VERMONT RESIDUALS MANAGEMENT QUARTERLY REPORT - PART B

WASTES RECEIVED FROM OTHER WASTE MANAGERS

PERMITTEE: _____ **SOLID WASTE I.D. NUMBER:** _____

REPORTING PERIOD: ☐**1st** ☐**2nd** ☐**3rd** ☐**4th** **quarter, 20_____.**

ONLY USE THIS FORM TO REPORT ***WASTES RECEIVED*** FROM OTHER PERMITTED GENERATORS
AND
SEPTAGE RECEIVED FROM SEPTAGE HAULERS.

WASTES RECEIVED		MONTH ____		MONTH ____		MONTH ____	
NAME OF GENERATOR OR HAULER	TYPE OF WASTE	AMOUNT RECEIVED		AMOUNT RECEIVED		AMOUNT RECEIVED	
		VOLUME	UNITS	VOLUME	UNITS	VOLUME	UNITS