



## ANNUAL REPORT PILES USED FOR STORAGE OR TREATMENT

FACILITY NAME: TYPE: <input type="checkbox"/> Pile for Storage <input type="checkbox"/> Pile for Treatment	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)

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: \_\_\_\_\_

<b>DID YOU RECEIVE WASTE FROM:</b>	<b>WHERE FROM</b>	<b>TYPE OF WASTE</b>	<b>ESTIMATE AMOUNT (Tons)</b>
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			
<b>PREPARED BY:</b>	<b>DATE:</b>	<b>PHONE:</b>	
<b>EMAIL:</b>			

*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.*