

**MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY  
NON-COMMERCIAL LANDFILL ANNUAL REPORTING FORM**

*(Two copies of this completed form and the related information should be submitted for each commercial landfill by no later than February 28th each year. The form should be completed and submitted even if the facility was inactive during the calendar year. Each form should be neatly printed or typewritten.)*

**FACILITY INFORMATION**

Facility Name: \_\_\_\_\_

Permittee Name: \_\_\_\_\_

Landfill Type (check one):     Industrial     Other    Permit # \_\_\_\_\_

Facility Physical Address: \_\_\_\_\_ County: \_\_\_\_\_

Facility Website (if available): \_\_\_\_\_

**Primary Facility Contact Person:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address 1: \_\_\_\_\_

Mailing Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Annual Report Contact Person (if different):**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address 1: \_\_\_\_\_

Mailing Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Period of Operation during Calendar Year: \_\_\_\_\_ to \_\_\_\_\_

**WASTE DISPOSAL INFORMATION\***

*\* For facilities that do not have access to weight scales, report the amounts of waste disposed in cubic yards and also in tons (converted from cubic yards). Also, attach a separate sheet indicating how these conversions were calculated.*

1. List the total amount of waste disposed at the facility by type. It is assumed that most non-commercial landfills in the state receive primarily non-residential waste, however state law requires landfills to report the amount of residential wastes disposed, if any.

TYPE	Residential	Non-Residential	Total
<b>Tons of waste disposed</b>			

2. List the individual counties from which wastes originated with a clear indication of those wastes originating from out-of-state communities, if applicable, and the total amount of waste received from each county or state.

County	State	Tons

County	State	Tons

**OTHER INFORMATION**

3. Please provide any other information if required by the annual reporting conditions of the solid waste management permit for your facility.

**REMAINING CAPACITY AND CONTOUR DRAWINGS**

4. Provide the estimated remaining capacity at the permitted landfill in terms of airspace.

AIRSPACE (cubic yards)	Constructed Cells	Unconstructed Cells	Facility Total
<b>Total Permitted</b>			
<b>Total Used</b>		<b>0.00</b>	
<b>Remaining (Permitted – Used)</b>			

5. Provide the estimated remaining life of the landfill in years. On a separate sheet, demonstrate how this remaining life was determined.

**Estimated Remaining Life: \_\_\_\_\_ years**

6. Attach an updated contour drawing of the landfill, depicting areas filled during the Calendar Year 2016 and total cumulative areas filled from the initial date of waste receipt through December 31, 2016.

**FINANCIAL ASSURANCE INFORMATION**

7. If applicable, the following information on financial assurance should be submitted by certain non-commercial landfill operators. Please check all items that are attached or indicate otherwise if not applicable to your operations. If you are unsure whether this applies to your landfill, please contact MDEQ.

- Updated and/or adjusted closure and post-closure cost estimates are attached
- An audit of the financial documents is attached
- An updated financial assurance mechanism is attached
- Not applicable

**CERTIFICATION**

To the best of my knowledge and belief, I certify that the information provided with this report, including attachments, is true, accurate, and correct.

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**Mail completed annual report to:**  
**MDEQ – Waste Division**  
**P. O. Box 2261, Jackson, MS 39225**  
**Phone: (601) 961-5171 Fax: (601) 961-5785 Email: tjones@mdeq.ms.gov**