|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **This Report is for Calendar Year 20** | | | | | | | | | | | | | |
| **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 the Site Location and Reporting Contact information below. | | | | | | | | | | |
| **1. Site Location** | | | |  | | | | | | | |
| Site Name: | | | | | | | | | | | |
| Street: | | | | | | | | | | | |
| City/Town: | | | | | |  | State: MA | |  | ZIP: | |
| Phone: | | |  | Phone Extn: | | | | |  | | |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2. Reporting Contact** | | | | | | | |
| Organization Name: | | | | | | | |
| Street: | | | | | | | |
| City/Town: | |  | State: |  | ZIP: | | |
| Contact Person: |  | | Title: | | | | |
| Email: |  | | Phone: | | |  | Phone Extn: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3. 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. | | | | |
| Signature: | | |  | Date: |
| Print Name: | | |  | Phone: |
| Title: |  | Organization Name: | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4. Suggestions** – comments or suggestions to improve this reporting form | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | | |
| B. Facility Details | | | | | | | | | | | | |
|  | | | | | | | | | |
| **1. Operational Status** – check one box only that best describes facility status during the calendar report year | | | | | | | | | | | |
|  | Operated all of the report year. | | | | | | | | | |
|  | Operated only part of the report year. Started accepting waste on date: | | | | | |  | |  | |
|  | Operated only part of the report year. Stopped accepting waste on date: | | | | | | |  |  | |
|  | | Maintain a valid operating permit? | Yes | | | No | | | | |
|  | Did not accept waste during the report year. | | | |  | | | | | |
|  | | Maintain a valid operating permit? | Yes | | | No | | | | |
| **\*** 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 waste during the calendar report year | | | | | | | | | |
| Number of Days Open: | | | |
|  | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| C. Operations | | | | | | | | | | | | |
| **1. Materials Accepted** | | | | | | | | | | | |
| Please record the tons of Materials Accepted for each Material Type for each State of Origin. Fill in each applicable cell, then sum each material type into the Totals column, and then sum that column into the Total Accepted box.   * Round all amounts to the nearest ton and exclude any material type less than 0.5 tons. * Do NOT include any waste oil or household hazardous waste/products. * If out-of-state materials are accepted, fill in each state at the top of a blank State of Origin column and then record the tons for each applicable Material Type. * 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. | | | | | | | | | | | | |
|  | **State of Origin** | | | | | | | | |  | | | |
| **Material Type** | **MA** |  |  |  |  | |  |  | | | **Totals** | | |
| MSW |  |  |  |  |  | |  |  | | |  | | |
| C & D Waste |  |  |  |  |  | |  |  | | |  | | |
| Wood Waste |  |  |  |  |  | |  |  | | |  | | |
| DPW Waste |  |  |  |  |  | |  |  | | |  | | |
| General Recyclables (WTP) |  |  |  |  |  | |  |  | | |  | | |
| Tires |  |  |  |  |  | |  |  | | |  | | |
| Metals |  |  |  |  |  | |  |  | | |  | | |
| Electronics/ Computers |  |  |  |  |  | |  |  | | |  | | |
| Textiles/ Clothing |  |  |  |  |  | |  |  | | |  | | |
| Composta-bles/Organics |  |  |  |  |  | |  |  | | |  | | |
| Ash |  |  |  |  |  | |  |  | | |  | | |
| Other: |  |  |  |  |  | |  |  | | |  | | |
| Other: |  |  |  |  |  | |  |  | | |  | | |
| Other: |  |  |  |  |  | |  |  | | |  | | |
| Other: |  |  |  |  |  | |  |  | | |  | | |
|  | | | | | | Total Accepted | | |  | | | | |
|  | | | | | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **2. Materials Diverted** | | | | | | |
| Please record all material 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’. Attach additional sheets if needed. | | | | | | | |
| Vendor/End-User Name | City/Town | | State | | Tons | Material Type | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  | | Total Diverted | |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **3. Waste Disposed** | | | | | | |
| Please list the landfills or combustion facilities where waste was shipped for disposal including the tonnage (to the nearest ton) and type(s) of waste. Attach additional sheets if needed. | | | | | | | |
| Disposal Facility Name | City/Town | | State | | Tons | Waste Type | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  |  | |  | |  |  | |
|  | | Total Disposed | |  | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **4. Compare Totals** | | | | | | | | |
| Line 1 | | Enter the Total Accepted from page 3 | | | | | |  |
| Line 2 | | Add the Total Diverted from page 4 to the Total Disposed from page 5 | | | | | |  |
| Line 3 | | Subtract Line 2 from Line 1, if the result is zero skip to Part D | | | | | |  |
| Line 4 | | Divide Line 3 by Line 1 and multiply by 100 | | | | | | % |
| For **Transfer Stations**, if Line 4 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 Compost, Wood Reclamation, etc) in the Discrepancy box. Attach another sheet if needed. | | | | | | | | | |
| *Discrepancy Explanation:* | | |  | | | | | | |
|  | | | | | | | | | | |
| D. 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 by Material Type** | | | | |  | |  | | |
|  | | | | Asphalt pavement, Brick and/or Concrete |  |  | | | |
|  | | | | Clean Gypsum Wallboard |  |  | | | |
|  | | | | Commercial Organics |  |  | | | |
|  | | | | CRTs |  |  | | | |
|  | | | | Glass/Metal/Plastic Containers |  |  | | | |
|  | | | | Lead Acid Batteries |  |  | | | |
|  | | | | Leaves & Yard Waste |  |  | | | |
|  | | | | Mattresses |  |  | | | |
|  | | | | Metal |  |  | | | |
|  | | | | Recyclable Paper (except Corrugated Cardboard) |  |  | | | |
|  | | | | Corrugated Cardboard |  |  | | | |
|  | | | | Textiles |  |  | | | |
|  | | | | White Goods |  |  | | | |
|  | | | | Whole Tires |  |  | | | |
|  | | | | Wood |  |  | | | |
|  | | | | Mixed (more than one material) |  |  | | | |
|  | | | | | | | | | |

1. Recycling, Composting & Conversion Operations Located at Site Assigned Solid Waste Facilities- completion of this section satisfies the requirement for an annual certification pursuant to 310 CMR 16.04(2)(i) and 310 CMR 16.04(3)(a)10.

