# SPECIAL WASTE RECEIVING FACILITY ANNUAL REPORT FORM

	REPORTING YEAR: DATE:
Spe	cial Waste Identification Number:
-	npany Name:
	ing Address:
Phys	sical Address:
1.	Shipping description of each special waste load received for the reporting year (i.e. container type: roll-off bin, covered truck, railcar):
2.	Indicate the type and total volume or weight of special waste received for the reporting year. Please identify the units of measure in cubic yards (yds 3); pounds (lbs); gallons (gal); or tons (tons).
	Shredder Residue:
	Petroleum Contaminated Soil:
3.	Describe all methods and practices implemented to treat, store or dispose of each type of special waste received. (Attach any additional information to this form.)

## SPECIAL WASTE RECEIVING FACILITY ANNUAL REPORT FORM CONTINUED

	Reporting Year:		
4.	Utilizing the space below and the following page of this form, state the name, address, location and telephone number of each generator from which waste was received for the reporting year. For each generator, indicate the amount of each type of special waste that was received from the generator. Please provide an attachment for any additional generators from which special waste was received.		
Gene	erator Facility 1:		
Mailir	ng Address:		
Physi (locati	ical Address:		
Telep	phone Number:		
	ate the type and volume or weight of special waste transported for the reporting year. Please identify the of measure in cubic yards (yds 3); pounds (lbs ); gallons (gal); or tons (tons).  Shredder Residue:  Petroleum Contaminated Soil:		
Gene	erator Facility 2:		
Mailir	ng Address:		
Physi (locat	ical Address:		
Telep	phone Number:		
	ate the type and volume or weight of special waste transported for the reporting year. Please identify the of measure in cubic yards (yds 3); pounds (lbs ); gallons (gal); or tons (tons).  Shredder Residue:		
	Petroleum Contaminated Soil:		

# SPECIAL WASTE RECEIVING FACILITY ANNUAL REPORT FORM CONTINUED

Reporting fear:				
Generator Facility 3:				
Mailing Address:				
Physical Address: (location)				
Telephone Number:				
	ne or weight of special waste transported for the reporting year. rards (yds 3); pounds (lbs ); gallons (gal); or tons (tons).	Please identify the		
Petroleum	Contaminated Soil:			
Generator Facility 4:				
Mailing Address:				
Physical Address: (location)				
Telephone Number:				
	ne or weight of special waste transported for the reporting year. rards (yds 3); pounds (lbs ); gallons (gal); or tons (tons).	Please identify the		
Petroleum	Contaminated Soil:			

# ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY SOLID WASTE SECTION INSPECTION AND COMPLIANCE UNIT 1110 WEST WASHINGTON STREET PHOENIX, ARIZONA 85007

#### SPECIAL WASTE ANNUAL REPORT FORMS

### **DIRECTIONS:**

- 1. Any person required to submit an annual report for special waste in accordance with Arizona Revised Statutes (A.R.S.) §49-860 shall submit all applicable information by March 1st of each year for all special waste shipped the preceding year. The following are required to submit a special waste annual report:
  - a. A shipper required to comply with the special waste manifesting procedures.
  - b. A facility or person that receives from off site a special waste for treatment, storage or disposal.
  - c. A generator who treats, stores or disposes of special waste. However, ADEQ requests that all generators submit a special waste annual report in order to facilitate the record keeping process.
- 2. The purpose of this form is to assist generators, transporters, and receiving facilities who handle special waste, with a structured reporting format for the preparation of annual reports. The use of this form for annual reporting is encouraged, but not necessary to satisfy annual reporting requirements.
- 3. Upon completion, submit this form (attach any additional information to this form), or any documentation which satisfies the requirements as set forth in A.R.S. §49-860, to the following address by March 1st for the preceding year:

Arizona Department of Environmental Quality Solid Waste Inspection and Compliance Unit 1110 West Washington Street Phoenix, Arizona 85007

Attention: Jaclyn M. Palermo, Unit Supervisor

Telephone: (602) 771-4103 or 1-800-234-5677, Ext. 771-4103