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| ANNUAL REPORTECOLOGO-G MUNICIPAL 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 FORRECYCLING 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** |  |  |  |

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| **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.
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