

SOLID WASTE DISPOSAL AND RECYCLING REPORT



Project Name		Type of Work	
Contract Number	Reporting period	From	
Contractor Name:		Phone Number:	Fax Number:
Street Address:		City, State, Zip	
Prepare's Name:(print)	Signature:		Date:

***NOTE: Earth and rock material shall not be reported as either waste material diverted from or disposed to landfills.**

Name and location or Recycling or Disposal Facility:	Type of Material Enter letter as follows: A=Asphalt C=Concrete M=Metal D= Mixed Debris W= Wood /Cleared Vegetation O= Other (described)	Type of Activity Enter number as follows: 1= Source-Separated materials recycling 2= On site reuse 3= Mixed Debris Recycling 4= Reuse of salvageable items 5=Disposal at Landfill or transfer station 6= Other (described)	Amount of material taken to landfills quantity	Amount of material diverted from landfills:

I certify under penalty of perjury that the information provided above is complete and accurate. The information provided by the contractor has been reviewed

Contractor Signature:	Date:	Resident Engineer Signature	Date
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