



# Material Recovery Facility Report

**Due January 31st for the previous year data**

Mail to:

Department of Environmental Quality  
 Materials Management  
 700 NE Multnomah St., Suite #600  
 Portland, OR 97232

This is the DEQ-approved form for reporting solid waste received at permitted material recovery facilities. Do not include on this form source-separated materials that are recycled or used for other beneficial purposes.

**Indicate whether the waste is measured in cubic yards or tons, by circling either Yds or Tons at the top of each column.**

*If you have any questions concerning the use of this form, please call DEQ at 503-229-5409 or email [sw.feereporting@deq.state.or.us](mailto:sw.feereporting@deq.state.or.us)*

**Facility Name:** \_\_\_\_\_ **SW Permit No.:** \_\_\_\_\_ **Calendar Year:** \_\_\_\_\_

	Incoming	Recovered	Inerts	Residual Waste Disposed		
	Incoming Mixed Solid Waste	Salvage or Recyclables Removed	Inerts Disposed	To Facility 1	To Facility 2	To Facility 3
Month	Yds Tons	Yds Tons	Yds Tons	Yds Tons	Yds Tons	Yds Tons
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
Total	-	-	-	-	-	-

I certify that I am familiar with the information contained in this report and that to the best of my knowledge such information is true, complete, and accurate.

Disposal sites where waste is shipped:

\_\_\_\_\_  
 Name (print) Facility 1 \_\_\_\_\_

\_\_\_\_\_  
 Signature Date Facility 2 \_\_\_\_\_

\_\_\_\_\_  
 Telephone (include area code) Facility 3 \_\_\_\_\_

\_\_\_\_\_  
 Email