



## INSTRUCTIONS FOR SPECIAL WASTE RECEIVING FACILITY ANNUAL REPORTS

### INSTRUCTIONS

The purpose of this form is to assist generators, transporters, and receiving facilities who handle special waste, with a structured reporting format for the preparation of annual reports. The use of this form for annual reporting is encouraged, but not necessary to satisfy annual reporting requirements.

Any person required to submit an annual report for special waste in accordance with Arizona Revised Statutes (A.R.S) §49-860 shall submit all applicable information by March 1<sup>st</sup> of each year for the preceding year. The following are required to submit a special waste annual report:

- a. A shipper required to comply with the special waste manifesting procedures;
- b. A facility or person that receives from off-site a special waste for treatment, storage or disposal; or
- c. A generator who treats, stores or disposes of special waste. However, ADEQ requests that all generators submit a special waste annual report in order to facilitate the record keeping process.

### DEFINITIONS

- 1) "On site" means at or on the same or geographically contiguous property that may be divided by public or private right-of-way, provided the entrance and exit between the properties are at a crossroads intersection and access is by crossing as opposed to travel along the right-of-way. Noncontiguous properties owned by the same person but connected by a right-of-way that that person controls and to which the public does not have access are also on-site property.
- 2) "Storage" means the holding of special waste for a period of not more than one year unless a lesser period of time is designated by the director pursuant to best management practices rules. The director shall not designate a storage time of less than ninety days.

### INSTRUCTIONS

Numbers correspond to Annual Report Sections.

- 1) Enter the Reporting year (year entered should be the preceding year).
- 2) Enter the date the report is filled out.
- 3) Enter the reporting company site information (location of the special waste is receiving facility).
- 4) Enter the company mailing information.
- 5) Give the shipping method of each special waste load received for the reporting year (i.e. container type: roll-off bin, covered truck, railcar) and description of waste (attach any additional information to this form).
- 6) Fill out the appropriate section for the type of special waste that was received for treated, stored, or disposed. Check the appropriate box-indicating unit of measure. Enter the quantity of waste in the space next to the unit of measure.
- 7) Describe all methods and practices used to treat, store or dispose of each type of special waste received (attach any additional information to this form).
- 8) For each generator the receiving facility received waste from, fill out the site information and appropriate section-indicating unit of measure, and quantity of waste in the space next to the unit of measure for the type of waste that is received.

### Where Do I Submit My Annual Report?

Upon completion, submit this form (attach any additional information to this form), or any documentation which satisfies the requirements as set forth in A.R.S. §49-860, to [solidwaste@azdeq.gov](mailto:solidwaste@azdeq.gov) or mail to the following address by March 1<sup>st</sup> for the preceding year:

Arizona Department of Environmental Quality  
Solid Waste Unit  
Attention to: Special Waste  
1110 West Washington Street  
Phoenix, AZ 85007



**SPECIAL WASTE RECEIVING  
FACILITY ANNUAL REPORTS**

**(1) Reporting Year:** \_\_\_\_\_ **(2) Date:** \_\_\_\_\_

A facility or person that receives from off-site a special waste for treatment, storage or disposal shall report the following information to the department on or before March 1<sup>st</sup> of each year for each facility.

**(3) Company Information**

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Facility Plan Approval Number (if applicable) \_\_\_\_\_

Special Waste Management Plan Approval Number (if applicable) \_\_\_\_\_

Special Waste ID Number \_\_\_\_\_

**(4) Company Mailing Address (if different from above)**

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**(5) Load Information**

**Shipping Method and Description**

Give the shipping method of **each** special waste load received for the reporting year (i.e. container type: roll-off bin, covered truck, railcar) and description of waste (attach any additional information to this form).

Empty space for providing shipping method and description of waste.

**(6) Special Waste Receiving Information**

Indicate the type and total volume or weight of special waste received for the reporting year (attach any additional information to this form).

Auto Shedder Residue (Fluff)

Cubic Yards \_\_\_\_\_ Pounds \_\_\_\_\_ Gallons \_\_\_\_\_ Tons \_\_\_\_\_

**Special Waste Receiving Information**

Petroleum Contaminated Soil

Cubic Yards \_\_\_\_\_ Pounds \_\_\_\_\_ Gallons \_\_\_\_\_ Tons \_\_\_\_\_

**(7) Management Practices**

Describe all methods and practices used to treat, store or dispose of each type of special waste received (attach any additional information to this form).

Empty text area for describing management practices.

**(8) Generation Facility Information**

**Waste Site Generation 1 Special Waste ID Number**

Provide the generator information from which waste was received and the type of waste for the reporting year (attach additional generators if needed).

Site Name \_\_\_\_\_  
Site Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**Waste Site Generation Mailing Address (if different from above)**

Company Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**Special Waste Received**

Auto Shedder Residue (Fluff)  
 Cubic Yards \_\_\_\_\_  Pounds \_\_\_\_\_  Gallons \_\_\_\_\_  Tons \_\_\_\_\_

**Special Waste Received**

Petroleum Contaminated Soil  
 Cubic Yards \_\_\_\_\_  Pounds \_\_\_\_\_  Gallons \_\_\_\_\_  Tons \_\_\_\_\_

**Waste Site Generation 2 Special Waste ID Number**

Provide the generator information from which waste was received and the type of waste for the reporting year (attach additional generators if needed).

Site Name \_\_\_\_\_  
Site Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**Waste Site Generation Mailing Address (if different from above)**

Company Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**Special Waste Received**

Auto Shedder Residue (Fluff)  
 Cubic Yards \_\_\_\_\_  Pounds \_\_\_\_\_  Gallons \_\_\_\_\_  Tons \_\_\_\_\_

**Special Waste Received**

Petroleum Contaminated Soil  
 Cubic Yards \_\_\_\_\_  Pounds \_\_\_\_\_  Gallons \_\_\_\_\_  Tons \_\_\_\_\_

**Waste Site Generation 3** Special Waste ID Number

Provide the generator information from which waste was received and the type of waste for the reporting year (attach additional generators if needed).

Site Name \_\_\_\_\_  
Site Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**Waste Site Generation Mailing Address** (if different from above)

Company Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**Special Waste Received**

Auto Shedder Residue (Fluff)  
 Cubic Yards \_\_\_\_\_  Pounds \_\_\_\_\_  Gallons \_\_\_\_\_  Tons \_\_\_\_\_

**Special Waste Received**

Petroleum Contaminated Soil  
 Cubic Yards \_\_\_\_\_  Pounds \_\_\_\_\_  Gallons \_\_\_\_\_  Tons \_\_\_\_\_

**Waste Site Generation 4** Special Waste ID Number

Provide the generator information from which waste was received and the type of waste for the reporting year (attach additional generators if needed).

Site Name \_\_\_\_\_  
Site Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**Waste Site Generation Mailing Address** (if different from above)

Company Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**Special Waste Received**

Auto Shedder Residue (Fluff)  
 Cubic Yards \_\_\_\_\_  Pounds \_\_\_\_\_  Gallons \_\_\_\_\_  Tons \_\_\_\_\_

**Special Waste Received**

Petroleum Contaminated Soil  
 Cubic Yards \_\_\_\_\_  Pounds \_\_\_\_\_  Gallons \_\_\_\_\_  Tons \_\_\_\_\_