

Annual Reporting Information-2023

Facility Name: _____ Reporting 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: _____
