**This Report is for Calendar Year 20**

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| **Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key. | | | | |  | | | | | |
| A. General Information | | | | |  | | | | | |
| Please provide any necessary corrections or additions to the information below and then complete Sections B. through E. on the following pages. | | | | | | | | | | |
| **1. Site Location** | | | | |  | | | | | | | |
| a. Site Name: | | | | | | | | | |
| b. Street: | | | | | | | | | |
| c. City/Town: | | |  | d. State: MA | |  | e. ZIP: | | |
| f. Phone: | |  |  | | |  | |  |

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| **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. Email: | | | | |

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| **3. Certification** | | | | | |
| I hereby certify that I have personally examined 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 (MM/DD/YYYY): |
| b. Print Name: | | |  | c. Phone: |
| d. Title: |  | e. Organization Name: | | |

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| **4. Suggestions** – comments or suggestions to improve this reporting form | | | | | | | |
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| B. Facility Details | | | | | | | | |
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| **1. Operational Status** – check one box only that best describes facility status during the calendar report year | | | | | | | |
|  | | Operated all of the report year. | |
|  | | Started accepting waste on date (MM/DD/YYYY): | |
|  | | Stopped accepting waste on date:      , but maintain a valid operating permit. | |
|  | | Stopped accepting waste on date:      , and no longer hold a valid operating permit. | |
|  | | Did not accept waste during the report year, but maintain a valid operating permit.\* | |
|  | | Did not accept waste during the report year, 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. | | |
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| **2. Days of Operation** – number of days the facility accepted materials during the calendar report year | | | | | | | |
| Number of Days Open: | | | |

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| C. C&D Operations | | | | | |
| **1. C&D 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 Material Type definitions refer to the Material/Waste Type Table in Section 4 (pages 6 – 9) in the accompanying “**Instructions for Annual Solid Waste Facility Report – Construction and Demolition Processors and Transfer Stations”.**   * Round all amounts to the nearest ton. If any material type is less than 0.5 tons, do not include that material. * No NOT include Municipal Solid Waste accepted in this table. * 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; if more columns necessary, attach a separate spreadsheet. * 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, attach a separate spreadsheet. | | | | | | | | | | | | | | | | | | | | |
|  | | **State of Origin** | | | | | | | | | | | | | | |  | |
| **Material Type** | | **MA** | | **CT**  **ME** | | | **me** | **nh** | | | **ny** | **ri** | **vt** | | |  | **TOTALS** | |
| Mixed C&D Materials | |  | |  | | |  |  | | |  |  |  | | |  |  | |
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| Other: | |  | |  | | |  |  | | |  |  |  | | |  |  | |
| Source Separated Materials | |  | |  | | |  |  | | |  |  |  | | |  |  | |
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| Other: | |  | |  | | |  |  | | |  |  |  | | |  |  | |
| Other: | |  | |  | | |  |  | | |  |  |  | | |  |  | |
|  | | | | | | | | | | | | | | Total Accepted | | |  | |
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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Material Types**  **(1st column from left margin)** | **Type Name** | **Recycled or Used Types (3rd column from left margin)** | **Type Name** | **Description** | | Use drop-down box, or | Fuel | Used as a fuel in a facility that is **not** a  municipal waste combustor | | Use Other Material/Waste Type from Instructions Table | Feedstock | Used as a feedstock in a recycling process | |  | Cover Material | Used as Alternative Daily Cover at a landfill | |  | Grading &  Shaping Material | Used as Grading & Shaping material at a  landfill closure project | |  | Roadbase Material | Used in construction of roadways at a landfill | |  | Other: | Describe: | |  | Other: | Describe: | | | | | | | | | | | | | | | | | |
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| **2. C&D Materials Recycled or Used** | | | | | | | | | | | | | | | | | | | |
| In the table below, please complete all the columns. For each Material Type, list tonnage that was recycled or used and the location (including the City/Town and State) where the material was recycled or used. Use applicable Recycled or Used Types listed in the table above. For Material Type definitions refer to the Material/Waste Type Table in Section 4 (pages 6 – 9) in the accompanying “**Instructions for Annual Solid Waste Facility Report – Construction and Demolition Processors and Transfer Stations”.** If more than one Material Type applies to a single location, or if the same Material Type was sent to more than one location, list the location separately for each combination of Material Type and Use Type. Attach additional sheets if needed. Do NOT include MSW in this table. | | | | | | | | | | | | | | | | | | | |
| **Material Type** | | **Tons** | | **Recycled or Used Type** | | | | **Location/Destination Name** | | | | | | **City/Town** | | | **State** | |
| Beneficially Used Waste Materials (e.g. BUD/Landfill Dependent Use) | | | | | | | | | | | | | | | | | | |
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| **Material Type** | | **Tons** | | **Recycled or Used Type** | | | | **Location/Destination Name** | | | | | | **City/Town** | | | **State** | |
| Recycled/Reused Materials (e.g., feedstock) | | | | | | | | | | | | | | | | | | |
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| **Material Type** | | **Tons** | | **Recycled or Used Type** | | | | **Location/Destination Name** | | | | | | **City/Town** | | | **State** | |
| Other: | |  | |  | | | |  | | | | | |  | | |  | |
| Other: | |  | |  | | | |  | | | | | |  | | |  | |
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| Other: | |  | |  | | | |  | | | | | |  | | |  | |
| Fuel Specification Product Materials (e.g., biomass boiler fuel) | | | | | | | | | | | | | | | | | | |
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| Other: | |  | |  | | | |  | | | | | |  | | |  | |
| **Recycled/Used Total** | |  | |

