



Quarterly Waste Report (Landfill, Recycling Facilities and Transporters)

Name	<input type="text"/>
Owner / Senior Manager Name	<input type="text"/>
Registration Number	<input type="text"/>
Reporting Date	<input type="text"/>
Reporting Quarter	<input type="text"/>

REPORT PER WASTE CATEGORY

DOMESTIC WASTE

DW - Month One	<input type="text"/>
DW - Month Two	<input type="text"/>
DW - Month Three	<input type="text"/>
DW - Quarterly Total	<input type="text"/>
DW - Unit of Measure	<input type="text"/>

GREEN WASTE

GRNW - Month One	<input type="text"/>
GRNW - Month Two	<input type="text"/>
GRNW - Month Three	<input type="text"/>
GRNW - Quarterly Total	<input type="text"/>
DRNW - Unit of Measure	<input type="text"/>

BUILDING/DEMOLITION WASTE

BDW - Month One	<input type="text"/>
BDW - Month Two	<input type="text"/>
BDW - Month Three	<input type="text"/>
BDW - Quarterly Total	<input type="text"/>
BDW - Unit of Measure	<input type="text"/>

RECYCLABLE MATERIAL

PLASTIC

PLW - Month One	<input type="text"/>
PLW - Month Two	<input type="text"/>
PLW - Month Three	<input type="text"/>
PLW - Quarterly	<input type="text"/>
PLW - Unit of Measure	<input type="text"/>

PAPER/CARDBOARD

PPCW - Month One	<input type="text"/>
PPCW - Month Two	<input type="text"/>
PPCW - Month Three	<input type="text"/>
PPCW - Quarterly Total	<input type="text"/>
PPCW - Unit of Measure	<input type="text"/>

GLASS

GLSW - Month One	<input type="text"/>
GLSW - Month Two	<input type="text"/>
GLSW - Month Three	<input type="text"/>
GLSW - Quarterly Total	<input type="text"/>
GLSW - Unit of Measure	<input type="text"/>

METAL

MTW - Month One	<input type="text"/>
MTW - Month Two	<input type="text"/>
MTW - Month Three	<input type="text"/>
MTW - Quarterly Total	<input type="text"/>
MTW - Unit of Measure	<input type="text"/>

TRANSPORTED WASTE

Waste Description	<input type="text"/>
Quantity	<input type="text"/>
Unit of Measure	<input type="text"/>

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Quantity	<input type="text"/>
Unit of Measure	<input type="text"/>

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Quantity	<input type="text"/>
Unit of Measure	<input type="text"/>

Waste Description	<input type="text"/>
Quantity	<input type="text"/>
Unit of Measure	<input type="text"/>

Owner/Senior Manager Name	<input type="text"/>
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I hereby certify to the best of my knowledge and belief that the information submitted in this form is true and complete and that the amounts and values reflected in this form are accurate based on data available to those who have completed this form.

Please attach any required documentation to the email when submitting the registration form