

COMPANY NAME _____
 ADDRESS _____
 PHONE NUMBER _____
 CONTACT PERSON _____

LOS ANGELES COUNTY SOLID WASTE MANAGEMENT COMMITTEE/
 INTEGRATED WASTE MANAGEMENT TASK FORCE
 BIENNIAL SOLID WASTE MONITORING AND REPORTING FORM

NUMBER OF OPERATING DAYS/WEEK _____
 REPORTING PERIOD (WEEK/MONTH/YRS.) _____

CATEGORY	MATERIAL TYPE	QUANTITY (TONS)				
		RESIDENTIAL	COMMERCIAL	INDUSTRIAL	OTHER	TOTAL
PAPER	CORRUGATED CONTAINERS					
	MIXED PAPER					
	NEWSPAPER					
	HIGH GRADE LEDGER					
	OTHER PAPER					
PLASTICS	HIGH-DENSITY POLYETHYLENE (HDPE)					
	POLYETHYLENE TEREPHTHALATE (PET)					
	FILM PLASTICS					
	OTHER PLASTICS					
GLASS	REFILLABLE BEVERAGE GLASS					
	CALIFORNIA REDEMPTION VALUE GLASS					
	OTHER RECYCLABLE GLASS					
	OTHER NON-RECYCLABLE GLASS					
METALS	ALUMINUM CANS					
	BI-METAL CONTAINERS AND TIN CANS					
	FERROUS METALS					
	NON-FERROUS METALS INCL. ALUMINUM					
	WHITE GOODS					
YARD WASTE	LEAVES, GRASS, PRUNINGS					
OTHER ORGANICS	FOOD WASTES					
	TIRES & RUBBER PRODUCTS					
	WOOD WASTES					
	AGRICULTURAL CROP RESIDUES					
	MANURE					
	TEXTILES & LEATHER					
OTHER WASTE	INERT SOLIDS (CONCRETE, BRICK, SAND)					
	HOUSEHOLD HAZARDOUS WASTES					
SPECIAL WASTE	ASH					
	SEWAGE SLUDGE					
	INDUSTRIAL SLUDGE					
	ASBESTOS					
	AUTO SHREDDER WASTE					
	AUTO BODIES					
	OTHER SPECIFIC WASTES					
TOTAL						