



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 503-229-6434 or email sw.feereporting@deq.oregon.gov

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