MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY 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:					
Permittee Federal Employer ID	No. (EIN):				
Landfill Type (check one):	MSW	Non-MSW	Permit #		
Facility Physical Address:				County:	
Facility Website (if available):					
Primary Facility Contact Pers	on:		Annual Report C	Contact Person (if different):	
Name:			Name:		
Title:					
Mailing Address 1:				s 1:	
Mailing Address 2:			Mailing Address 2:		
City:	State:	Zip:		State: Zip:	
Phone:	Fax:		Phone:	Fax:	
Email:			Email:		
			Certificate #: LF-		
Period of Operation during Cal	endar 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 within the permitted disposal area by type and source.

ТҮРЕ	Residential	Non-Residential	Total	
Tons of waste disposed				
SOURCE	In-State	Out-of-State	Total	
Tons of waste disposed				

2. Also, please list the year the facility began receiving waste and the total amount of waste in place for the facility lifetime.

 Year Facility Opened:
 Total Waste in Place (facility lifetime):
 tons

3. Attach a separate sheet listing the individual counties from which wastes originated with a clear indication of those wastes originating from out-of-state communities and the total amount of waste disposed from each county or state. If your landfill received wastes from a transfer station, the source of that waste should be reported as the originating community and not the location of the transfer station.

Report Year: 2016

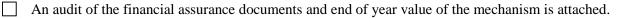
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	SEGREGATED WASTE	INFORMATION						
4.	List the total amount of materials segregated for recycling, re-use or other management purposes. (These are materials managed at the site that were <u>not</u> placed for disposal within the landfill.)							
	Total tons segregated for recycling, re-use, or other management:tons							
5.	Please indicate what materials were segregated and if known, estimate the amount of each type of material segregated.							
	Concrete/brick (tons)							
	Vegetative debris (tons) Tires (tires /tons)							
	Metals (tons)	gles (tons)						
	Electronic waste (tons)							
	REMAINING CAPACITY AND	CONTOUR DRAWINGS	5					
6.	Provide the estimated remaining capacity at the permitted land	Ifill in terms of airspace.						
	AIRSPACE (cubic yards) Constructed Cells	Unconstructed Cells	Facility Total					
	Total Permitted							
	Total Used	0.00						
	Remaining (Permitted – Used)							
7.	 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							
8. 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.								
	LANDFILL GAS CO	DLLECTION						
9.	9. Does the landfill have a gas collection system in place? Yes No							
10. If available, please provide the amount of landfill gas collected or generated during the Calendar Year in millions of standard cubic feet per day (mmscfd) or other specified units.								
	Amount of LFG collected generated: mmscfd other unit (specify)							
DISCLOSURE INFORMATION								
11	 If the owner or contract operator of the landfill is a private constrained disclosure information must be provided on the MDEC webpage). Only those pages that are modified or added must an updated disclosure form is attached with this report. An updated disclosure form has been submitted separt. I hereby certify that the no changes have been made to a line be certify that no disclosure statement is needed. 	<u>Q Disclosure Form</u> (available be submitted. Please check th ort for the owner contr rately to MDEQ for the or to disclosure statement alread	on the solid waste reporting ne applicable statement: act operator. wner contract operator. ly on file with MDEQ.					

Report Year: 2016

FINANCIAL ASSURANCE INFORMATION

12. The following information on financial assurance should be submitted by landfill operators. Please check all items that are attached or indicate otherwise if not applicable to your operations.

An updated and/or adjusted closure and post-closure cost estimates are attached.



A modified financial assurance document is attached.

Note: An explanation should be included, if one of the above is not attached.

OTHER INFORMATION

13. Attach other information that may be required by the conditions of the solid waste management permit for the facility. This may include information such operator information, groundwater and/or gas monitoring reports, etc.

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

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