



INERT WASTE FACILITY ANNUAL REPORT
 NORTH DAKOTA DEPARTMENT OF HEALTH
 DIVISION OF WASTE MANAGEMENT
 SFN 53326 (01/2017)

Telephone: 701.328.5166
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 Website: www.ndhealth.gov/wm

1. Facility Information

Facility Name:		Owner/Operator Name:		Telephone Number:
Facility Mailing Address:		City:	State:	ZIP Code:
Facility Location Address:		Email Address:		Permit Number:

2. Calendar Period covered by Report (use Jan 1-Dec 31; reports are due on March 1)

From Month:	To Month:	Year:
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**3. Annual Quantity of each Waste Category Received (Use monthly total logs):
 PLEASE INDICATE IF AMOUNT IS IN TONS(T), CUBIC YARDS(YDS), OR UNITS(U)!**

Month	Yard Waste T/YDS	White Goods T/U	Concrete/Asphalt T/YDS	Burnable T/YDS	Tires T/YDS/U	Other T/YDS/U
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
TOTALS:						

4. Explain Any Occurrences of Noncompliance:

5. Discuss Any Construction or Closure Activities:

OPTIONAL ANNUAL INFORMATION:

Inclusion of the following information may or may not be required by your permit, but reporting where possible is encouraged. The inclusion of this information helps the Department more accurately track current waste trends in the state. Occasionally, this information is requested by the public, survey groups and other state and federal agencies. Any information your facility can volunteer is greatly appreciated.

6. Waste Flow:

Amount of inert waste annually **imported** from out-of-state (indicate tons or cubic yards): _____

Source of inert waste annually **imported** (indicate state(s) waste was generated from): _____

7. Composting (if applicable):

Amount of compostable material **added** to the composting unit (indicate tons or cubic yards, if unknown say yes): _____

Amount of finished compost material **removed** from composting unit (indicate tons or cubic yards, if unknown say yes): _____

8. Recycling (if applicable):

Only include amount that was **removed for recycling or reuse** from the corresponding unit at the facility.

PLEASE INDICATE IF AMOUNT IS IN TONS(T), CUBIC YARDS(YDS), OR UNITS(U)!

Concrete/Asphalt	_____	(T/YDS)
Wood Waste	_____	(T/YDS)
Trees/Branches	_____	(T/YDS)
Tires	_____	(T/YDS/U)
Electronics	_____	(T/U)
Scrap Metal	_____	(T/YDS)
Other (see below)	_____	(T/YDS/U)

Please list any other materials your facility has recycled over this annual report period and amounts (if possible):

9. Landfill Capacity:

Estimated capacity of total cubic yards remaining for permitted disposal area: _____

10. Operations:

Average tipping fee for inert waste (\$/ton): _____

11. Name, Date, and Signature of Preparer:

Print Name:	Date (month/day/year):	Signature:
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