

UNAUTHORIZED DUMP CLEAN-UP SUPPLEMENTAL REPORTING FORM TO THE SOLID WASTE ASSISTANCE GRANT PAYMENT REQUEST

COUNTY/CITY NAME _____ DATE(S) OF CLEAN-UP _____

DUMP SITE LOCATION _____

EQUIPMENT COST

TRUCK/EQUIPMENT USED:	NO. OF HOURS	RATE PER HOUR	TOTAL
TOTAL EQUIPMENT COSTS:			

PERSONNEL COST

EMPLOYEE NAME:	HOURS WORKED	RATE PER HOUR	TOTAL
TOTAL LABOR COSTS:			

DISPOSAL COST

TONS/CU YDS DUMPED	RATE PER TON/CU YDS	TOTAL DISPOSAL COST
TOTAL CLEAN-UP COST:		

LANDFILLS/RUBBISH FACILITIES USED FOR DISPOSAL OF WASTES: _____

CLEAN-UP AUTHORIZED/APPROVED BY: _____

TITLE: _____