

**SOLID WASTE INFORMATION AND ASSESSMENT PROGRAM REPORTING TABLE - FORM DEQ 50-25**

1	Facility Name				
2	Permit Number	3 Date Submitted to DEQ		4 Annual Reporting Period	
5	Preparer's First Name	Middle Initial	Last Name		6 Telephone
7	Preparer's E-mail Address				
8	Has there been a change to the Annual Fee Billing Contact, Address or Telephone Number? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Contact First Name		Last Name		Contact Phone
	Address			E-Mail	
	City		State		Zip Code
9A	Remaining Permitted Capacity		Cubic Yards	If a facility's permitted capacity is reported in tons, please note this below in Facility Comments. DEQ will apply conversion factors based on the type of waste in order to calculate the volume and the number of years of permitted capacity available in the state.	
9B	Expected Remaining Permitted Life		Years		
10	<b>Does facility have active scales?</b> <input type="checkbox"/> Yes or <input type="checkbox"/> No <b>Note:</b> facilities with no active scales must enter the total amount landfilled in cubic yards.			Total amount landfilled in cubic yards	
11	Originating Jurisdiction			11A Statement of Economic Benefits submitted? <input type="checkbox"/> Yes or <input type="checkbox"/> No	
12	<b>Facilities landfilling VA incineration ash</b>		Use the supplemental form (Page 2) to provide the facility and ash amounts received.		

**Waste amounts measured in :  Tons or  Cubic Yards**

Waste Type	Total Amount of Waste Received (a)	Recycled On-Site (b)	Composted On-site (c)	Landfilled On-site (d)	Incinerated On-Site (e)	Sent Off-Site to be: (f)		Stored On-Site:(g)		Other (h)	
						Recycled	Treated, Stored, Disposed	Beginning of Reporting Period	End of Reporting Period	Mulched	Other Than Mulched
13	Municipal Solid Waste										
14	Construction/ Demolition/Debris										
15	Industrial Waste										
16	Regulated Medical Waste										
17	Vegetative/Yard Waste										
18	Incineration Ash										
19	Sludge										
20	Tires										
21	White Goods										
22	Friable Asbestos										
23	Petroleum Contaminated Soil										
24	Other Wastes (specify)										
25	Total										

**Facility Comments**

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Complete a separate form for each jurisdiction.  
See the instructions for completing Form DEQ 50-25. A separate form is provided for the optional Statement of Economic Benefits.

