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| --- | --- | --- | --- | --- | --- | --- |
| **ECOLOGO-G** | | | | | | |
|  | **ANNUAL REPORT**  **TRANSFER STATION** | | | |  | |
| 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? | | | | | | |
| **AMOUNT AND TYPE OF WASTE DISPOSED PER YEAR** | | | | | | |
| **PLEASE CHECK IF RECEIVED** | | **AMOUNT RECEIVED FOR DISPOSAL**  Please check:  Cubic Yards or  Tons | | | | |
| Municipal/Commercial Solid Waste | |  | | | | |
| Construction/Demolition Waste | |  | | | | |
| Landclearing Debris | |  | | | | |
| Industrial Waste | |  | | | | |
| Inert Waste | |  | | | | |
| Wood Waste | |  | | | | |
| Yard Debris | |  | | | | |
| Ash (other than special incinerator ash) | |  | | | | |
| Dredged Materials | |  | | | | |
| Sewage Sludge | |  | | | | |
| Asbestos | |  | | | | |
| Petroleum Contaminated Soils | |  | | | | |
| Other Contaminated Soils | |  | | | | |
| Tires (for disposal) | |  | | | | |
| Medical Waste | |  | | | | |
| Food Processing Waste (for disposal) | |  | | | | |
| Other (specify): | |  | | | | |
| **Total** | |  | | | | |

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| OTHER ACTIVITIES AT THE SITE:  Recycling Collection / Material Recovery (Please specify on pages 3-4)  Yard Debris Collection for Recycling  Moderate Risk Waste Handling  Waste Tire Storage  Pile  Surface Impoundment  Tank  Other | | | | |
| METHOD OF TRANSPORT TO FINAL DISPOSAL DESTINATION(s):  Truck  Rail  Intermodal  Other (specify):  Name of Disposal Facility: | | | | |
| 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 FOR DISPOSAL FROM: | WHERE FROM | | TYPE OF MATERIAL | ESTIMATE AMOUNT  Tons or Cubic Yards |
| Out of County? |  | |  |  |
| Yes  No |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
| Out of State? |  | |  |  |
| Yes  No |  | |  |  |
|  |  | |  |  |
|  |  | |  |  |
| Out of Country? |  | |  |  |
| Yes  No |  | |  |  |
|  |  | |  |  |

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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** | | | | | | |
| **RECYCLED MATERIAL** | | **OUTGOING AMOUNT**  Please specify tons or cubic yards. | **DESTINATION FACILITY**  Please specify name, city, state. | | **FINAL USE OF MATERIAL**  Please specify: disposed, recycled, reused, composted, treated, burned for energy, stockpiled, etc. | |
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|  | |  |  | |  | |
| 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.*