



Vermont Department of Environmental Conservation Solid Waste Management Facility Annual Report

Disposal Facility - Categorical Certification Instructions for Table 1A Only

Permittees for all solid waste management facilities are **required** by the Solid Waste Management Rules (Rules) to furnish the Solid Waste Program (Program) with reports concerning the types, amounts and sources of solid wastes, recyclables, and compostable materials received at their facilities.

Facilities with categorical certifications (**disposal**, recycling, composting) are required to submit annual reports which are due January 20th for the preceding calendar year. All data should be reported using this annual report form.

Filling out the form:

A summary report of all solid waste management activities at a facility for the year is required. Fill out Table 1A for disposal facilities. Report the quantity of waste in weight (tons) only.

- Enter the tons of waste accepted by each waste type for each state of origin. If the state of origin is not listed, use an unlabeled column and identify the state of origin. Please note that if waste is received from other states, it must meet 216 requirements in order to be legally disposed in a Vermont disposal facility.
- Sum the tonnage value of each waste type in the total column, then sum the totals from each waste type in the grand total box.

Submitting Completed Reports/Questions: If you have any questions or need additional information or forms, contact the Certification & Compliance Section at 802-241-3445. Completed reports should be mailed to:

**Cathy A. Stacy, Certification & Compliance Section
Solid Waste Management Program
103 South Main Street
Waterbury, VT 05671-0404**

**Vermont Department of Environmental Conservation
Solid Waste Management Program**

**Solid Waste Management Facility Annual Report
Disposal Facility - Categorical Certification**

Facility Name: _____ SW Facility ID#:

Address:

Reporting Period: _____ (Year) January - December

Solid Waste Facility Component: Landfill

Information provided: Table 1A

CERTIFICATION:

I hereby certify that I have personally examined and am familiar with the information in this document and all attachments and, that based on reasonable investigation, including my inquiry of those individuals immediately responsible for obtaining this information, I believe that the information is true, accurate, and complete and that I am a duly authorized representative of the owner (or permittee).

Authorized Signature

Date

Printed Name

Title or Position

Daytime Telephone #

This form should be submitted to:

Cathy A. Stacy, Certification & Compliance Section
Waste Management Division
103 South Main Street
Waterbury , VT 05671-0404

**Solid Waste Management Facility Annual Report
Disposal Facility - Categorical Certification**

Facility Name: _____ **SWMF ID#:** _____
Reporting Period: January 1, 20____ through December 31, 20____

**TABLE 1A
WASTE TO BE DISPOSED**

<i>Waste Received</i>	State of Origin			TOTALS
	VT (Tons)	(Tons)	(Tons)	
WASTE TYPE				
STUMPS, BRUSH, OR UNTREATED WOOD				
ROAD, BRIDGE, OR HIGHWAY CONSTRUCTION DEBRIS				
USED ROAD ASPHALT/ BITUMINOUS CONCRETE				
CONCRETE-CHUNKS OR BLOCKS				
BRICKS, MASONRY, MORTAR				
NON-RECYCLED GLASS				
OTHER INERT MINERALS AS APPROVED (SPECIFY)				
OTHER INERT WASTES AS APPROVED (SPECIFY)				
Grand Total (Tons) :				