



ENERGY AND ENVIRONMENT CABINET

DEPARTMENT FOR ENVIRONMENTAL PROTECTION
 DIVISION OF WASTE MANAGEMENT
 200 FAIR OAKS, 2ND FLOOR
 FRANKFORT, KY 40601
 TELEPHONE NUMBER (502) 564-6716

**Special Waste Landfill
 Waste Quantity Report Form
 DEP 7042S**

Site Name: Give the official name of the landfill as it appears on the landfill operating permit.

Permit Number: Give the eight digit number assigned to the landfill site as it appears on the operating permit.

Generator Name and Address: The name and address for each generator (if not on-site). A separate form is required for each generator.

Waste Name: The waste name as it appears in the approved plans.

Conversion Factor: If you track the waste disposed of in cubic yards, yards, barrels, etc. (anything other than tons) you must convert that number to tons before submitting records to this office. The number shall be carried to two decimal places. These factors are to be established on a case-by-case basis.

Quantity Disposed: There should be three monthly totals for each waste stream disposed of at the landfill. Please skip a line or draw a thick line between each waste stream's information.

Quarterly Total: This number should represent the total tons of all waste received by the landfill during the quarter.

Waste stream Description: The way you describe the waste stream in the permit application submitted to this office

Submission: Submit the original of this form and the attached certification statement to the above address on the following schedule.

Quarter	Months covered	Due Date
1 st	January, February, March	April 15
2 nd	April, May, June	July 15
3 rd	July, August, September	October 15
4 th	October, November, December	January 15

RE: _____ QUARTER 19 _____

SITE NAME

COUNTY

PERMIT/REGISTRATION NO.

INDICATE QUARTERLY WASTE QUANTITY REPORTS, SURFACE/
GROUNDWATER TEST RESULTS, ETC.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for such violations.

SIGNATURE DATE

This "certification clause" shall be signed by the responsible person(s) described in and required by 401 KAR 45:030, Section 10. This "clause" may be incorporated into a cover letter and attached to this submission. This clause shall accompany every report/application submitted to this office.

RE: _____ QUARTER 19 _____

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