



INSTRUCTIONS FOR SPECIAL WASTE SHIPPER/TRANSPORTER ANNUAL REPORT

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 1st 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 shipper/transporter company information (location of the special waste shipper/transporter).
- 4) Enter the shipper/transporter company mailing information.
- 5) Give the shipping method of each special waste shipment (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(s) for the type of special waste shipped/transported. Check the appropriate box-indicating unit of measure. Enter the quantity of waste in the space next to the unit of measure.
- 7) For each receiving facility special waste was shipped/transported to, fill out the appropriate section(s) for the type of waste shipped/transported. Check the appropriate box-indicating unit of measure. Enter the quantity of waste in the space next to the unit of measure.

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 or mail to the following address by March 1st 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 SHIPPER/TRANSPORTER ANNUAL REPORT

1 Reporting Year: _____ **2 Date:** _____

Special Waste shipper required to comply with the special waste manifesting procedures shall report the following information to the department on or before March 1st of each year for each facility.

3 Company Information

Company Name _____
 Company Address _____
 City _____ State _____ Zip _____
 Telephone _____ Fax _____
 Email _____
 Special Waste ID Number _____

4 Company Mailing Address (if different from above)

Company Name _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Telephone _____ Fax _____
 Email _____

5 Shipping Information

Shipping Method and Description

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

6 Special Waste Shipment Information

Indicate the type and total volume or weight of special waste transported for the reporting year (attach additional information if needed).

Auto Shedder Residue (Fluff)
 Cubic Yards _____ Pounds _____ Gallons _____ Tons _____

Special Waste Shipment Information

Petroleum Contaminated Soil
 Cubic Yards _____ Pounds _____ Gallons _____ Tons _____

7 Receiving Facility Information

Receiving Facility 1 Special Waste ID Number

Indicate all facilities to which special waste was transported for the reporting year (attach additional information if needed).

Company Name _____
Company Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____
Aquifer Protection Permit Number (if applicable) _____
Master Facility Plan Approval Number (if applicable) _____

Mailing Address (if different from above)

Company Name _____
Company Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____

Special Waste Shipment Information

Auto Shedder Residue (Fluff)
 Cubic Yards _____ Pounds _____ Gallons _____ Tons _____

Special Waste Shipment Information

Petroleum Contaminated Soil
 Cubic Yards _____ Pounds _____ Gallons _____ Tons _____

Receiving Facility 2 Special Waste ID Number

Company Name _____
Company Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____
Aquifer Protection Permit Number (if applicable) _____
Master Facility Plan Approval Number (if applicable) _____

Mailing Address (if different from above)

Company Name _____
Company Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____

Special Waste Shipment Information

Auto Shedder Residue (Fluff)
 Cubic Yards _____ Pounds _____ Gallons _____ Tons _____

Special Waste Shipment Information

Petroleum Contaminated Soil
 Cubic Yards _____ Pounds _____ Gallons _____ Tons _____

Receiving Facility 3 Special Waste ID Number

Company Name _____
Company Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____
Aquifer Protection Permit Number (if applicable) _____
Master Facility Plan Approval Number (if applicable) _____

Mailing Address (if different from above)

Company Name _____
Company Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____

Special Waste Shipment Information

Auto Shedder Residue (Fluff)
 Cubic Yards _____ Pounds _____ Gallons _____ Tons _____

Special Waste Shipment Information

Petroleum Contaminated Soil
 Cubic Yards _____ Pounds _____ Gallons _____ Tons _____

Receiving Facility 4 Special Waste ID Number

Company Name _____
Company Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____
Aquifer Protection Permit Number (if applicable) _____
Master Facility Plan Approval Number (if applicable) _____

Mailing Address (if different from above)

Company Name _____
Company Address _____
City _____ State _____ Zip _____
Telephone _____ Fax _____

Special Waste Shipment Information

Auto Shedder Residue (Fluff)
 Cubic Yards _____ Pounds _____ Gallons _____ Tons _____

Special Waste Shipment Information

Petroleum Contaminated Soil
 Cubic Yards _____ Pounds _____ Gallons _____ Tons _____