



INERT WASTE FACILITY ANNUAL REPORT
 NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY
 DIVISION OF WASTE MANAGEMENT
 SFN 53326 (01-2022)

Telephone: 701.328.5166
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 Website: <https://deq.nd.gov/WM>

Please complete and sign.

Clear Fields

1. FACILITY INFORMATION

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

2. CALENDAR PERIOD COVERED BY REPORT (use January 1-December 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)

Indicate if amount is in Tons(T), Cubic Yards(YDS), or Units(U)

Month	Yard Waste <input type="checkbox"/> T <input type="checkbox"/> YDS	White Goods <input type="checkbox"/> T <input type="checkbox"/> U	Concrete/Asphalt <input type="checkbox"/> T <input type="checkbox"/> YDS	Burnable <input type="checkbox"/> T <input type="checkbox"/> YDS	Tires <input type="checkbox"/> T <input type="checkbox"/> YDS <input type="checkbox"/> U	Other <input type="checkbox"/> T <input type="checkbox"/> YDS <input type="checkbox"/> U
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
TOTALS						

4. NONCOMPLIANCE

Explain Any Occurrences of Noncompliance

5. CONSTRUCTION OR CLOSURE

Discuss Any Construction or Closure Activities

6. NAME, DATE, AND SIGNATURE OF PREPARER:

Signature	Date
Printed Name	

OPTIONAL ANNUAL INFORMATION BELOW:

Amount of Inert Waste Annually **Imported** from Out-of-State (indicate tons or cubic yards)

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.

1. WASTE FLOW

Amount of Inert Waste Annually Imported from Out-of-State (indicate tons or cubic yards) <input type="checkbox"/> T <input type="checkbox"/> YDS
Source of Inert Waste Annually Imported (indicate state(s) waste was generated from)

2. COMPOSTING (if applicable)

Amount of Compostable Material Added to the Composting Unit (indicate tons or cubic yards) <input type="checkbox"/> T <input type="checkbox"/> YDS	<input type="checkbox"/> Unknown
Amount of Finished Compost Material Removed from Composting Unit (indicate tons or cubic yards) <input type="checkbox"/> T <input type="checkbox"/> YDS	<input type="checkbox"/> Unknown

3. RECYCLING (if applicable)

Only include amount that was **removed for recycling or reuse** from the corresponding unit at the facility.
Indicate if amount is in Tons(T), Cubic Yards(YDS), or Units(U)

Material	Amount		Material	Amount	
Concrete/Asphalt		<input type="checkbox"/> T <input type="checkbox"/> YDS	Tires		<input type="checkbox"/> T <input type="checkbox"/> YDS <input type="checkbox"/> U
Wood Waste		<input type="checkbox"/> T <input type="checkbox"/> YDS	Electronics		<input type="checkbox"/> T <input type="checkbox"/> U
Trees/Branches		<input type="checkbox"/> T <input type="checkbox"/> YDS	Scrap Metal		<input type="checkbox"/> T <input type="checkbox"/> YDS
Other (see below)		<input type="checkbox"/> T <input type="checkbox"/> YDS <input type="checkbox"/> U			

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

4. LANDFILL CAPACITY

Estimated Capacity of Total Cubic Yards Remaining for Permitted Disposal Area

5. OPERATIONS

Average Tipping Fee For Inert Waste (\$/Ton)

Send completed form to:
North Dakota Department of Environmental Quality
Division of Waste Management
4201 Normandy Street
Bismarck, ND 58503-1324