Report Year: 2017

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY NON-COMMERCIAL RUBBISH SITE ANNUAL REPORTING FORM

(Two copies of this completed form and the related information should be submitted for each commercial rubbish site 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:									
Facility Type:	Class II Per	mit/Certific	ate #:						
Facility Physical Address:			County:						
Facility Website (if available):									
Primary Facility Contact Person:	Annual	Annual Report Contact Person (if different):							
Name:	_ Name:	Name:							
Title:		Title:							
Mailing Address 1:	_ Mailing	Mailing Address 1:							
Mailing Address 2:	_ Mailing	Mailing Address 2:							
City: State: Zip:									
Phone: Fax:				Fax:					
Email:		_ Email:							
Period of Operation during Calendar	Year:		to						
	WASTE DISPOSA	AL INFOR	MATION						
1. List the total amount of waste disin the state receive primarily in-st wastes disposed, if any.	ate wastes; however s		uires rubbish to repo	rt the amount o	of out-of-state				
SOURCE	In-State		Out-of-State		Total				
Tons of waste disposed									
2. List the individual counties from which wastes originated with a clear indication of those wastes originating from out- of-state communities, if applicable, and the total amount of waste received from each county or state.									
County State	Tons		County	State	Tons				
3. State law requires that each load box below that most accurately de					tons. Check the				
☐ Weight Scales. The scale	s used are located \Box	on-site 🗌 o	ff-site.						
Converted each load from	cubic yards using MI	DEQ conver	sion factors. (See nu	mber 4)					
Other; did not convert each	h load or used an alter	nate conver	rsion factor(s). (See r	number 4)					
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4.	For those facilities that did not use weight scales and calculated tonnage by conversion, please describe the manne which tonnage was determined in the space below or on attached sheets. Sample calculations and an indication of e conversion factor used should be provided.							
		REMAINING CA	PACITY AND LIFE	ESTIMATES				
5.	Provide an	Provide an estimate of the remaining unused, permitted disposal capacity of the rubbish site in acres and cubic yards.						
		Remaining Capacity	Acres	Cubic Yards				
		Permitted						
		Used						
		Remaining (Permitted – Used)						
6.	Provide the	e estimated remaining life of the rubbi	sh site in years.					
		Estimated F	Remaining Life:	_ years				
	In the space	e provided below describe how this re	emaining life estimate	was determined:				
		C	ERTIFICATION					
	the best of r	my knowledge and belief, I certify that and correct.	at the information pro	vided with this report, includi	ng attachments, is			
Na	nme (print): _		Г	Date:				
Si	gnature:		Τ	Citle:				

Mail completed annual report to:

MDEQ – Waste Division
P.O. Box 2261, Jackson, MS, 39225

P.O. Box 2261, Jackson, MS 39225 Phone: (601) 961-5171 Fax: (601) 961-5785 Email: cselman@mdeq.ms.gov