

Entity Name:	Effective Date:
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<u>LANDFILL / REFUSE SITE / DUMP</u>	
<i>Complete for each location if more than one</i>	
1. Type of Facility:	<input type="checkbox"/> Landfill <input type="checkbox"/> Dump <input type="checkbox"/> Transfer Station
2. Is it active?	<input type="checkbox"/> Yes <input type="checkbox"/> No Number of years operated:
3. Location:	<input type="checkbox"/> Commercial <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Rural
4. What is located adjacent to the site?	
5. Total number of acres:	
6. Types of waste accepted:	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Other:
7. Any hazardous waste (past or present)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
8. Security:	<input type="checkbox"/> Fenced <input type="checkbox"/> Attendant <input type="checkbox"/> Adequate Lighting <input type="checkbox"/> Locked
9. Do all facilities meet current EPA operating standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have you ever been cited or fined for non-compliance with federal or state required standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details:	
Transfer Stations:	
11. Are dumpsters used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Is there an open pit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Is entity responsible for transportation to the landfill?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, is it contracted?	<input type="checkbox"/> Yes <input type="checkbox"/> No