

# Annual Reporting Information

Facility Name: \_\_\_\_\_ Year: \_\_\_\_\_

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:**

\_\_\_\_\_