

ANNUAL REPORTING INFORMATION

Notice to Permittees/Registrants: The New Mexico Solid Waste Rules (SWR), 20.9.5.16 and 20.9.3.27.J NMAC, require annual reporting. This form must be completed by all landfills, transfer stations, transformation and processing facilities, and all open, registered compost and recycling facilities. Additionally, all landfills undertaking corrective action and in post-closure care must also complete this form. See permits/registrations for specific reporting requirements. Completed forms must be submitted through the online reporting system. If you have questions regarding online reporting, please contact the Resource Recovery Bureau at: (505) 827-0197 or RRB.Inbox@env.nm.gov

Facility Name:		Permit Number:		Reporting	Reporting Year:		
Person Completing Form:		Phone Number:	Phone Number:		Email Address:		
TYPE OF FACILITY							
□ Landfill□ Transfer Station			☐ Transformation Facility ☐ Processing Facility				
☐ Landfill Undertaking C☐ Landfill in Post-Closure		ve Action	☐ Recycling Facility ☐ Composting Facility				
Waste/Material Type:	Tipping Fee/Gate Rate:		Other Materials/Wastes:		Tipping Fee/Gate Rate:		
Municipal Solid Waste							
Tires							
Special Waste							
Green Waste							
Please note any significant		es in the types and/o	or quantity of mate	erials manag	ed:		
Click or tap here to enter tex	it.						
CERTIFIED OPERATOR	S						
Certified Operators to Add		Date Cert. Expires	Certified Opera	tors to Remo	ve	Date of Removal	
Click or tap here to enter tex							
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Click or tap here to enter tex							
Click or tap here to enter tex	t.						
ADDITIONAL FORMS C	OMPL.	ETED AND ATTA	CHED/SUBMITT	E D (Please c	heck :	as appropriate)	
☐ Financial Assurance (FA) Mechanism			☐ Environmental Monitoring Summary				
Documentation			□ Landfill Ca				
☐ FA Cost Estimate							
Was "Other or Co-mingled specify material types:	d" selec	cted for a recyclable	or solid waste typ	e accepted at	t your	facility? If yes,	
					1 to 9 1	F	
Was "Other-In/Out of Star	te" sele	ected for a facility yo	ou sent recyclable of	or soma waste	: 10: 1	i yes, specify facility	
Was "Other-In/Out of Sta	te" sele	ected for a facility yo	ou sent recyclable o	or soma waste	: 10: 1	1 yes, specify facility	
Was "Other-In/Out of Star General comments or expl					: 10: 1	1 yes, specify facility	

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