

VOLUNTARY RESIDUAL PERCENTAGE REPORTING FORM

I. General Information	A. Name of applicant:
	B. Address:
	C. Telephone number:
II. General Facility/Activity	A. Name of facility:
	B. Address of facility:
	C. County:
	D. Telephone number at facility:
III. Reporting Information	A. Period covered by report (month and year):
	B. Number of operating days in the period covered by report:
	C. The total amount of material (cubic yards or tons) received in the reporting period: (If the volume is presented in cubic yards then provide the conversion factor.)
	D. The total amount of material of C. that was diverted:
	E. The total amount of material of C. that was destined for disposal:
	F. $E./C. \times 100 =$ %

A copy of the records for the period covered by the report: is included is not included

The undersigned certifies that the information given and all attachments are true and accurate to the best of my knowledge and belief.

Signature (Operator or Agent for Activity/Facility):

Date:

Print name:

Telephone number:

Title: