

Fiscal Year _____

ANNUAL OPERATIONAL STATEMENT FOR A SOLID WASTE FACILITY

	INFORMATION ON FILE FROM LAST YEAR -- CORRECT IN SECTION B
SECTION A	<div style="border: 1px solid black; width: 350px; height: 100px; margin-bottom: 20px;"></div> <p style="margin-left: 600px;"> APPLICANT'S NAME COMPANY NAME STREET ADDRESS CITY, STATE, ZIP CODE </p>

PLEASE COMPLETE BOTH SIDES OF THIS FORM

	THIS SECTION MUST BE COMPLETED
SECTION B	<p> FACILITY ID _____ OLD FACILITY ID _____ FACILITY NAME _____ FACILITY LOCATION _____ CITY _____ ZIP _____ BPU CERTIFICATE # _____ COUNTY _____ MUNICIPALITY _____ OWNER NAME _____ MAILING ADDRESS _____ MAILING CITY _____ STATE _____ ZIP _____ CONTACT PERSON _____ PHONE _____ FACILITY TYPE _____ LOT(S) _____ CLASSIFICATION _____ BLOCK(S) _____ STATUS: _____ Open _____ Closed DATE CLOSED _____ OPERATING DAILY TONNAGE _____ TOTAL ACRES _____ ACRES FILLED _____ OPERATING LANDFILL - ESTIMATE TOTAL REMAINING CAPACITY _____ (years) PERMIT ISSUE DATE _____ PERMIT EXPIRATION DATE _____ OPERATING CAPACITY _____ </p>

(over)

WASTE DISPOSED OF DURING THE PRECEDING YEAR (January 1 thru December 31)				
SECTION C	(If scales are in place, put all numbers in tons.)			
	SOLIDS IN TONS/CUBIC YARDS		TONS/CUBIC YARDS (as delivered)	
		COMPACTED	NON-COMPACTED	TOTAL
	10. Municipal (Household, Commercial & Institutional)	10.		
	12. Dry Sewage Sludge	12.		
	13. Bulky Waste	13.		
	13c. Construction & Demo.	13c.		
	23. Vegetative Waste	23.		
	25. Animal & Food Process Waste	25.		
	27. Industrial (Non-Chemical)	27.		
		TOTAL TONS/CUBIC YARDS		
LIQUIDS IN GALLONS		GALLONS		
72. Bulk Liquid and Semi-Liquids	72.			

DID YOU RECLAIM ANY WASTE? NO YES (If YES, enter on Section D)

SECTION D	NAME OF FACILITY _____ FACILITY LD. # _____	
	WASTE RECLAIMED DURING THE PRECEDING YEAR (January 1 thru December 31)	
	SOLIDS IN TONS	TONS
	50. Ferrous Metals	50.
	51. Non-Ferrous Metals	51.
	52. Newsprint	52.
	53. Corrugated	53.
	54. Other Paper Products	54.
	55. Glass	55.
	56. Chemicals-Dry	56.
57. Plastics	57.	
58. Tires	58.	
59. Junked Autos	59.	
TOTAL RECLAIMED SOLID IN TONS		

SECTION E	LOCATION WHERE RECYCLABLE MATERIAL RECLAIMED
	FACILITY NAME: _____
	ADDRESS LOCATION: _____

SECTION F	Having Prime Administrative Authority, I certify that the information herein is true to the best of my knowledge.	
	Signature _____	Date _____
	Print Name _____	Title _____