**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. | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Check the box for the disposal operation type: | | | | | | |  | Landfill | | |  | | Combustion Facility | | | |
|  | | | | | | | | | | | | | | | | | |
| A. General Information | | | | | | | | | | | | | | | | | |
| Please provide Site Location and Reporting Contact information below. | | | | | | | | | | | | | | |
| **1. Site Location** | | | |  | | | | | | | | | | | |
| Site Name: | | | | | | | | | | | | | | | |
| Street: | | | | | | | | | | | | | | | |
| City/Town: | | | | | | |  | State: MA | | | |  | ZIP: | | |
| Phone: | | |  | Phone Extn: | | | | | | |  | | | |  | |

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

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| **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: | | |

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| **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: | | | |  | |
|  | Did not accept waste during the report year. | | | | | |
|  | | | | | |
| **2. Days of Operation** – number of days the facility accepted waste during the calendar report year | | | | | |
| Number of Days Open: | |
| **Questions #3 and 4 are for Landfill only; Combustion skip to Part C, #1.** | | | | | | |
| **3. Financial Assurance**  (Landfill only) | | | | | | | |
| Please record the total value of financial assurance for Closure and Post-Closure effect the last day of the report year. | | | | | | | |
| Total Financial Assurance Value: $ | | | |
|  | | | | | | | |
| **4. Future Capacity** (Landfill only) | | | | | | | |
| Please review or fill in the landfill’s projected tons per year (TPY) for disposal and the expected date to cease landfill operations based on existing permits. | | | | | | | |
| Tons Per Year (TPY): | | |
| Expected Date to Cease Landfilling: | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | |
| C. Operations | | | | | | | | | | |
| **1. Waste Accepted for Disposal** | | | | | | | | | |
| Please record the tons of Waste Accepted for Disposal for each Waste Type for each State of Origin. Fill in each applicable cell, then sum each waste type into the Totals column, and then sum that column into the Total Accepted box.   * Round all amounts to the nearest ton. * List only Waste Accepted for Disposal. Do NOT include Recycables/Compostables or Cover Material. * If out-of-state waste is accepted, fill in each state at the top of a blank State of Origin column and then record the tons for each applicable Waste Type. * If the waste type is not listed, use one of the “Other” lines and fill in the name of the waste. If more “Other” lines are needed, cross out an unused waste type and fill the other waste name. | | | | | | | | | | |
|  | **State of Origin** | | | | | | | |  | | |
| **Waste Type** | **MA** |  |  |  | |  |  | | **Totals** | | |
| MSW |  |  |  |  | |  |  | |  | | |
| C & D Waste |  |  |  |  | |  |  | |  | | |
| Contaminated Soil\* |  |  |  |  | |  |  | |  | | |
| Sludge (WWTP) |  |  |  |  | |  |  | |  | | |
| Sludge (WTP) |  |  |  |  | |  |  | |  | | |
| Wood Waste |  |  |  |  | |  |  | |  | | |
| Tires |  |  |  |  | |  |  | |  | | |
| Ash |  |  |  |  | |  |  | |  | | |
| DPW Waste |  |  |  |  | |  |  | |  | | |
| Asbestos Waste |  |  |  |  | |  |  | |  | | |
| Recycling Residue |  |  |  |  | |  |  | |  | | |
| Dredge (Fresh)\* |  |  |  |  | |  |  | |  | | |
| Dredge (Marine)\* |  |  |  |  | |  |  | |  | | |
| Other: |  |  |  |  | |  |  | |  | | |
| Other: |  |  |  |  | |  |  | |  | | |
| Other: |  |  |  |  | |  |  | |  | | |
|  | | | | | Total Accepted | | |  | | | |
| **\*** Contaminated Soil or Fresh/Marine Dredge used as cover material or grading & shaping at a Landfill should be listed in Question #3 Cover Material on the next page. | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Questions #2 - 4 are for Landfill only; Combustion skip to Question #5.** | | | | | | | | |
| **2. Cover Material** (Landfill only) | | | | | | | | | |
| Provide the types and tonnages (to the nearest ton) of material applied for daily, intermediate, or final cover; erosion control; or grading and shaping. Do NOT include stockpiled materials, or Contaminated Soils or Dredge listed in Part C#1 Waste Landfilled. When using ‘Other’, specify the material type, not its use. Attach an additional sheet, if needed. | | | | | | | | |
| Cover Material Types | | Tons | Cover Material Types | | | | Tons | | |
| Soil (Sand, etc) | |  | TriPak (Emulsion Mix) | | | |  | | |
| Contaminated Soil | |  | Bottom Ash | | | |  | | |
| C&D Fines | |  | Dredge (Fresh) | | | |  | | |
| C&D Residuals | |  | Dredge (Marine) | | | |  | | |
| Auto Shredder Residue/Auto Fluff | |  | Other (*Specify*): | | | |  | | |
| Street Sweepings | |  | Other (*Specify*): | | | |  | | |
| Wood Chips | |  | Other (*Specify*): | | | |  | | |
|  | | | | | | | | | |
| **3. Site Capping** (Landfill only) | | | | | | | | | |
| Total acres covered with a DEP approved cap: | | | | |
| Acres capped during the report year: | | | | |
| Acres remaining uncapped: | | | | |
|  | | | | | | | | | |
| **4. Leachate Collection** (Landfill only) | | | | | | | | | |
| Number of gallons of leachate collected during the report year:  Total acres covered with a DEP approved cap:  Acres capped in 2001: | | | | | |
| Leachate Treatment/Disposal – check all that apply | | | |
|  | On Site. | | | | | | | |
|  | Sewer Connection. | | | | | | | |
|  | Trucked off-site, Treatment/disposal facility name: | | | | | | | |
| **Questions #5-9 are for Combustion only; Landfill skip to Part D, #1**. | | | | | | | |

