * 10b. CRT’s
 |  |  | * 36. Other Dangerous Wastes (Please Specify & List)
 |  |  |
| * 11. Flammable Solids (4)
 |  |  |  |  |  |
| * 12. Flammable Liquids (3)
 |  |  |  |  |  |
| * 13a. Flammable Liquid - Poison (3, 6.1)
 |  |  |  |  |  |
| * 13b. Flammable Liquid-Poison (3, 6.1) [aerosol cans]
 |  |  |  |  |  |
| * 14a. Flammable Gas - Poison (2, 6.1)
 |  |  |  |  |  |

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| **✓ WASTE TYPE Disposal Methods Lbs** | **✓ WASTE TYPE Disposal Methods Lbs** |
| * 14b. Flammable Gas-Poison (2, 6.1) [aerosol cans]
 |  |  |  |  |  |
| * 14c. Flammable Butane, Propane, etc.
 |  |  |  |  |  |
| * 15a. Mercury - Fluorescent Tubes and CFL’s
 |  |  |  |  |  |
| * 15b. Mercury Thermometers, Thermostats
 |  |  | *
 |  |  |
| * 15c. Mercury – Pure (Elemental)
 |  |  | *
 |  |  |
| * 15d. Mercury Compounds (dental amalgam, etc.)
 |  |  |  |  |  |
| * 15e. Mercury Devices (manometers, barometers, etc.)
 |  |  |  |  |  |
| * 15f. Mercury Switches and Relays
 |  |  |  |  |  |
| * 15g. Mercury Containing Batteries (button, etc.)
 |  |  |  |  |  |
| * 16. Nitrate Fertilizer
 |  |  |  |  |  |
| * 17a. Non – Regulated Liquids (Soaps, Cleaners list others)
 |  |  |  |  |  |
| * 17b. Non-Regulated Solids
 |  |  |  |  |  |
| * 18. Organic Peroxides (5.2)
 |  |  |  |  |  |
| * 19. Oxidizers (5.1)
 |  |  |  |  |  |
|  |  |
| **J. DOES THE WASTE REPORTED ABOVE INCLUDE THE QUANTITIES FROM:** |
| **Collection Events [ ]  NO [ ]  YES**Location(s) Date(s)  | **Mobile Collections [ ]  NO [ ]  YES**Location(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dates(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| K. MRW FIXED FACILITY COSTS:Employee/Contractor Costs/YR (staffing and training costs including benefits) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Educational Costs/YR (promoting safer alternatives, use products up, don’t dispose of in trash, etc.) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advertising Costs/YR (costs for publicizing the facility) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Operating Costs/YR (supplies – packaging, PPE, hazcat, spill pallets, utility bills, equipment inspection sand rentals, etc.) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disposal Costs/YR $\_\_\_\_\_\_\_\_\_\_\_\_\_\_Capital Improvement Costs/YR (new floor coating, can crusher, ventilation, signage, etc.) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **L. ARE THERE RESTRICTIONS ON WASTE RECEIVED AT YOUR FIXED FACILITY BASED ON:** |
| [ ]  Source (specify)  [ ]  Type (specify)  [ ]  Amount (specify)   |

|  |  |
| --- | --- |
| PREPARED BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Title)  | **DATE** **PHONE** (\_\_\_\_\_) **E-MAIL ADDRESS**  |