**PART III**

**ANNUAL REPORTING FORM**

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| **Arkansas Department of Environmental Quality** | | | |
| **Transfer Station – Annual Reporting Form** | | | |
| Facility Name: |  | | |
| Permit No: |  | | |
| AFIN: |  | | |
| Reporting Period: | January 1 – December 31, \_\_\_\_\_\_\_\_\_(Due: March 31 following the reporting period) | | |
| **Solid Waste Received** | | | |
| Source | Volume (cu. yds.) or Weight (tons)  Weight | | Class |
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| **Source Separated Recyclables Collected** | | | |
|  | Volume (cu. yds.) or Weight (tons)  Weight | | Type of Material |
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| **Solid Waste Removed** | | | |
|  | Volume (cu. yds.) or Weight (tons)  Weight | | Disposal Location |
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