

APPENDIX G

SOLID WASTE ANNUAL REPORT FORM

**NOTE:**

The installation Solid Waste Annual Report (SWAR) form is reprinted on the following pages. It is listed to show the types of solid waste information needed to be gathered at the installation to complete the report each year. The SWAR report form will most likely change from year to year but the changes will probably ask for more information, not less.

# FY93 SOLID WASTE ANNUAL REPORT

1 October 1992 through 30 September 1993

## SECTION 1. BASIC INSTALLATION INFORMATION

1.1 INSTALLATION UIC: \_\_\_\_\_ EPA REGION \_\_\_\_\_

1.2 INSTALLATION NAME: \_\_\_\_\_

1.3 MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

1.4 MAJOR CLAIMANT: \_\_\_\_\_ 1.5 EFD: \_\_\_\_\_

1.6 SOLID WASTE (SW) POC: \_\_\_\_\_

1.7 POC TITLE/CODE: \_\_\_\_\_

1.8 TELEPHONE NO: DSN<sup>♦</sup> \_\_\_\_\_ COM \_\_\_\_\_

FAX: DSN<sup>♦</sup> \_\_\_\_\_ COM \_\_\_\_\_

<sup>♦</sup>Defense Switched Network (DSN), formerly AUTOVON

1.9 LIST ANY TENANT OR OTHER ACTIVITIES COVERED BY THIS SURVEY:

TENANT ACTIVITY NAME	UIC	DBOF* (Yes or No)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1.11 DOES INSTALLATION HAVE A SOLID WASTE MANAGEMENT

PLAN (SWMP)? (A formalized plan with an implementing instruction as defined by OPNAVINST 5090.1A and MCO P5090.2, Chapter 10)

A. Yes \_\_\_ No \_\_\_ B. Date of Last Revision \_\_\_\_\_

1.12 DOES INSTALLATION SWMP INCLUDE TENANTS? Yes \_\_\_ No \_\_\_

1.13 IS INSTALLATION SWMP PART OF A LOCAL SWMP? Yes \_\_\_ No \_\_\_

1.14 HAS THE INSTALLATION RECEIVED ANY SW NOVs/NONs OR ANY OTHER COMPLIANCE AGREEMENTS? (Please include copies with Survey)

A. Yes \_\_\_ No \_\_\_ B. Status: \_\_\_\_\_

1.15 A. Does your state have a solid waste reduction goal?

Yes \_\_\_ No \_\_\_

B. If so, what is it?  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 2. SOLID WASTE RECYCLING**

2.1 DOES INSTALLATION HAVE A

SOLID WASTE RECYCLING PROGRAM? (Check one)

Yes \_\_\_ No \_\_\_

(See Chapter 2, section 2.1 of the SWAR Guide)

A. IS IT A QUALIFIED RECYCLING PROGRAM (QRP)?

Yes \_\_\_ No \_\_\_

(As defined by OPNAVINST 5090.1A and MCO P5090.2)

B. WHAT ORGANIZATION ADMINISTERS THE QRP?

(See Chapter 2, Section 2.1B of the SWAR Guide)

(Check one) MWR \_\_\_ PW \_\_\_

Other (specify)  
\_\_\_\_\_

C. DOES THE QRP TRACK PROGRESS? Yes \_\_\_ No \_\_\_

IN ANY COMMUNITY RECYCLING PROGRAMS? Yes \_\_\_\_\_ No \_\_\_\_\_  
(See Chapter 2, Section 2.4 of SWAR Guide) \*Defense Business Operating Funds (DBOF)

2.5 INDICATE EXTENT OF MEASURES TAKEN BY INSTALLATION FOR SOURCE REDUCTION (Check % for source reduction methods your installations practices)								
SOURCE REDUCTION METHOD USED	PERCENTAGE (%)							
	0	10	20	25	50	60	75	90
A. Purchasing more durable goods								
B. Bulk purchasing								
C. Duplex copying								
D. Purchasing recycled goods								
E. Laser printer/toner cartridges								
F. Other(specify)								

2.6 INSTALLATION RECYCLING PROCEEDS ARE USED FOR:

(Check all that apply)

- A. Cost of Recycling \_\_\_\_\_
- B. Health & Safety projects \_\_\_\_\_
- C. Environmental Projects \_\_\_\_\_
- D. Recreation Projects \_\_\_\_\_

2.7 DOES THE INSTALLATION PURCHASE RECYCLED GOODS? Yes \_\_\_ No \_\_\_

List the items purchased

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the process used when purchasing recycled goods

\_\_\_\_\_

\_\_\_\_\_

2.8 SOLID WASTE RECYCLED:

SOLID WASTE TYPE	DBOF*		NON-DBOF		WT/ EST*
	Tons	Revenue	Tons	Revenue	
ALUMINUM					
ALUMINUM CANS					
ASH					
BRASS					
CARDBOARD					
COPPER					
FABRIC/TEXTILES/RAGS					
FERROUS METALS					
FOOD WASTE/GARBAGE					
GLASS					
HDPE BOTTLES					
HI-TEMP ALLOYS					
NEWSPAPER					
NON-FERROUS METALS					
OTHER METALS					
PAPER					
PLASTIC					
STEEL					
TIMBER/WOOD					
OTHERS (specify below)					

