



ENERGY AND ENVIRONMENT CABINET

DEPARTMENT FOR ENVIRONMENTAL PROTECTION  
DIVISION OF WASTE MANAGEMENT  
SOLID WASTE BRANCH  
200 FAIR OAKS LANE  
FRANKFORT, KENTUCKY 40601  
TELEPHONE NUMBER 502-564-6716

## **QUARTERLY WASTE QUANTITY REPORT**

DEP 7046-Q (Revised 11/08)

Any permit who knowingly provides false information in any document filed or required to be maintained under KRS Chapter 224 shall be guilty of a Class D felony and upon conviction thereof shall be punished by a fine not to exceed twenty-five thousand dollars (\$25,000), by imprisonment for a term of not less than one year and not more than five years, or both by fine and imprisonment.

The EEC does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in the employment or provision of services. Upon request, the EEC will provide reasonable accommodations including auxiliary aids and services necessary to afford individuals with disabilities an equal opportunity to participate in programs and activities. To request an alternate format for this application, contact the Solid Waste Branch at 502-564-6716.

## Instructions: DEP Form 7046-Q

The QUARTERLY WASTE QUANTITY REPORT, DEP 7046-Q is an accumulation of three (3) MONTHLY TOTALS. Complete this report for each permitted landfill indicating:

**SITE NAME:** The official name of the facility as it appears on the landfill's operational permit or acceptance letter.

**PERMIT NUMBER:** The eight (8)-digit number assigned to the facility.

**AGENCY INTEREST NUMBER:** The number assigned to the facility.

Contact the Solid Waste Branch at 502-564-6716 if you do not know your Agency Interest number.

**TYPE OF WASTE PLACED:** Tonnage for each waste type received at the facility. Waste types are defined as:

- **MUNICIPAL SOLID WASTE:** Household and commercial solid wastes. Includes construction/demolition debris waste.
- **INDUSTRIAL WASTE:** Waste generated by manufacturing or industrial processes that is not a hazardous waste or a special waste as designated by KRS 224.50-760.
- **SPECIAL WASTE:** Utility wastes (*e.g.*, fly ash, bottom ash, scrubber sludge), sludge from water treatment facilities and waste water treatment facilities and other wastes as designated by the cabinet.
- **CONSTRUCTION/DEMOLITION DEBRIS WASTE:** Waste which results from the construction, remodeling, repair, and demolition of structures and roads, and for the disposal of uncontaminated solid waste consisting of vegetation from land clearing and grubbing, utility line maintenance, and seasonal and storm-related cleanup.

**WASTE USED AS ALTERNATE COVER:** The amount of waste used as alternate daily or weekly cover. Only waste specifically approved by the Cabinet may be used as alternate daily or weekly cover.

**TOTAL FOR THIS PAGE:** The total of each column for this page only.

**GRAND TOTAL OF ALL PAGES:** The total of each column for all pages of this report.

**GRAND TOTAL OF MUNICIPAL, INDUSTRIAL AND SPECIAL COMBINED:** Indicate the total amount of municipal, industrial and special waste combined for this report. This total should not include any waste reported as used for alternate daily or weekly cover.

**SUBMISSION:** Submit all pages of the forms, with an original signature on each page, to the address below. No copies of this report need to be submitted. Please complete all information before submitting your report to this office for review. Please submit this report separately from any other required reports. Quarterly Reports shall be submitted on the following schedule:

<u>QUARTER</u>	<u>MONTHS COVERED</u>	<u>DUE DATE</u>
1 <sup>st</sup>	January, February, March	April 15 <sup>th</sup>
2 <sup>nd</sup>	April, May, June	July 15 <sup>th</sup>
3 <sup>rd</sup>	July, August, September	October 15 <sup>th</sup>
4 <sup>th</sup>	October, November, December	January 15 <sup>th</sup>

*Division of Waste Management  
Solid Waste Branch  
200 Fair Oaks Lane  
Frankfort, KY 40601  
502-564-6716*

**PLEASE TYPE OR PRINT LEGIBLY**

**CONSTRUCTION/DEMOLITION DEBRIS LANDFILL (GREATER THAN 1 ACRE)**

**Facility Name:** \_\_\_\_\_

**Permit Number:** \_\_\_\_\_

**County where landfill is located:** \_\_\_\_\_

**Agency Interest Number:** \_\_\_\_\_

**Report for the Months of:** \_\_\_\_\_

**For the Year of:** \_\_\_\_\_

Waste Source (County and State)	Type of Waste			**Waste Used as Alternate Weekly Cover As Approved (Tons Only)
	*Construction/ Demolition Debris Waste (Tons Only)	*Industrial Waste As Approved (Tons Only)	*Special Waste As Approved (Tons Only)	
<b>Total for this page</b>				
<b>Grand Total of all pages</b>				

**\*Grand Total of CDD, Industrial and Special from all pages**

\*Does not include waste used as Alternate Weekly Cover.  
 \*\*Indicate the amount of waste used as Alternate Weekly Cover. Please note this requires prior approval by the Cabinet.

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:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Name - Please Print:** \_\_\_\_\_

**Date:** \_\_\_\_\_



Department for Environmental Protection / Division of Waste Management / Solid Waste Branch  
 Quarterly Waste Quantity Report - DEP 7046-Q (Revised 2-05)

Page \_\_\_\_\_ of \_\_\_\_\_

**LESS THAN 1 ACRE CONSTRUCTION/DEMOLITION DEBRIS LANDFILL**

Facility Name: \_\_\_\_\_

Permit Number: \_\_\_\_\_

County where landfill is located: \_\_\_\_\_

Agency Interest Number: \_\_\_\_\_

Report for the Months of: \_\_\_\_\_

For the Year of: \_\_\_\_\_

Waste Source (County and State)	Construction/Demolition Debris Waste (Tons Only)
<b>Total for this page</b>	

**Grand Total of all pages**

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: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name - Please Print: \_\_\_\_\_

Date: \_\_\_\_\_

This Certification clause shall be signed by the responsible person(s) described in 401 KAR 47:160, Section 6(1), and/or (2) and is required by 401 KAR 47:160, Section 6(4).



Department for Environmental Protection / Division of Waste Management / Solid Waste Branch  
Quarterly Waste Quantity Report - DEP 7046-Q (Revised 2-05)

Page \_\_\_\_\_ of \_\_\_\_\_

**WASTE ACTIVITY: CONTAINED LANDFILL**

Facility Name: \_\_\_\_\_

Permit Number: \_\_\_\_\_

County where landfill is located: \_\_\_\_\_

Agency Interest Number: \_\_\_\_\_

Report for the Months of: \_\_\_\_\_

For the Year of: \_\_\_\_\_

Waste Source (County and State)	Type of Waste			**Waste Used as Alternate Daily Cover As Approved (Tons Only)
	*Municipal Solid Waste (Tons Only)	*Industrial Waste (Tons Only)	*Special Waste (Tons Only)	
<b>Total for this page</b>				
<b>Grand Total of all pages</b>				

**\*Grand Total of Municipal, Industrial and Special from all pages**

\*Does not include waste used as Alternate Daily Cover.

\*\*Indicate the amount of waste used as Alternate Daily Cover. Please note this requires prior approval by the Cabinet.

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: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name - Please Print: \_\_\_\_\_

Date: \_\_\_\_\_

This Certification clause shall be signed by the responsible person(s) described in 401 KAR 47:160, Section 6(1), and/or (2) and is required by 401 KAR 47:160, Section 6(4).

