



# sanitation

FILL MATERIAL PRIVATE TRANSFER STATIONS  
SOLID WASTE / RECYCLING QUARTERLY REPORT

DS 1982B (10-00)

F

DATE SUBMITTED

COMPANY'S NAME					PERMIT NUMBER		NUMBER OF DAYS PER WEEK			
ADDRESS					NYSDEC		EXP. DATE		MATERIAL RECEIVED	DAYS
					NYCDOS		EXP. DATE		MATERIAL PROCESSED	
CAPACITY	CUBIC YARDS	TONS	QUARTER	DUE DATE	CIRCLE YES OR NO			IF APPLICABLE CIRCLE YES OR NO		
PERMIT			JAN. - MARCH	MAY - 1	SCALE	YES	NO	INPUT WEIGHED	YES	NO
DESIGN			APRIL - JUNE	AUG. - 1	CERTIFIED	NO	YES	OUTPUT WEIGHED	NO	YES
OPERATING			JULY - SEPT.	NOV. - 1						
DEDICATED TO RECYCLING			OCT. - DEC.	FEB. - 1						
INPUT MATERIAL		TOTAL INPUT FOR QUARTER			INPUT MATERIAL RECEIVED FROM:					
		CU. YDS.		TONS	OUTSIDE N.Y.C.		OTHER N.Y.C. TRAN. STATION		DEPARTMENT OF SANITATION	
					CU. YDS.		TONS	CU. YDS.		TONS
Mixed Construction & Demolition										
Concrete										
Fill Material/Dirt/Cover Material										
Road Building Material										
Grave/Stone/Rocks										
OTHER (specify)										
TOTAL INPUT										
OUTPUT MATERIAL		TOTAL OUTPUT FOR QUARTER			OUTPUT MATERIAL SENT TO:					
		CU. YDS.		TONS	OUTSIDE N.Y.C.		OTHER N.Y.C. TRAN. STATION		FRESH KILLS	
RECYCLABLES	Concrete									
	Fill Material/Dirt/Cover Material									
	Road Building Material									
	Metal Bulk									
	Wood									
OTHER (specify)										
RESIDUE	Construction & Demolition Debris (Waste from fill, concrete, road material, stone, C&D)									
	Putrescible Mixed Solid Waste (Material from contaminated loads)									
TOTAL OUTPUT										
INPUT MINUS OUTPUT										

\* Residue is unrecycled material disposed of by landfill or incineration.

RETURN TO:

PREPARED BY (PRINT)	PHONE NO.
SIGNATURE	DATE

NYC Department of Sanitation  
Permit & Inspection Unit  
125 Worth Street, Room 723  
New York, New York 10013

If there is no information for a category - leave it blank.

# QUARTERLY OUTPUT DESTINATION

DS 1982B (10-00)

ENTER TYPE OF FACILITY AS:

LF - LANDFILL

REC - RECYCLING

TS - TRANSFER STATION

INC. - INCINERATOR

MATERIAL	DESTINATION		TYPE OF FACILITY	CUBIC YARDS	TONS
	NAME	ADDRESS			
<b>Grand Total</b>					

If more space is needed, put data on a separate sheet of paper and attach to this form.