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| **Transferred Type** | **Type Name** | | **Description** | | |
| Transferred | | Sent to an MPS-compliant C&D facility for further processing | | |
|  | Diverted | | Sent to and received by another C&D facility as a separated recyclable material | | |
|  | | | | | | | | | | |
| **3. C&D Materials Transferred** | | | | | | | | | | | |
| In the table below, please complete all the columns. For each Material Type, list tonnage that was transferred and the location (including the City/Town and State) where the material was transferred. Use Transferred Type in the table above. For Material Type definitions refer to the Material/Waste Type Table in Section 4 (pages 6 – 9) in the accompanying “**Instructions for Annual Solid Waste Facility Report – Construction and Demolition Processors and Transfer Stations”**. If the same Material Type was transferred to more than one location, list each location separately. Attach additional sheets if needed. Do NOT include MSW in this table. | | | | | | | | | | | |
| **Material Type** | | **Tons** | | **Transferred Type** | **Location/Destination Name** | | **City/Town** | | | **State** |
| Unprocessed or Partially Processed C&D Waste (e.g., Transferred for further processing) | | | | | | | | | | |
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| Other: | |  | |  |  | |  | | |  |
| Other: | |  | |  |  | |  | | |  |
| Separated Recyclable Materials (e.g., Diverted for recycling) | | | | | | | | | | |
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| Other: | |  | |  |  | |  | | |  |
| Other: | |  | |  |  | |  | | |  |
| **Transferred Total** | |  | |
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| **Disposal Types** | **Type Name** | | **Description** | | | | |
| Landfilled | | Disposed at a Landfill | | | | |
| Combusted | | Disposed at a solid waste combustion facility (do not include material used as fuel in Section C2 – Materials Recycled and Used) | | | | |
|  | Transferred for disposal | | Sent to another C&D handling facility for disposal via rail, barge, or truck | | | | |
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| **4. C&D Materials Disposed** | | | | | | | | | | | |
| In the table below, please complete all the columns. For each Material Type, list tonnage that was disposed and the location (including the City/Town and State) where the material was disposed. Use applicable disposal types listed in the table above. For Material Type definitions refer to the Material/Waste Type Table in Section 4 (pages 6 – 9) in the accompanying “**Instructions for Annual Solid Waste Facility Report – Construction and Demolition Processors and Transfer Stations”**. If Material was disposed at more than one location, list each location separately. Attach additional sheets if needed. Do NOT include MSW in this table. | | | | | | | | | | | |
| **Material Type** | | **Tons** | | **Disposal Type** | **Location/Destination Name** | | **City/Town** | | | **State** |
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| **Disposed Total** | |  | |

