|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ECOLOGO-G | | | | | | |
|  | ANNUAL REPORT **DROP BOX** | | | |  | |
| 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **PLEASE CHECK IF RECEIVED** | | **AMOUNT RECEIVED**  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) | |  | | | | |
| Appliances | |  | | | | |
| Tires | |  | | | | |
| Other (specify): | |  | | | | |
| Other (specify): | |  | | | | |
| **Total** | |  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| OTHER ACTIVITIES AT THE SITE:  Recycling Collection/Material Recovery (specify materials collected) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yard Debris for Recycling  Moderate Risk Waste Handling  Waste Tire Storage  Pile  Surface Impoundment  Tank Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| DESTINATION OF MATERIAL (after pickup):  Name of transfer station \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of recycling/processing facility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Final disposal (name of landfill or incinerator) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of composting facility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| 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 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 |  | |  |  |
|  |  | |  |  |
| 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.*