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| ECOLOGO-G | | | | | | | | | | | | | |
| **ANNUAL REPORT**  **LAND APPLICATION** | | | | | | | | | | | | | |
| FACILITY NAME: | | | | | CALENDAR YEAR OF REPORT: | | PERMIT NUMBER: | | | | | FACILITY ID: | |
| SITE ADDRESS OR LEGAL DESCRIPTION:  Check if multiple sites  (Attach additional sheets for additional site information.) | | | | | 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| **IDENTIFY FOR EACH CROP:** | | | | | | | | | | | | | |
| Crop | Acreage  Used | Type of Waste | Amt of Waste (specify cu yds or tons) | Source of Waste  (including county) | | Additional lbs. of N/acres | | | | | | | |
| Manure | | Biosolids | | Commercial Fertilizer | Waste Water | | Other |
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| IDENTIFY THE TYPE AND AMOUNT OF ANY WASTE REMAINING IN STORAGE AS OF **DECEMBER 31ST OF THE REPORTING YEAR:** | | | | |
| Waste Type | Amount  Please check:  Cubic Yards/Year or  Scaled Tons/Year | | Specify Method of Storage | |
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| Additional information to be attached **if required** (please check is included):  Additional waste characterization information **if required** to be obtained as a condition of the permit, and a summary of that data.  Environmental monitoring data **if required** to be obtained as a condition of the permit, and a summary report of that data.  Additional information **if required** by the jurisdictional health department as a condition of the permit. | | | | |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| 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.*