

**Genesee County Metropolitan Planning Commission
Solid Waste Ordinance Landfill Report
Instruction Sheet**

Section 1.

Reporting Quarter: The Solid Waste Ordinance Report shall be completed and remitted to the Genesee County Metropolitan Planning Commission quarterly along with proper required payment of fees. All reports must be submitted within 30 days following the end of the quarter. Please check the appropriate reporting period on the waste report.

The quarters will be based upon a regular calendar year as follows:

1st Quarter: October 1 – December 31

2nd Quarter: January 1 – March 31

3rd Quarter: April 1 – June 30

4th Quarter: July 1 – September 30

Section 2.

Company Information: Include all requested information.

Section 3.

Waste Disposed: In the “Generator” column, state the quantity from each waste hauler in either the “Cubic Yards” or “Tons” column.

Calculation of the “Total” amount of waste collected shall be in cubic yards. The conversion factor to be utilized is three (3) cubic yards per ton. **For example, if 10 tons of waste were collected, the total cubic yards would equal 30.** Multiply this total by the \$0.12 per cubic yard county surcharge to determine the amount to be paid to the county for the surcharge. Remit a check in this amount, payable to the Genesee County Metropolitan Planning Commission with submission of the report.

Genesee County Metropolitan Planning Commission Solid Waste Ordinance Report For Landfills

Completion of this form is required under the Genesee County Solid Waste Ordinance of 2002. Information provided in this report will be utilized to determine the amount of payment due under the required surcharge, as stated in the Ordinance, from your facility. It will also be utilized as a tool to determine the quantity of waste disposed and diverted from the County, along with the amount of material that is recycled.

Section 1:

Date: _____ **Reporting Quarter:** 1st _____ 2nd _____ 3rd _____ 4th _____

Section 2:

Company: _____

Owner: _____

Contact Person: _____ **Title:** _____

Telephone Number: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

I certify that the attached information is accurate and complete to the best of my ability. I understand that any misrepresentation is a violation of the Genesee County Solid Waste Ordinance and may result in revocation of my permit and potential for prosecution. I have also enclosed payment for the proper amount with this report.

Signature

Date

Send Report and Remit Payment to:
Genesee County Solid Waste Management
1101 Beach Street, Room 223
Flint, MI 48502

Section 5:
Industrial Waste Disposed

Generator (Waste Hauler's Name)	Cubic Yards	Tons	Total (Calculate in Cubic Yards)
Total			

1. Total Cubic Yards_____ Residential
2. Total Cubic Yards_____ Commercial
3. Total Cubic Yards_____ Industrial

Total Cubic Yards_____ **x \$0.12 =** _____ **County Surcharge**
(Total of lines 1-3)