

SOLID WASTE - QUARTERLY REPORT OF VOLUME

Name of Facility _____ Permit No. _____

For the Quarter Ending (March, June, Sept, Dec.) (CIRCLE APPROPRIATE MONTH) _____ (Year)

| DATE | Month _____ Volume* | | Month _____ Volume* | | Month _____ Volume* | |
|------|------------------------|--------------|------------------------|--------------|------------------------|--------------|
| | In-State | Out-of-State | In-State | Out-of-State | In-State | Out-of-State |
| 1 | _____ | _____ | _____ | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ | _____ | _____ | _____ |
| 5 | _____ | _____ | _____ | _____ | _____ | _____ |
| 6 | _____ | _____ | _____ | _____ | _____ | _____ |
| 7 | _____ | _____ | _____ | _____ | _____ | _____ |
| 8 | _____ | _____ | _____ | _____ | _____ | _____ |
| 9 | _____ | _____ | _____ | _____ | _____ | _____ |
| 10 | _____ | _____ | _____ | _____ | _____ | _____ |
| 11 | _____ | _____ | _____ | _____ | _____ | _____ |
| 12 | _____ | _____ | _____ | _____ | _____ | _____ |
| 13 | _____ | _____ | _____ | _____ | _____ | _____ |
| 14 | _____ | _____ | _____ | _____ | _____ | _____ |
| 15 | _____ | _____ | _____ | _____ | _____ | _____ |
| 16 | _____ | _____ | _____ | _____ | _____ | _____ |
| 17 | _____ | _____ | _____ | _____ | _____ | _____ |
| 18 | _____ | _____ | _____ | _____ | _____ | _____ |
| 19 | _____ | _____ | _____ | _____ | _____ | _____ |
| 20 | _____ | _____ | _____ | _____ | _____ | _____ |
| 21 | _____ | _____ | _____ | _____ | _____ | _____ |
| 22 | _____ | _____ | _____ | _____ | _____ | _____ |
| 23 | _____ | _____ | _____ | _____ | _____ | _____ |
| 24 | _____ | _____ | _____ | _____ | _____ | _____ |
| 25 | _____ | _____ | _____ | _____ | _____ | _____ |
| 26 | _____ | _____ | _____ | _____ | _____ | _____ |
| 27 | _____ | _____ | _____ | _____ | _____ | _____ |
| 28 | _____ | _____ | _____ | _____ | _____ | _____ |
| 29 | _____ | _____ | _____ | _____ | _____ | _____ |
| 30 | _____ | _____ | _____ | _____ | _____ | _____ |
| 31 | _____ | _____ | _____ | _____ | _____ | _____ |

TOTAL FOR QUARTER: In-State _____ Out-of-State _____ AVERAGE DAILY VOLUME: In-State _____ Out-of-State _____

*VOLUME: CAN BE EXPRESSED IN CUBIC YARDS OR TONS (CIRCLE ONE)

Report Submitted by: _____
(Signature of Permittee or Designee)

Mail Report To: ADEM
Solid Waste Branch
P. O. Box 301463
Montgomery, AL 36130-1463

!!!REPORT DUE 30 DAYS FOLLOWING THE REPORTING QUARTER^{um}