

\_\_\_\_\_ **ANNUAL REPORT – LANDFILL**  
(enter year here)

**Company Name:** \_\_\_\_\_ **Permit #:** \_\_\_\_\_

**Facility Address:** \_\_\_\_\_

**Facility Contact:** \_\_\_\_\_ **Facility Contact Title:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Instructions:**

- Enter the requested data below for the landfill.

Operating Schedule: \_\_\_\_\_ Hours/day

\_\_\_\_\_ Days/week

\_\_\_\_\_ Weeks/year

Auxiliary fuel usage (Propane for start-up): \_\_\_\_\_ Gallons/year

Any information presented must be true and correct to the best of your knowledge. California Health and Safety Code 42400.3.5 and 42402.4 establish separate criminal and civil penalties for any person who, knowingly and with intent to deceive, falsifies any document required to be kept pursuant to any rule, regulation, permit, or order from the Northern Sierra Air Quality Management District. By signing below, I certify that all information is true and accurate and complete to the best of my knowledge and ability.

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_