### Instructions for Table “Materials Accepted for Recycling”

* 1. Please report the amount of recyclable material received from Massachusetts sources only in the calendar year covered by this form.
  2. Please report all quantities in TONS.
  3. All Material Types Are Mutually Exclusive. Please do not report the same tonnage in more than one category. For example, if you process 4,000 tons of wood, and 2,000 tons went to wood for fuel, and 2,000 tons were C&D wood recycled, you would report these tonnages separately.

|  |  |
| --- | --- |
| **Correct** | **Incorrect** |
| C&D Wood 2,000 tons | C&D Wood 4,000 tons |
| Wood for fuel 2,000 tons | Wood for fuel 2,000 tons |

* 1. In order to avoid double counting, please do not report tonnage received from other processors. (For example, do not report any tonnage received from a Material Recycling Facility (MRF), since that material is already counted in that facility’s report. However, any material received via direct haul from a generator should be counted.)
  2. If specific tonnage by material is unavailable, please report the total waste processed and the estimated amount by each material. (For example, if you recycled 10,000 tons of material total, and estimate that 75% of that material was metal and 25% was asphalt, brick, and concrete (ABC), please report 7,500 tons metal and 2,500 tons ABC.)

**Table on Next Page ►**

|  |  |  |  |
| --- | --- | --- | --- |
| **2. Materials Accepted for Recycling** | | | |
| **RECYCLED MATERIALS** | | | |
|  | **Tonnage** | | |
| **Material** | **Massachusetts Sources** | **Out of State Sources** | **Combined Tonnage** |
| Asphalt, Brick & Concrete |  |  |  |
| Asphalt shingles |  |  |  |
| Carpet |  |  |  |
| Ceiling Tiles |  |  |  |
| Single Stream Recyling (formerly Commingled Materials) |  |  |  |
| Electronics |  |  |  |
| Glass |  |  |  |
| Gypsum Wallboard |  |  |  |
| Mattresses |  |  |  |
| Metals - C&D |  |  |  |
| Metals – Non C&D |  |  |  |
| Paper – Except Cardboard |  |  |  |
| Paper – Cardboard |  |  |  |
| Plastic |  |  |  |
| Textiles |  |  |  |
| Tires – Non Fuel |  |  |  |
| Tires – Fuel |  |  |  |
| Organics - Agricultural Material |  |  |  |
| Organics - Food Material |  |  |  |
| Organics - Vegetative Material |  |  |  |
| Organics - Yard Waste including Grass |  |  |  |
| Wood – Non Fuel |  |  |  |
| Wood – Fuel |  |  |  |
| Other – Describe: |  |  |  |
| Other – Describe: |  |  |  |
| Other – Describe: |  |  |  |
| Other – Describe: |  |  |  |
| Other – Describe: |  |  |  |
| Other – Describe: |  |  |  |
| **Totals** |  |  |  |

### Instructions for Table “Materials Accepted for Composting & Conversion”

* 1. Please report material collected in the applicable calendar year covered by this certification.
  2. Please report all quantities in TONS. To calculate a quantity of organic material, estimate the dimensions of the windrow(s) at the time of their constuction (the volume can reduce by 50% during the first four to eight weeks). For a “haystack” shaped windrow, the volume is approximately equal to the height times half the base width, times the length. PLEASE BE SURE TO EITHER MEASURE IN YARDS OR CONVERT CUBIC FEET TO CUBIC YARDS BY DIVIDING BY 27.
  3. Please note that the in-state vs. out-of state sources of the organic materials is denoted. You should input the amount collected in the appropriate column, depending on whether material collected is from within Massachusetts or from out of state locations.
  4. Use the following factors to convert volume (cubic yards) to weight (tons):

|  |  |  |  |
| --- | --- | --- | --- |
| Leaves | Brush | Grass | Food Waste |
| 5 cy/ton | 4 cy/ton | 3 cy/ton | 1.33 cy/ton |

* 1. If you are a municipal compost site serving only part of a municipality, please only account for the organic material composted at your particular site, not all of the organic material generated in the municipality.

**Table on Next Page ►**

1. **Materials Accepted for Composting & Conversion**

### ORGANIC MATERIALS

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Material** | | **Tonnage** | | | **Type of Generator** (i.e., restaurant, residential collection, commercial food processor, etc.) |
| **Massachusetts Sources** | **Out of State**  **Sources** | **Combined Tonnage** |
|  |  |  |  |  |  |
| ORGANIC MATERIALS RECEIVED FROM THE GENERATOR OF THE MATERIAL | Food Material |  |  |  |  |
| Vegetative Material |  |  |  |  |
| Agricultural Material |  |  |  |  |
| Yard Waste including Grass |  |  |  |  |
| Biodegradable Paper |  |  |  |  |
| Biodegradable Products |  |  |  |  |
| Clean Wood |  |  |  |  |
|  | **Totals** |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Complete and Return this form via the web based upload portal (Compliance Reporting System) by **February 15** to: (Use the weblinks provided) | Link to the MassDEP information page about the upload portal which contains a link to the upload portal:  <https://www.mass.gov/info-details/compliance-reports-upload-portal>  Link to the upload portal called the Compliance Reporting System:  <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) |