Attachment G

SWIMS Form 13

FORM 13

Page ___ of ___

MONTHLY

DISPOSAL QUANTITY REPORTING
FOR USE BY LANDFILL OWNERS/OPERATORS
ORIGIN SURVEY

Reporting Month and Year: _____

Facility Name: _____ Facility SWIS No.: _____ Facility Address: _____

Facility Contact Person (print): _____ Signature: _____ Phone No.: _____-_____-_____

Frequency of Survey (Check one only): ❑ Daily ❑ Continuous ❑ Other (attach explanation)

Methods used to determine jurisdiction of origin:

❑ origin obtained from hauling company records ❑ origin obtained from other facility operators ❑ origin obtained from haulers at gatehouse ❑ other _____

Total Tonnage of waste landfilled in the month as reported to the California Board of Equalization: _____ tons

Estimated in-place density _____ lbs/yd^3 and Waste-to-cover ratio _____ **OR** Airspace utilization factor _____

NAME OF JURISDICTION OF WASTE ORIGIN AND TONNAGE

C=City U=County Unincorporated Area (Indicate one)

Enter "C" or "U"	Name of Jurisdiction	Soil Received	Total Received	BREAKDOWN OF SOLID WASTE QUANTITIES (TONS)																																							
				On-Site Use																																Off-Site Use			Landfilled			
				Separated for Beneficial Use/Salvage											Alternative Daily Cover											Alternative Intermediate Cover																	
												Other											Other										Other									
				Green Waste	Auto Shred	C & D	Contaminated Sediment	Sludge	Tires	Mixed	Compost	Ash	Tons	Description	Green Waste	Auto Shred	C & D	Contaminated Sediment	Sludge	Tires	Mixed	Compost	Ash	Tons	Description	Green Waste	Auto Shred	C & D	Contaminated Sediment	Sludge	Tires	Mixed	Compost	Ash	Tons	Description	Recycled/Reused	Composted	Other	MSW	Inert Waste	Disaster *	Designated **
TOTAL																																											

Notes:

1. This form should be used by all landfill owners/operators operating in Los Angeles County.
2. No later than two and a half months after the end of each calendar quarter, the landfill owner/operator shall complete this form for each month in the quarter and forward them to the Los Angeles County Department of Public Works, Environmental Programs Division, PO Box 1460, Alhambra, CA 91802-1460. 1-800-320-1771
3. A copy of this form and all data used to complete this form must be retained by the landfill owner/operator for a period of three years and must be made available for review upon request during business hours.

* "Disaster" means waste generated from a natural catastrophe such as an earthquake, fire, flood, landslide, or volcanic eruption, or, regardless or cause, any explosion, fire, or flood [Section 17210.1(c) in Title 14 of California Code of Regulations].

** "Designated" means non-hazardous waste that consists of, or contains, pollutants that, under ambient environmental conditions at a waste management unit, could be released in concentrations exceeding applicable water quality objectives or that could reasonably be expected to affect beneficial uses of the waters of the state as contained in the appropriate state water quality control plan [Section 13173 of California Water Code].