

2008 Solid Waste Facility Report - HANDLING FACILITY/TRANSFER STATION

A. General Information

Please provide the names and addresses for the Site Location, Reporting Contact, and Annual Compliance Fee/Permittee below.

1. Site Location

a. Site Name: _____
b. Street: _____
c. City/Town: _____ d. State: MA e. ZIP: _____
f. Phone: _____ g. Phone Extn: _____

2. Reporting Contact

a. Organization Name: _____ b. Type: _____
c. Street: _____
d. City/Town: _____ e. State: _____ f. ZIP: _____
g. Contact Person: _____
h. Title: _____ i. Phone: _____ j. Phone Extn: _____

3. Annual Compliance Fee/Permittee Address

a. Organization Name: _____ b. Type: _____
b. Address 1: _____
c. Address 2: _____
d. City/Town: _____ e. State: _____ f. ZIP: _____

4. Certification

I hereby certify that I have personally examined the foregoing and am familiar with the information contained in this document and all attachments, and that based on my inquiry of those individuals immediately responsible for obtaining this information, I believe that the information is true, accurate and complete. I am fully authorized to make this attestation on behalf of this facility and am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.

a. Signature: _____ b. Date: _____
b. Print Name: _____ c. Phone: _____
d. Title: _____ e. Organization Name: _____

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5. Suggestions – comments or suggestions to improve this reporting form

B. Facility Details

1. Operational Status – check one box only

<input type="checkbox"/>	Operated all of 2008.
<input type="checkbox"/>	Started accepting waste on / / , 2008.
<input type="checkbox"/>	Stopped accepting waste on / / , 2008, but maintain a valid operating permit.
<input type="checkbox"/>	Stopped accepting waste on / / , 2008, and no longer hold a valid operating permit.
<input type="checkbox"/>	Did not accept waste in 2008, but maintain a valid operating permit*.
<input type="checkbox"/>	Did not accept waste in 2008, and no longer hold a valid operating permit*.

* No further questions on this report form are applicable, return to Page 1 and sign the form.

2. Days of Operation – number of days the facility accepted materials

Number of Days Open in 2008:

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C. 2008 Operations

1. Materials Accepted

Please record the tons of Materials Accepted by each material type for each State of Origin. Next, sum each Material Type into the TOTALS column, then sum that column into the Total Accepted box. For questions about waste types or conversion factors refer to page 5 of the Instructions.

- Round all amounts to the nearest ton. If any material type is less than 0.5 tons, do not include that material.
- Do NOT include any waste oil or household hazardous waste/products.
- If the state of origin is not listed or an additional state is needed, fill in the blank column or cross out a state in an unused column and fill in the other state.
- If the material type is not listed, use one of the “Other” lines and fill in the name of the material. If more “Other” lines are needed, cross out an unused material type and fill the other material name.

Material Type	State of Origin							TOTALS
	MA	CT	ME	NH	NY	RI	VT	
MSW								
C & D WASTE								
WOOD WASTE								
DPW WASTE								
GENERAL RECYCLABLES								
TIRES								
METALS								
ELECTRONICS/COMPUTERS								
TEXTILES/CLOTHING								
COMPOSTABLES/ORGANICS								
SLUDGE (WWTP)								
ASH								
OTHER:								
OTHER:								
OTHER:								

Total Accepted

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4. Compare Totals

a. Line 1	Enter the amount listed in the Total Diverted box on page 4	
b. Line 2	Enter the amount listed in the Total Disposed box on page 4	
c. Line 3	Enter the amount listed in the Total Accepted box on page 3	
d. Line 4	Add Lines 1 and 2	
e. Line 5	Subtract Line 4 from Line 3, if the result is zero skip to part D	
f. Line 6	Divide Line 5 by Line 3 and multiply by 100	%

For **Transfer Stations**, if Line 6 is greater than 1% or less than -1%, explain the difference between Accepted and the sum of Diverted & Disposed in the Discrepancy box. For **Handling Facilities**, simply write in the operation type (ex C&D Processing, Wood Reclamation, etc) in the Discrepancy box. Attach another sheet if needed.

g. Discrepancy Explanation:	
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D. Waste Bans

1. Monitoring and Inspections

	Comprehensive Inspections	Ongoing Waste Stream Monitoring
Total Number of Loads Inspected		
Total Number of Loads Failing		
Number of Loads Failing Due to Quantities of Items Below		
Asphalt pavement, Brick and/or Concrete		
CRTs		
Glass/Metal/Plastic Containers		
Lead Acid Batteries		
Leaves & Yard Waste		
Metal		
Recyclable Paper (except Corrugated Cardboard)		
Corrugated Cardboard		
White Goods		
Whole Tires		
Wood		
Mixed (more than one material)		

2. Failed Loads - Beyond sending letters to haulers and/or generators, describe any other responses to failed loads.

<input type="checkbox"/> Charged the hauler a fee	<input type="checkbox"/> Prohibited hauler from bringing waste to facility	
<input type="checkbox"/> Other (specify):		

Complete and Return this form by February 15, 2009 to:	MassDEP Boston One Winter St, 7th floor Boston, MA 02108 Attn: Brian Holdridge	If you have questions, please download the detailed Instructions at http://www.mass.gov/dep/recycle/approvals/swforms.htm - afr or contact Brian Holdridge by phone (617) 292-5578 or email brian.holdridge@state.ma.us
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