



SOLID WASTE DISPOSAL FACILITY REPORT

TABLE 1 - SOLID WASTE DISPOSED, INCINERATED OR OTHERWISE TREATED

Facility Name:		Calendar Year of Report:	SW Management Facility ID#:
Did you operate in this calendar year?	Yes _____. If yes complete this form.	No _____. If no, answer the following questions, sign date and return. This completes your reporting obligation. When did you stop operations? _____ Do you plan to restart? No ___ Yes ___ When? ___	
<p>TABLES & REPORTS TO BE SUBMITTED:</p> <ul style="list-style-type: none"> Table 1A-VT for Vermont waste disposed on site or transferred for disposal. Table 1A-OS for waste received for disposal from others states/provinces. Table 1B for waste received from VT or from other states/provinces for use on-site in a landfill. Table 1C for Municipalities Served. Table 1D for leachate collected. Table 1E for landfill cover used Reports for any other activities at the site: Recycling (Table 2). Composting (Table 3). Vermont Solid Waste Franchise Tax Return- Vermont Disposal Facilities, with the exception of categorical disposal facilities, are subject to this tax which is paid to the Tax Department on a quarterly basis with submittal of a copy of the tax return to the Solid Waste Program. Attach documentation which reconciles the grand totals reported in Table 1A with the tons reported on the franchise tax return for the same reporting quarter if the two documents differ. 			

TABLE 1A-VT Vermont Waste Disposed								
Waste Type	WASTE CODE ¹	Amount Received					Destination	
		1st Quarter (Tons)	2nd Quarter (Tons)	3rd Quarter (Tons)	4th Quarter (Tons)	Total (Year)	Disposed On-Site (check off)	TRANSFERRED TO (list names)
MUNICIPAL SOLID WASTE	MS							
CONSTRUCTION & DEMOLITION WASTE	CD							
ASBESTOS WASTE	AW							
ASH	IA							
BULKY WASTES	BW							
CONTAMINATED SOIL	PC							
DEAD ANIMALS	DA							
HHW & CEG (HAZARDOUS WASTE)	HH							
INDUSTRIAL WASTE (LIST SEPARATELY)	IW							
MEDICAL WASTE	SI							
RECYCLING RESIDUALS	RC							
SLUDGE (PAPER)	PS							
SLUDGE (WWTP)	SS							
USED MOTOR OIL (TO BE BURNT)	UO							
WOOD WASTE	WW							
OTHER								
Grand Total (Tons) :								

¹ DEC Solid Waste Program data entry code.
 HHW- household hazardous waste, SQG - small quantity generator hazardous waste, WWTP - waste water treatment plant.
 Attach any other information/reports to this report which are required to be submitted by the facility certification.
 Expand any tables if needed.

TABLE 1A-OS								
Waste Disposed From Other States or Provinces								
			Amount Received					Destination
Waste Type ¹	WASTE CODE ¹	Where From? ²	1st Quarter (Tons)	2nd Quarter (Tons)	3rd Quarter (Tons)	4th Quarter (Tons)	Total (Year)	TRANSFERRED TO (list name)
Grand Total (Tons) :								

¹ Refer to Table 1A-VT for applicable waste type and waste code to insert in Table 1A-OS.

² ME - Maine, MA - Massachusetts, NH - New Hampshire, NY - New York, QC - Quebec

TABLE 1B								
Waste Used In Landfill								
Vermont Waste or From Other States or Provinces								
			Amount Received					
Waste Type	WASTE CODE	Where From? ¹	1st Quarter (Tons)	2nd Quarter (Tons)	3rd Quarter (Tons)	4th Quarter (Tons)	Total (Year)	TRANSFERRED TO (list name)
C & D WASTE, ground	CG							
CONTAMINATED SOIL	PC							
FOUNDRY SAND	FS							
SLUDGE (PAPER)	PS							
SLUDGE (WWTP)	SS							
WOOD WASTE, ground	WG							
OTHER	OT							
OTHER	OT							
Grand Total (Tons):								

¹ ME - Maine, MA - Massachusetts, NH - New Hampshire, NY - New York, QC - Quebec, VT - Vermont

TABLE 1C			
Municipalities Served			
Municipality ¹	MSW (Tons)	Other Waste (Tons)	Total Tons

¹ List each municipality (town or city) or Solid Waste District/Alliance served by the facility. If this facility serves just one municipality, please list it. Expand or attach longer list if needed.

TABLE 1D						
Leachate Collection System						
Tank	Amount Collected (Gallons)					Destination
	1st	2nd	3rd	4th	Total	Treatment/Disposal Facility

TABLE 1E		
Cover Material Used (VT landfills only)		
Cover Material Type	Description	Tons
Soil	soil	
Wastes Reported in Table 1B (approved Alternative Daily Cover)		
Other (specify)		
Other (specidfy)		

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