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| **ANNUAL REPORT**  **INERT WASTE LANDFILL** | | | | | | |
|  |  | | | |  | |
| FACILITY NAME: | | CALENDAR YEAR OF REPORT: | PERMIT NUMBER: | | | FACILITY ID: |
| FACILITY LOCATION (street address): | | COUNTY: | | | | |
| FACILITY CONTACT: | | 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **AMOUNT AND TYPE OF WASTE DISPOSED PER YEAR (report in tons):** | | | | | | |
| **Inert waste as listed in WAC 173-350-990 (2):** | | **AMOUNT DISPOSED (In tons)** | | | | |
| Cured concrete | |  | | | | |
| Asphaltic materials (does not include roofing) | |  | | | | |
| Brick and masonry | |  | | | | |
| Ceramic materials | |  | | | | |
| Glass | |  | | | | |
| Stainless steel | |  | | | | |
| Aluminum | |  | | | | |
| **Waste meeting inert criteria per WAC 173-350-990 (3) (specify):** | | | | | | |
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|  | |  | | | | |
| **Total** | |  | | | | |
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| Remaining permitted capacity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  tons or cubic yards  Based on your permit and current rate of waste disposal, years of remaining life for facility:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Estimated date of closure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are you planning an expansion this year?  Yes  No | | | | |
| 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 MATERIALS FOR DISPOSAL FROM: | WHERE FROM | | TYPE OF WASTE | 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): |  |  |  |
| Other (specify): |  |  |  |
| Other (specify): |  |  |  |
| **Total Collected for Recycling** |  |  |  |

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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.   
Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.*