|  |
| --- |
| **ANNUAL REPORT****LIMITED PURPOSE LANDFILL**ECOLOGO-G |
|  |
| 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 specify compaction rates: |
| **PLEASE CHECK IF DISPOSED** | **AMOUNT DISPOSED** Please check: [ ] Cubic Yards or [ ]  Tons |
| [ ]  Construction/Demolition Waste |  |
| [ ]  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 |  |
| [ ]  Yard Waste (disposed) |  |
| [ ]  Food Waste (disposed) |  |
| [ ]  Other (specify): |  |
| [ ]  Other (specify): |  |
| **Total** |  |

|  |
| --- |
| DID YOU RECEIVE MATERIALS FOR **RECYCLING**? [ ] Yes (Please specify on pages 3-4.) [ ]  No  |
| ADDITIONAL INFORMATION REQUIRED (please check if attached):[ ]  Attach results of ground water monitoring in accordance with WAC 173-350-500[ ]  Attach applicable financial assurance review and audit findings in accordance with WAC 173-350-600 |
| Are you open to the public? [ ]  Yes [ ]  No | Tip fees (Attach schedule if available): |
| Remaining permitted capacity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  tons or [ ] cubic yardsBased 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 |
| 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 or [ ] Cubic Yards |
| Out of County? |  |  |  |
|  [ ]  Yes [ ]  No |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Out of State? |  |  |  |
|  [ ]  Yes [ ]  No |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Out of Country? |  |  |  |
|  [ ]  Yes [ ]  No |  |  |  |
|  |  |  |  |

|  |
| --- |
| **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): |  |  |  |
| **Total Collected for Recycling** |  |  |  |

|  |
| --- |
| **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. |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 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.*