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| **5. C&D Materials Mass Balance** | | | | |
| Line 1 | Enter the total quantity of C&D Materials Accepted box on page 3 | |  | | |
| Line 2 | Enter the total quantity of Materials Recycled/Reused on page 6 | |  | | |
| Line 3 | Enter the total quantity of Materials Transferred on page 7 (if applicable) | |  | | |
| Line 4 | Enter the total quantity of C&D Materials Disposed on page 8 (if applicable) | |  | | |
| Line 5 | Add Lines 2, 3 and 4 | |  | | |
| Line 6 | Subtract Line 1 from Line 5, if the result is zero skip to part D | |  | | |
| Line 7 | Divide Line 6 by Line 1 and multiply by 100 | | % | | |
| If Line 7 is greater than 10% or less than –10%, explain the difference in the Discrepancy box below. Attach another sheet if needed. | | | | |
| Discrepancy Explanation: | |  | | |

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| D. Municipal Solid Waste (MSW) Operations | | | | |
| **1. MSW Accepted** | | | | | |
| Please record the tons of Municipal Solid Waste Accepted for each State of Origin. Next, sum each Material Type into the TOTALS column, then sum that column into the Total Accepted box. For Material Type definitions refer to the Material/Waste Type Table in Section 4 (pages 6 – 9) in the accompanying “**Instructions for Annual Solid Waste Facility Report – Construction and Demolition Processors and Transfer Stations”.**   * 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 C&D Materials Accepted in this table. * 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; if more columns necessary, attach a separate spreadsheet. * 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, attach a separate spreadsheet. | | | | | | | | | | | | |
|  | **State of Origin** | | | | | | | | | | |  |
| **Material Type** | **MA** | **CT**  **ME** | **me** | **nh** | | | **ny** | **ri** | **vt** | |  | **TOTALS** |
| MSW |  |  |  |  | | |  |  |  | |  |  |
| Compostables/Organics |  |  |  |  | | |  |  |  | |  |  |
| Electronics/Computers/CRTs |  |  |  |  | | |  |  |  | |  |  |
| General Recyclables |  |  |  |  | | |  |  |  | |  |  |
| Metals |  |  |  |  | | |  |  |  | |  |  |
| Tires |  |  |  |  | | |  |  |  | |  |  |
| Wood Waste |  |  |  |  | | |  |  |  | |  |  |
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| **2. MSW Diverted** | | | | | | | | |
| Please record all municipal solid waste Diverted from disposal. List the names of all vendors for recycling/composting, material end-user(s) (including for Beneficial Use Determinations), and other transfer/processing/handling facilities. Record the tonnage (to the nearest ton) and material type handled by each vendor/end user. If a single vendor handles a number of common recyclables, like glass, cans and paper, then list that vendor once with the Material Type of “General Recyclables”. Do NOT include C&D material in this table. | | | | | | | |
| **Material Type** | **Tons** | **Location/Destination Name** | **City/Town** | **State** | |
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| **Total Diverted** |  |
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| **3. MSW Disposed** | | | | | | | |
| In the table below, please complete all the columns. For each Material Type, list tonnage that was disposed and the location (including the City/Town and State) where the material was disposed. Use applicable disposal types listed in the table above. For Material Type definitions refer to the Material/Waste Type Table in Section 4 (pages 6 – 9) in the accompanying “**Instructions for Annual Solid Waste Facility Report – Construction and Demolition Processors and Transfer Stations”**. If Material was disposed at more than one location, list each location separately. Attach additional sheets if needed. Do NOT include C&D Material in this table. | | | | | | |
| **Material Type** | **Tons** | **Disposal Type** | **Location/Destination Name** | **City/Town** | **State** |
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| **Disposed Total** |  |

