Illinois Environmental Protection Agency

1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276 • (217) 782-3397

Solid Waste Management Fee - Cubic Yards Monthly Record

Site Number: _____ County: _____

Name: _____

SW

Month of: _____

Date	Cubic Yards Subject to Fee	Cubic Yards Exempt	Total Cubic Yards Received
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			
31.			
Total for Month			

Site Operator/Owner Name: _____

Signature: _____ Date: _____

Any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. (415 ILCS 5/44(h))

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SW

Site Number: _____ County: _____

Name: _____

Month of: _____

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1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
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18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			
31.			
Total for Month			

Site Operator/Owner Name: _____

Signature: _____ Date: _____

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Name: _____

SW

Month of: _____

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11.			
12.			
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20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			
31.			
Total for Month			

Site Operator/Owner Name: _____

Signature: _____ Date: _____

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Solid Waste Management Fee - Tons Monthly Record

Site Number: _____ County: _____

Name: _____ SW

Month of: _____

Date	Tons Subject to Fee	Tons Exempt	Total Tons Received
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
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21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			
31.			
Total for Month			
Conversion Rate			
Converted Total			

Site Operator/Owner Name: _____

Signature: _____ Date: _____

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Solid Waste Management Fee - Tons Monthly Record

Site Number: _____ County: _____

Name: _____

SW

Month of: _____

Date	Tons Subject to Fee	Tons Exempt	Total Tons Received
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
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22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			
31.			
Total for Month			
Conversion Rate			
Converted Total			

Site Operator/Owner Name: _____

Signature: _____ Date: _____

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Solid Waste Management Fee - Tons Monthly Record

Site Number: _____ County: _____

Name: _____

SW

Month of: _____

Date	Tons Subject to Fee	Tons Exempt	Total Tons Received
1.			
2.			
3.			
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22.			
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24.			
25.			
26.			
27.			
28.			
29.			
30.			
31.			
Total for Month			
Conversion Rate			
Converted Total			

Site Operator/Owner Name: _____

Signature: _____ Date: _____

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Combined - Solid Waste Management Fee and Subtitle D Management Fee Quarterly Summary and Payment

SW/SD

Site Number:_____ County:_____

Name: _____

Section I - Cubic Yards (CY) of Waste Received

	Month	Cubic Yards Subject to Fee	Cubic Yards Exempt from Fees	Total Cubic Yards Received
1.				
2.				
3.				
	Quarterly Total**			
	Year Total			

For Agency Use Only
Solid Waste Fee Paid
Amount $ _____
Date Rec'd _____
EPA Log # _____
Rec'd By _____

Section II - Tons of Waste Received

	Month	Tons Subject to Fee	Tons Exempt from Fees	Total Tons Received
1.				
2.				
3.				
	Quarterly Total*			
	Year Total			

For Agency Use Only
Subtitle D Fee Paid
Amount $ _____
Date Rec'd _____
EPA Log # _____
Rec'd By _____

Solid Waste Management Fee

Cubic Yard** _____ x $0.95 = $ _____

Tons* _____ x $2.00 = $ _____

Solid Waste Management Fee Due: $ _____

Adjustments (+) or (-): $ _____ Total (a): $ _____

Subtitle D Management Fee

Cubic Yard** _____ x $0.101 = $ _____

Tons* _____ x $0.22 = $ _____

Subtitle D Management Fee Due: $ _____

Adjustments (+) or (-): $ _____ Total (b): $ _____

Amount Due With This Report -- Total (a) + (b): $ _____

Total Amount Paid With This Report: $ _____

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Site Operator/Owner Name: _____

Signature:_____ Date: _____

This Agency is authorized to require this information under Illinois Revised Statues, 1979, Chapter 111, Section 1022.14 Disclosure of this information is required under that section. Failure to do so may prevent this form from being processed and could result in your application being denied.

Illinois Environmental Protection Agency

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Solid Waste Fee - Cubic Yards Daily Record

Site Number:_____ Date:_____

Site Name: _____

SW

Ticket or Load #	Hauler/Generator	Cubic Yards Subject to Fee	Exclusion/ Exemption	Cubic Yards Exempt	Total Cubic Yards Received	State of Origin
Add 5 rows	Delete last row	Total:				

Codes for Fee Exclusion or Exemption

[1] Hazardous Waste
[2]Pollution Control Waste
[3] Waste from a recycling, reclamation, or reuse process that is approved by the Agency
[4] Non-hazardous waste composted or recycled through an Agency-approved process
[5] Material covered by an Agency-issued beneficial use determination
[6] Material covered by an Agency-issued fee exemption

Records supporting the basis for each exclusion or exemption claimed should be maintained in accordance with applicable Board regulations and permit conditions related to facility records retention.

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Solid Waste Management Fee - State of Origin Quarterly Report

Site Number:_____ County:_____ SW

Name: _____

Month of: _____

State of Origin	Cubic Yards Disposed or Incinerated (A)	Tons Disposed or Incinerated (B)	Tons Converted to Cubic Yards (C)	Total Cubic Yards Received (A + C)
Total:				

Add 5 rows | Delete last row

Site Operator/Owner Name: _____

Signature:_____ Date: _____

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