

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 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: _____

Certified Operator(s) Name: _____ Certificate #: LF-_____

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 within the permitted disposal area by type and source.

TYPE	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.

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 not 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)
- Cardboard (____ tons)
- Vegetative debris (____ tons)
- Tires (____ tires / tons)
- Metals (____ tons)
- Asphalt shingles (____ tons)
- Electronic waste (____ tons)
- Other, specify: _____ (____ tons)

REMAINING CAPACITY AND CONTOUR DRAWINGS

6. Provide the estimated remaining capacity at the permitted landfill 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 COLLECTION

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 concern, an updated disclosure statement is **required**. The updated disclosure information must be provided on the [MDEQ Disclosure Form](#) (available on the solid waste reporting webpage). Only those pages that are modified or added must be submitted. Please check the applicable statement:

- An updated disclosure form is attached with this report for the owner contract operator.
- An updated disclosure form has been submitted separately to MDEQ for the owner contract operator.
- I hereby certify that the no changes have been made to disclosure statement already on file with MDEQ.
- I hereby certify that no disclosure statement is needed because the owner and operator is a public agency.

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.
- An audit of the financial assurance documents and end of year value of the mechanism is 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:

MDEQ – Waste Division

P. O. Box 2261, Jackson, MS 39225

Phone: (601) 961-5171 Fax: (601) 961-5785 Email: tjones@mdeq.ms.gov