

## MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY SOLID WASTE PROCESSING FACILITY 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: \_\_\_\_\_ Permit # \_\_\_\_\_

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

Waste Type (check all that apply):       MSW     Medical Waste     Wood wastes     C&D  
 Other (specify): \_\_\_\_\_

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 \_\_\_\_\_

### PROCESSED WASTE INFORMATION\*

*\* For facilities that do not have access to weight scales, report the amounts of waste received 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 processed at the facility by source in tons.

SOURCE	In-State	Out-of-State	Total
<b>Tons of waste processed</b>			

2. In the spaces provided below or on a separate sheet if necessary, list the source of waste processed by county and state of origin and indicate the total amount of waste received from each county/state in tons.

County	State	Tons

County	State	Tons

3. List the total amount of material processed for disposal or processed for recycling/reuse/other management.

PROCESSED	for Disposal	for Recycling/Reuse	Total
Tons of waste			

4. For processing facilities which managed materials for disposal, please list the solid waste disposal or other solid waste management site(s) where the waste materials were sent for final disposal after processing and the total tons sent to each site. Processing facilities that produce a product for sale or distribution, such as mulch, may provide only location and total tonnage information for where materials were distributed.

Name of Disposal/Management Site	Location (State)	Total Tons

**OTHER INFORMATION**

5. Attach other information that may be required the conditions of the solid waste management permit for the facility. Such information may include QA/QC reports, required analytical testing, or other required submittals.

Other required information is attached?  Yes  No

**DISCLOSURE INFORMATION**

6. If the **owner or contract operator** of the processing facility 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.

**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: cselman@mdeq.ms.gov**