



ANNUAL REPORT

MUNICIPAL SOLID WASTE LANDFILL

| | | | |
|--|--|-------------------------|--------------|
| 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 CHECK IF DISPOSED | AMOUNT DISPOSED |
|---|---|
| | Please check: <input type="checkbox"/> Cubic Yards or <input type="checkbox"/> Tons |
| <input type="checkbox"/> Municipal/Commercial Solid Waste | |
| <input type="checkbox"/> Construction/Demolition Waste | |
| <input type="checkbox"/> Yard Waste (disposed) | |
| <input type="checkbox"/> Food Processing Waste (disposed) | |
| <input type="checkbox"/> Landclearing Debris | |
| <input type="checkbox"/> Industrial Waste | |
| <input type="checkbox"/> Inert Waste | |
| <input type="checkbox"/> Wood Waste | |
| <input type="checkbox"/> Ash (other than special incinerator ash) | |
| <input type="checkbox"/> Dredged Materials | |
| <input type="checkbox"/> Sewage Sludge | |
| <input type="checkbox"/> Asbestos | |
| <input type="checkbox"/> Petroleum Contaminated Soils | |
| <input type="checkbox"/> Other Contaminated Soils | |
| <input type="checkbox"/> Tires (disposed) | |
| <input type="checkbox"/> Medical Waste | |
| <input type="checkbox"/> Other (specify): | |
| <input type="checkbox"/> Other (specify): | |
| Total | |

DID YOU RECEIVE MATERIALS FOR RECYCLING? Yes (Please specify on pages 3-4.) No

ADDITIONAL INFORMATION (please check if attached):
 Attach results of ground water monitoring in accordance with WAC 173-351-415(1)
 Attach applicable financial assurance information in accordance with WAC 173-351-600

Are you open to the public? Yes No Tip fees (Attach schedule if available):

REMAINING PERMITTED CAPACITY:
 In tons: _____
 Estimated Date of Closure: _____

Are you planning an expansion this year?
 Yes No

ENERGY RECOVERY FROM LANDFILL:
 Power Produced Annually _____ kilowatt hours

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 | ESTIMATE AMOUNT <input type="checkbox"/> Tons or <input type="checkbox"/> Cubic Yards |
|---|------------|---------------|--|
| Out of County? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | | |
| | | | |
| | | | |
| Out of State? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | | |
| | | | |
| | | | |
| Out of Country? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Cubic Yards/Year or <input type="checkbox"/> Scaled Tons/Year | RESIDENTIAL Please check: <input type="checkbox"/> Cubic Yards/Year or <input type="checkbox"/> Scaled Tons/Year | TOTAL AMOUNT RECEIVED Please check: <input type="checkbox"/> Cubic Yards/Year or <input type="checkbox"/> Scaled Tons/Year |
|--|---|--|--|
| <input type="checkbox"/> Newspaper | | | |
| <input type="checkbox"/> Corrugated Paper | | | |
| <input type="checkbox"/> Mixed Waste Paper | | | |
| <input type="checkbox"/> Container Glass | | | |
| <input type="checkbox"/> PET Plastics | | | |
| <input type="checkbox"/> HDPE Plastics | | | |
| <input type="checkbox"/> LDPE Plastics | | | |
| <input type="checkbox"/> Other Recyclable Plastics | | | |
| <input type="checkbox"/> Aluminum Cans | | | |
| <input type="checkbox"/> Tin Cans | | | |
| <input type="checkbox"/> Ferrous Metals (iron, steel) | | | |
| <input type="checkbox"/> Nonferrous Metals (excluding aluminum cans) | | | |
| <input type="checkbox"/> Appliances (white goods) | | | |
| <input type="checkbox"/> Electronics (computers, CPUs, hard drives) | | | |
| <input type="checkbox"/> Electronics (monitors, TVs) | | | |
| <input type="checkbox"/> Tires (collected) | | | |
| <input type="checkbox"/> Asphalt | | | |
| <input type="checkbox"/> Concrete | | | |
| <input type="checkbox"/> Construction/Demolition | | | |
| <input type="checkbox"/> Wood Waste | | | |
| <input type="checkbox"/> Landclearing Debris | | | |
| <input type="checkbox"/> Yard Debris | | | |
| <input type="checkbox"/> Food/Food Scraps | | | |
| <input type="checkbox"/> Textiles (rags, clothing) | | | |
| <input type="checkbox"/> Co-Mingled Recyclables (specify): | | | |
| <input type="checkbox"/> Other (specify): | | | |
| Total | | | |

