PART III
ANNUAL REPORTING FORM

Arkansas Department of Environmental Quality			
Transfer Station – Annual Reporting Form			
Facility Name:	Methvin Sanitation		
Permit No:	0091-STSW-D		
AFIN:	05-00160		
Reporting Period:	January 1 – December 31, __2016_____(Due: March 31 following the reporting period)		
Solid Waste Received			
Source	Volume (cu. yds.) or Weight (tons) Weight		Class
Boone County Resi		4427.24	CL-1
Boone County Comm		781.28	CL-1
Source Separated Recyclables Collected			

	Volume (cu. yds.) or Weight (tons) Weight		Type of Material
Commercial/Residential		15.2	Metal
Solid Waste Removed			
	Volume (cu. yds.) or Weight (tons) Weight		Disposal Location
Boone County Resi		4427.24	Cherokee Village, AR
Boone County Comm		781.28	Cherokee Village, AR