July 1,  thru June 30,

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| Department of Environmental Quality  Office of Environmental Services  P.O. Box 4313  Baton Rouge, LA 70821-4313  (225) 219-3070 | **Solid Waste**  **Non Processing Transfer Station Annual Recycling Report**  **(LAC 33:VII. 508)** | deq_sublogo |
| Enter the amount recycled in wet-weight tons ONLY. Provide all calculations used to compute the quantity of solid waste received at the facility and shipped off site. Attach additional pages of sheet 2 if needed.  **This report is to be submitted to the address above no later than August 1 following the end of each reporting year. Failure to submit this report on or before August 1 following the end of each reporting year is a violation of LAC 33:VII.Subpart 1, and may result in enforcement action by the Department under the authority granted by the Louisiana Environmental Quality Act (the Act), La. R.S. 30:2001, et seq., and particularly by La. R.S. 30:2025(C), 30:2050.2 and 30:2050.3(B). The Department reserves the right to seek civil penalties in any manner allowed by law for each violation.**  **PLEASE TYPE OR PRINT** | | |

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| *Facility Name* | | | *Agency Interest (AI) Number* | | | *Site Identification Number* | | |
| *Business Mailing Address* | *City* | | | *State* | | | *Zip Code* | |
| *Business Contact* | | *Business Phone Number* | | | | | | |
| *Business Physical Address* | | *City* | | | *State* | | | *Zip Code* |
| *GPS Coordinates (in decimal degrees. Latitude:       Longitude:* | | | | | | | | |

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| **Material** | **Quantity Recycled**  **(Wet-Weight Tons)** | **Persons Receiving Material for Reuse/Recycling** |
| Recyclable Paper |  | Name |
| Recyclable Wood |  | Address |
| Recyclable Glass |  | Contact Person |
| Mixed Rigid Plastics |  | Telephone |
| Ferrous & non-ferrous metal materials |  | Received for:  Reuse  Recycling |
| Other |  | **Total Sent Off-Site** |

|  |  |  |
| --- | --- | --- |
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| Other |  | **Total Sent Off-Site** |

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| 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 |