



July 1, \_\_\_\_\_ thru June 30, \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

Site Identification Number \_\_\_\_\_

Permit Number \_\_\_\_\_

10. Provide all calculations used to compute quantity (expressed in wet weight tons and dry-weight tons) of solid waste received at the facility.

11. CERTIFICATION: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and based on my inquiry of those individuals immediately responsible for obtaining the information; I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name and Title \_\_\_\_\_

Print or type the name and title of the person signing the form

**DETAILED INSTRUCTIONS FOR THE ANNUAL REPORT FOR BENEFICIAL USE FACILITIES**

The annual report for beneficial-use facilities covers activities for the period beginning July 1<sup>st</sup> and ending June 30<sup>th</sup> of each year. This report shall be submitted by August 1<sup>st</sup> following the end of each reporting year.

**Note:** This version of the form should be completed. Please do not edit, revise, or otherwise alter this form. Do not submit your own variation of this form. Any incorrect forms submitted will be considered incomplete and returned to the facility. All of the following information must be included. If any section is left blank, then the report will be considered incomplete and may be returned to the facility. Questions regarding the form may be directed to the Waste Permits Division at 225-219-3388.

1. Identification Number: Indicate the identification number that has been assigned to the site by the Administrative Authority. Also, enter the year in which the report applies.
2. Permit Number: Enter the permit number for the facility in which this report applies. **Each individual permitted facility is to be reported on a separate form.**
3. Agency Interest Number: Indicate the facility identification number that has been assigned to the generator by the Administrative Authority.
4. Name of Permit Holder: Enter the name in which the permit has been issued.
5. Name of Facility: Enter the name of the facility for which this report applies.
6. Mailing Address: Enter the mailing address for the facility, the parish location, the latitude (in degrees, minutes, seconds), the longitude (in degrees, minutes, seconds), and the datum used to obtain the latitude and longitude.
7. Contact: Enter the name of the person knowledgeable of the information submitted on the report and his/her telephone number.
8. Summary of solid waste received: Amounts expressed in this report must be done so in wet-weight tons and dry-weight tons/year. **No other methods of reporting will be accepted.**

(A) Waste Number: Enter the seven-digit waste number assigned by the Administrative Authority or the two-digit number that applies.

01	Residential	08	Underground Storage Tank Corrective Action Waste
02	Commercial	09	Agricultural Waste
03	Trash	10	Stable
04	Woodwastes	11	Infectious Waste
05	Const/Demolition Debris	12	Friable Asbestos
06	Incinerator	13	Other, also specify name
07	Domestic Sewage Sludge		

(B) Wet-weight Tons: Enter amounts of waste received by wet-weight tons. Total all wastes received and enter total at the bottom of that column.

(C) Dry-weight Tons: Enter amounts of waste received by dry-weight tons. Total all wastes received and enter total at the bottom of the column.

**Note:** If additional sheets are required, please put your identification number and the date on each sheet. Also, add up amount reported on all pages and put the total in the TOTAL box on the **first page only.**

9. Estimate the remaining permitted capacity in wet-weight tons. Estimate the life of the facility in months and based on the permitted capacity of the facility.
10. Provide all calculations used to compute quantities of wastes.
11. Certification by Signature: The facility's legally authorized representative for the site operations should sign the form. Print or type the date, the name and the title of the person signing this form.