



# Solid Waste Transfer Report

Due January 31st of each year

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 transfer facilities. Do **NOT** include source separated materials that are recycled or used for other beneficial purposes on this form.

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

Please note that Private Vehicles are self-haul customers such as individuals, contractors, or businesses.

*If you have any questions concerning the use of this form, please call the Department at 503-229-6434 or email:*

*sw.feereporting@deq.oregon.gov*

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

	----- Incoming Waste -----			----- Outgoing Waste -----		
	Franchised and Licensed Waste Haulers		Private Vehicles (See definition above)	Amount Shipped Off Site		
	Compacted	Uncompacted (Loose Drop Box)		To Facility 1	To Facility 2	To Facility 3
<b>Month</b>	Yards / Tons Circle One	Yards / Tons Circle One	Yards / Tons Circle One	Yards / Tons Circle One	Yards / Tons Circle One	Yards / Tons Circle One
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
<b>Total</b>	-	-	-	-	-	-

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.

\_\_\_\_\_  
 Name (print)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Email address

Disposal sites where waste is shipped:

Facility 1 \_\_\_\_\_

Facility 2 \_\_\_\_\_

Facility 3 \_\_\_\_\_

Facility 4 \_\_\_\_\_