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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 |  |  |  |
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|  |  |  |  |
|  |  |  |  |
| 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.*