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| **ANNUAL REPORT**  **PILES USED FOR STORAGE OR TREATMENT**ECOLOGO-G | | | | | | | | | | | | |
|  | | Pile for Storage Pile for Treatment | | | | | | | |  | | |
| 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| **Waste Type** | **Amount Received (specify units)** | | **Amount Removed for Use (specify units)** | **Type of Use** | | **Amt. Removed for Disposal (specify units)** | | **Name of Disposal Facility** | | | **Amount Remaining (end of reporting year) (specify units)** | |
|  |  | |  |  | |  | |  | | |  | |
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| Are you open to the public?  Yes No | | | |
| 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 WASTE FROM:** | **WHERE FROM** | **TYPE OF WASTE** | **ESTIMATE AMOUNT**  **(Tons)** |
| 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.*