

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY SOLID WASTE TRANSFER STATION 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 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 _____

WASTE MANAGEMENT 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 managed at the facility by source in tons.

| SOURCE | In-State | Out-of-State | Total |
|------------------------------|----------|--------------|-------|
| Tons of waste managed | | | |

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

| County | State | Tons |
|--------|-------|------|
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| | | |
| | | |
| | | |

| County | State | Tons |
|--------|-------|------|
| | | |
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| | | |
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| | | |

3. List the solid waste site(s) where waste materials were sent for final disposal or other management/end use and the total tons sent to each site.

| Name of Disposal/Management Site | Location (City/County/State) | Total Tons |
|----------------------------------|------------------------------|------------|
| | | |
| | | |
| | | |
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| | | |

SEGREGATED WASTE INFORMATION

4. If applicable, solid waste transfer stations are asked to report on the quantity of waste managed by methods other than disposal. List the total amount of materials segregated for recycling or other management purposes and were not sent to a disposal facility.

_____ **total tons segregated for recycling or other management**

5. Please indicate what materials were segregated and if known, estimate the amount of each type of material segregated.

- | | |
|--|--|
| <input type="checkbox"/> Concrete/brick (____ tons) | <input type="checkbox"/> Cardboard (____ tons) |
| <input type="checkbox"/> Vegetative debris (____ tons) | <input type="checkbox"/> Tires (____ <input type="checkbox"/> tires / <input type="checkbox"/> tons) |
| <input type="checkbox"/> Metals (____ tons) | <input type="checkbox"/> Other, specify: _____ (____ tons) |
| <input type="checkbox"/> Electronic waste (____ tons) | <input type="checkbox"/> Other, specify: _____ (____ tons) |

DISCLOSURE INFORMATION

6. If the **owner or contract operator** of the transfer station 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