

Annual Reporting Information - 2024

Facility Name: _____ Reporting Year: 2024

Name of Person Completing Form: _____

Phone Number: _____ Email Address: _____

Average Landfill Tipping Fees **Average Transfer Station Tipping Fees**

MSW: _____ MSW: _____

Tires: _____ Tires: _____

Special Waste: _____

General Comments: _____

Please note any significant changes in types and/or quantity of materials managed:

Certified operators to add: _____ Certified operators to be removed: _____

Did you select "Other or Co-mingled" for a recyclable or solid waste material type(s) accepted at your facility?

If yes, name specific material(s):

Did you select "OTHER-IN/OUT OF-STATE" for a facility you sent solid waste or recyclable materials to?

If yes, name specific facility:

Forms: Include additional notes on attached forms or why forms were not attached this year

Financial Assurance:

Environmental Monitoring:

Landfill Capacity Worksheet:
