



SOLID WASTE TRANSFER STATION REPORT

TABLE 1 - SOLID WASTE TO BE DISPOSED, INCINERATED OR OTHER 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? ____	

TABLES & REPORTS TO BE SUBMITTED:

- Table 1A-VT for Vermont waste transferred for disposal or dispose on site.
- Table 1A-OS for waste received from others states/provinces.
- Table 1B for waste received from VT or from other states/provinces. which will be transferred for use in a landfill.
- Table 1C for Municipalities Served.
- Table 1D for leachate collected.
- Reports for any other activities at the site: Recycling (Table 2). Composting (Table 3).
- Vermont Solid Waste Franchise Tax Return- Any waste from your transfer station that is disposed in another state is subject to this tax which is paid to the Tax Department on a quarterly basis with submittal of a copy of the return to the Solid Waste Program. If a solid waste hauler pays the tax and submits the tax on your behalf, please list the name of the hauler: _____

TABLE 1A-VT Vermont Waste Disposed								
		Amount Received					Destination	
Waste Type	WASTE CODE ¹	1st Quarter (Tons)	2nd Quarter (Tons)	3rd Quarter (Tons)	4th Quarter (Tons)	Total (Year)	Disposed On-Site (check off)	Transferred To (list names) ⁴
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 ²	WW							
OTHER								
Grand Total (Tons) : ³								

¹ DEC Solid Waste Program data entry code.

² Categorical certification is required for on-site disposal of clean wood at transfer stations.

³ 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 this facility is required to report.

⁴ **IMPORTANT** - For each waste type, provide total tons for each destination separately.

HHW- household hazardous waste, CEG - conditionally exempt 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.

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

³ **IMPORTANT** - For each waste type, provide total tons for each destination separately.

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

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

² **IMPORTANT** - For each waste type, provide total tons for each destination separately.

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.

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

Certification: I hereby certify 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 Phone #	Email Address:

Submit to:
 Cathy A. Stacy, Certification and Compliance Section
 Solid Waste Management Program
 Waste Management Division
 103 South Main Street
 Waterbury, VT 05671-0404