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| **5. Municipal Contract MSW** (Combustion only) | | | | | | | | | | | | | | | | | | | | |
| List the municipality(ies) and the tonnage (to the nearest ton) of MSW received under contracts or other formal agreements including the end date of such contracts or agreements. Attach a separate sheet if necessary. | | | | | | | | | | | | | | | | | | | | |
| Tons | | | | | Municipality | | | | | | State | | | Disposal Contract End Date | | | | | | | |
|  | | | | |  | | | | | |  | | |  | | | | | | | |
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| **6. Pre-Combustion Handling** (Combustion only) | | | | | | | | | | | | | | | | | | | |
| Please provide the following pre-combustion tonnages (to the nearest ton).   * Account only for tonnage that crosses the combustion facility’s scales. * If more than one Disposal Site or Recycler is used for each material, attach a separate sheet listing the Sites/Recyclers and the tons sent to each. | | | | | | | | | | | | | | | | | | | | |
| Bypass | | | | | |  | | Disposal Site Name & Town | | | |  | | | | | | | | |
| Metal Recovery | | | | | |  | | Recycler Name & Town | | | |  | | | | | | | | |
| Non-Metal Recovery | | | | | |  | | Recycler Name & Town | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **7. Capacity Utilization** (Combustion only) | | | | | | | | | | | | | | | | | | | |
| Please record tons of waste burned during the report year. | | | | | | | | | | | | | | | | | | | | | | |
| Actual Tonnage Burned: | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **8. Post-Combustion Residuals** (Combustion only) | | | | | | | | | | | | | | | | | | | |
| Please provide the following details on residuals/ash management (to the nearest ton).   * List ash tonnages as disposed. * If more than one Landfill or Recycler is used for each material, attach a separate sheet listing the Landfills/Recyclers and tons sent to each. | | | | | | | | | | | | | | | | | | | | |
| Metals Recovered\* | | | | | | |  | | Recycler Name & Town | |  | | | | | | | | |
| Ash Beneficially Used | | | | | | |  | | Type of Use | |  | | | | | | | | |
| Ash Disposed | | | | | | |  | | Landfill Name | |  | | | | | | | | |
| \* Do not include ash entrained in the metals shipped to recyclers that is later return by the recycler for disposal. This ash should be included in Ash Disposed. | | | | | | | | | | | | | | | |
| Does the Combustion Facility have sufficient ash disposal capacity in accordance with the “Ash Management and Disposal Policy - SWM-7-7/88”? | | | | | | | | | | | | | | | Yes | | | No | |
|  | | | | | | | | | | | | | | | | | | | | |
| **9. Materials Separation Plan** (Combustion only) | | | | | | | | | | | | | | | | | | | | |
| In accordance with 310 CMR 7.08(2)(i), and the Material Separation Plan Guidance for Municipal Waste Combustors, applicable facilities must submit an annual progress report on their efforts to separate mercury from their waste streams. Please attach a separate sheet(s) describing the following:   1. How funds were expended 2. Progress in achieving the goals outlined in the Material Separation Plan, including:  * Amount of designated material diverted and/or reduced and measurement methodology * Access and/or participation rates achieved for each activity * Market sectors and service areas targeted  1. Problems encountered 2. Any recommended changes to improve the Plan | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| 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) | | | | | | | | |  | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| \* Landfills only | | | | | | | | | | | | | | | | | | | | |

E. 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 certification.
  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 Recycling (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) |