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| **4. MSW Materials Mass Balance (if applicable)** | | | | |
| Line 1 | Enter the total quantity MSW Accepted on page 10 (if applicable) | |  | | |
| Line 2 | Enter the total quantity of MSW Diverted on page 11 (if applicable) | |  | | |
| Line 3 | Enter the total quantity of MSW Disposed on page 12 (if applicable) | |  | | |
| Line 4 | Add Lines 2 and 3 | |  | | |
| Line 5 | Subtract Line 1 from Line 4, if the result is zero skip to part E | |  | | |
| Line 6 | Divide Line 5 by Line 1 and multiply by 100 | | % | | |
| If Line 6 is greater than 10% or less than –10%, explain the difference in the Discrepancy box below. Attach another sheet if needed. | | | | |
| Discrepancy Explanation: | |  | | |

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| **E. Compare Totals of Combined C&D and MSW (if applicable)** | | | | |
| Line 1 | Enter the sum of the total quantity of C&D Materials Accepted on page 3 and total quantity of MSW Accepted page 10 (if applicable) | |  | | |
| Line 2 | Enter the sum of the total quantity of C&D Materials Recycled/Reused on page 6 and the total quantity of MSW Diverted on page 11 (if applicable) | |  | | |
| Line 3 | Enter the total quantity of C&D Materials Transferred on page 7 (if applicable) | |  | | |
| Line 4 | Enter the sum of the total quantity C&D Materials Disposed on page 8 and the total quantity of MSW Disposed on page 12 (if applicable) | |  | | |
| Line 5 | Add Lines 2, 3 and 4 | |  | | |
| Line 6 | Subtract Line 1 from Line 5; if the result is zero skip to part F | |  | | |
| Line 7 | Divide Line 6 by Line 1 and multiply by 100 | | % | | |
| If Line 7 is greater than 10% or less than –10%, explain the difference in the Discrepancy box below. Attach another sheet if needed. | | | | |
| Discrepancy Explanation: | |  | | |

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|  | | | | | | | | |
| F. Waste Bans | | | | | | | | |
| Please provide load counts (numbers, not text like ‘all’) based on Waste Ban compliance activities.  For the number of loads failing by material type, enter the number of failed loads, not the count of items or percent of the loads.  For example, two failed loads for CRTs where one load has 5 CRTs and one load has 3 CRTs should be entered as 2 loads, not 8 CRTs. | | | | | | | | |
| **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 | |  | |  | |
|  | Clean Gypsum Wallboard | |  | |  | |
|  | Commercial Organics | |  | |  | |
|  | CRTs | |  | |  | |
|  | Glass/Metal/Plastic Containers | |  | |  | |
|  | Lead Acid Batteries | |  | |  | |
|  | Leaves & Yard Waste | |  | |  | |
|  | Mattresses | |  | |  | |
|  | Metal | |  | |  | |
|  | Organics | |  | |  | |
|  | Recyclable Paper (except Corrugated Cardboard) | |  | |  | |
|  | Corrugated Cardboard | |  | |  | |
|  | Textiles | |  | |  | |
|  | White Goods | |  | |  | |
|  | Whole Tires | |  | |  | |
|  | Wood | |  | |  | |
|  | Mixed (more than one material) | |  | |  | |
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|  | | | | | | | | |
| Complete and return this form via the web based Compliance Reporting System upload portal using the following links by **February 15**: | | | Link to the MassDEP Compliance Reporting System information page, which contains a link to the upload portal:  <https://www.mass.gov/info-details/compliance-reports-upload-portal>  Link to the Compliance Reporting System Upload Portal:  <https://eeaonline.eea.state.ma.us/EEA/ComplianceReport/> | | If you have questions, contact Eshua Mbua by email:  [eshua.mbua@mass.gov](mailto:eshua.mbua@mass.gov) | | | |

Attachment 1

Detailed break-out of the quantities and facilities-of-origin of Inbound C&D Residuals:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Inbound C&D Residuals Material Type** | **Tons** | **Facility-of-Origin Name** | **City/Town** | **State** |
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| Other: |  |  |  |  |
| Other: |  |  |  |  |
| Other: |  |  |  |  |
| **Total Inbound C&D Residuals Accepted** |  |

Attachment 2

Comments Table:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Page No. | Table Title/Section | Material Type | Quantity (tons) | Comments/Notes |
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