



**SOLID WASTE PROCESSING
FACILITY QUARTERLY REPORT**
State Form 51909 (R4 / 5-13)
Indiana Department of Environmental Management

Please Print in
Ink or Type

Questions? Call:
(317) 233-0066

A – GENERAL INFORMATION

Facility Name: _____ Facility ID #: –

Facility Location: _____ () City State ZIP Facility Telephone Number Name of Person Filling Out Form: _____ () Office Telephone Number E-mail Address: _____ Office Mailing Address of Person Filling Out Form: _____ Company Address _____ City State ZIP	Quarter Being Reported: ☐ Jan – Mar ☐ Apr – Jun ☐ Jul – Sep ☐ Oct – Dec REPORTS ARE DUE THE 15TH OF THE MONTH FOLLOWING EACH QUARTER 20 _____
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B – QUARTERLY SOLID WASTE TONNAGE REPORT

Total tons of solid waste disposed during quarter: Number of operating days during quarter:
(must equal total of all section B entries for this quarter) (a partial day counts as a full operating day)

- ☞ See example on the back of this form
- ☞ Refer to "Waste Classification Guide"
- ☞ Quantities may carry two decimal places
- ☞ Tabulate all totals
- ☞ Use supplemental pages if necessary

	Waste Origin			Municipal Solid Waste Received	Non-Municipal Solid Waste Received				
	State abbr.	County Name	IDEM Use Only		C/D Debris	Foundry	Coal Ash	FGD Waste	Other
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
TOTAL for Quarter (tons) (this page)									

C – FINAL DESTINATION REPORT

Note: Section C total must equal section B total of waste received (does not apply to ash disposal for incinerators). Please provide written explanation for situations in which this is not the case.

Total tons of solid waste sent during quarter:

	Final Destination Facility	Facility Location		Sent to be Recycled or Disposed? (circle one)	Tons Sent to This Facility
		City/State	ZIP		
1.				Recycled / Disposed	
2.				Recycled / Disposed	
3.				Recycled / Disposed	
4.				Recycled / Disposed	
5.				Recycled / Disposed	

Are supplemental page(s) attached?: ☐ YES ☐ NO

D – CERTIFICATION

This is to certify that I have personally examined and am familiar with the information in this and any attached documents. I am aware of the Department of Environmental Management's requirements for this report. To the best of my knowledge, the submitted information is true, accurate, and complete.

Name of Operator (please print or type)

Signature of Operator (original required)

Date (month, day, year)

Instructions

A – General Information:

Please provide the information requested in this section. Provide the name, phone number, and office mailing address of the person filling out this form as accurately as possible, since this information is used for correspondence regarding this facility's quarterly reports.

B – Quarterly Solid Waste Tonnage Report:

Complete one line for each county from which your facility received waste. This includes Indiana counties and out-of-state counties. First, provide the state abbreviation and the name of the county where the waste originated (provide the country name for non-U.S. waste origins). Please list Indiana counties first in alphabetical order, then list out-of-state waste origins. If your facility received waste from a transfer station, please list the county in which the transfer station is located as the origin of that waste. If your facility is a captive site, enter the county in which the waste was generated as the waste origin. Next, record the tonnage of each type of solid waste that your facility disposed from each waste origin. Facilities required to install weighing scales must report weighed tonnages. Please refer to the "Waste Classification Guide" for assistance in categorizing the solid waste received by your facility.

**See
Example
Below**

Please tabulate all totals. If additional pages are needed, please complete the appropriate supplemental page(s) and indicate that these pages are attached.

Facilities not required to install weighing scales must use the following conversion factors for Municipal Solid Waste:

3.3 cu. yds of compacted waste = 1 ton
6 cu. yds. of uncompacted solid waste = 1 ton
1 cu. yd. of baled waste = 1 ton

For Non-Municipal Solid Waste, sites without scales may use a more appropriate conversion factor based on the waste's density.

C – Final Destination Report:

Complete one line for each facility that received material from your facility during the quarter. Also, specify whether the waste was sent to the facility to be recycled (or reused) or disposed (landfilled or incinerated), and record the tonnage of material sent to the facility. Incinerators should list ash disposal in this section.

Please note that the reported tonnage of waste received by your facility for the specified quarter should equal the reported tonnage of waste that left your facility during the same quarter (does not apply to ash disposal for incinerators). Please attach written explanation for situations in which this is not the case.

D – Certification: Please print or type the name of your facility's operator, and have the operator sign and date the report form.

The following is an example of how part B of the report form should be completed

(Please note that all waste origins and disposal tonnages are hypothetical)

Total tons of solid waste disposed during quarter:

12,679

Number of operating days during quarter:

74

(must equal total of all section B entries for this quarter)

(a partial day counts as a full operating day)

Waste Origin			Municipal Solid Waste Disposed	Non-Municipal Solid Waste Received				
State abbr.	County Name	IDEM Use Only		C/D Debris	Foundry	Coal Ash	FGD Waste	Other
1.	IN	Marion	2,256	1,350				
2.	IN	Hamilton	8,480					
3.	IL	Cook	342					
4.	OH	Paulding	251					
TOTAL for Quarter (tons) (this page)			11,329	1,350				

Total tons of solid waste sent during quarter:

12,679

Final Destination Facility		Facility Location		Sent to be Recycled or Disposed? (circle one)	Tons Sent to This Facility
		City/State	Zip		
1.	ABC Landfill	Somewhere, IN	12345	Recycled / <u>Disposed</u>	8,241
2.	123 Recycling	Anotherplace, IN	23456	<u>Recycled</u> / Disposed	4,304
3.	Out-of-State Services, Inc.	Anytown, OH	54321	Recycled / <u>Disposed</u>	134

**PLEASE RETURN
COMPLETED
FORMS TO:**

**Indiana Department of Environmental Management
Office of Land Quality
Regulatory Reporting Section
100 N. Senate Ave.
Indianapolis, IN 46204-2251**

