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| ANNUAL REPORTECOLOGO-GMUNICIPAL SOLID WASTE LANDFILL | | | | |
| 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **AMOUNTS AND TYPES OF WASTE DISPOSED PER YEAR** | | | | |
| **PLEASE CHECK IF DISPOSED** | **AMOUNT DISPOSED**  Please check: Cubic Yards or Tons | | | |
| Municipal/Commercial Solid Waste |  | | | |
| Construction/Demolition Waste |  | | | |
| Yard Waste (disposed) |  | | | |
| Food Processing Waste (disposed) |  | | | |
| Landclearing Debris |  | | | |
| Industrial Waste |  | | | |
| Inert Waste |  | | | |
| Wood Waste |  | | | |
| Ash (other than special incinerator ash) |  | | | |
| Dredged Materials |  | | | |
| Sewage Sludge |  | | | |
| Asbestos |  | | | |
| Petroleum Contaminated Soils |  | | | |
| Other Contaminated Soils |  | | | |
| Tires (disposed) |  | | | |
| Medical Waste |  | | | |
| Other (specify): |  | | | |
| Other (specify): |  | | | |
| **Total** |  | | | |

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| DID YOU RECEIVE MATERIALS FOR RECYCLING?  Yes (Please specify on pages 3-4.)  No | | | | | |
| ADDITIONAL INFORMATION (please check if attached):  Attach results of ground water monitoring in accordance with WAC 173-351-415(1)  Attach applicable financial assurance information in accordance with WAC 173-351-600  For landfills with RD&D allowances, attach report showing progress toward project goals and a summary of monitoring and test results in accordance with WAC 173-351-710(3)(e) | | | | | |
| Are you open to the public?  Yes  No | | Tip fees (Attach schedule if available): | | | |
| REMAINING PERMITTED CAPACITY:  In tons:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Estimated Date of Closure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Are you planning an expansion this year?  Yes  No | |
| ENERGY RECOVERY FROM LANDFILL:  Power Produced Annually \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ kilowatt hours | | | | | |
| 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 | | 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): |  |  |  |
| **Total** |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** | | | | |
| **MATERIAL** | **OUTGOING AMOUNT**  Please specify tons or cubic yards. | **DESTINATION FACILITY**  Please specify name, city, state. | | **FINAL USE**  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.*