2.9 SPECIAL SOLID WASTE RECYCLED: (NON-HAZARDOUS WASTE)					
SOLID WASTE TYPE (List non-hazardous recycled waste)	DBOF <sup>♦</sup>		NON-DBOF		WT/ EST <sup>*</sup>
	Tons	Revenue	Tons	Revenue	
STP (Sewage) SLUDGES					
SANDBLAST RESIDUE					
TIRES					
OTHER (specify below)					

<sup>♦</sup>Defense Business Operating Funds (DBOF), formerly NIF <sup>\*</sup>WT (Weight Ticket) and EST (Estimate): Write W to indicate the tons amount shown above was weighed or write E if it is an estimate.

2.10 DOES YOUR INSTALLATION HAVE A COMPOSTING PROGRAM?  
 Yes \_\_\_ No \_\_\_ (If you answer "Yes", please complete information in section 4.1B or 4.2B)

2.11 AVOIDED DISPOSAL COSTS:

A. Does your installation track recycling avoided disposal costs?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what were they for FY93?

\_\_\_\_\_

B. How were they determined?

\_\_\_ Estimated \_\_\_ Calculated based on avoided tipping fees



**2.12 RECYCLING PROGRAM COSTS:**

(What cost does your Activity incur in implementing the base recycling program?)

	DBOF*	NON-DBOF
Transportation	\$ _____	\$ _____
Collection	\$ _____	\$ _____
Processing	\$ _____	\$ _____
_____	\$ _____	\$ _____
Other (Please indicate)		

\* Defense Business Operating Funds (DBOF), formally NIF

**SECTION 3. SOLID WASTE COLLECTION/TRANSPORTATION**

**3.1 SOLID WASTE COLLECTED BY** (Check all that apply):

Govt \_\_\_\_\_ Contractor \_\_\_\_\_ Other \_\_\_\_\_

**3.2 GOVERNMENT (PWC/PWD/Base Maintenance) COLLECTION COST:**

- A. Annual Labor Cost \$ \_\_\_\_\_
- B. Equipment Costs \$ \_\_\_\_\_
- C. Operation/Maintenance Costs \$ \_\_\_\_\_

**3.3 CONTRACTOR COLLECTION COST:**

- A. Refuse Collection: Annual Cost: \$ \_\_\_\_\_
- B. Recycling: Annual Cost: \$ \_\_\_\_\_  
(Sum of section 2.12)
- C. Greenwaste: Annual Cost: \$ \_\_\_\_\_  
(Landscaping contract cost)

B. TOTAL OTHER COSTS: \$\_\_\_\_\_

**SECTION 4. DISPOSAL OF INSTALLATION SOLID WASTES**

4.1 PRIVATE OR MUNICIPAL DISPOSAL SITES UTILIZED: Complete 4.1A through 4.1E, as they apply to your installation disposal practices. Please write N/A in the sites or facilities not used. NOTE: It is essential that you provide the amount disposed.

A. PRIVATE OR MUNICIPAL LANDFILL DISPOSAL SITE OR SITES USED					
Disposal Site Name City and State	Tipping Fee (\$/ton)	Amount Disposed (tons/Yr)	Miles to Site (1-way)	Remaining Life (years)	WT/EST* (W/E)

B. PRIVATE OR MUNICIPAL COMPOST FACILITY OR DISPOSAL SITE USED					
Compost Facility Site Name City and State	Tipping Fee (\$/ton)	Amount Disposed (tons/Yr)	Miles to Site (1-way)	Remaining Life (years)	WT/EST* (W/E)

C. PRIVATE OR MUNICIPAL INCINERATOR USED (Use 4.1E for medical waste)					
Incinerator Name	Tipping	Amount	Miles	Remaining	WT/

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D. PRIVATE OR MUNICIPAL CONSTRUCTION, DEMOLITION DEBRIS LANDFILL OR DISPOSAL FACILITY USED					
Disposal Site Name City and State	Tipping Fee (\$/ton)	Amount Disposed (tons/Yr)	Miles to Site (1-way)	Remaining Life (years)	WT/EST* (W/E)

E. PRIVATE OR MUNICIPAL MEDICAL WASTE DISPOSAL FACILITY USED					
Disposal Site Name City and State	Tipping Fee (\$/Pound)	Amount Disposed (Lbs/Yr)	Miles to Site (1-way)	Remaining Life (years)	WT/EST* (W/E)

\* Use W to indicate if amount disposed in 4.1A, 4.1B, 4.1C 4.1D, and 4.1E was weighed or E if estimated

4.2 DEPARTMENT OF NAVY (DON) OR FEDERAL GOVERNMENT-OWNED DISPOSAL SITES UTILIZED: (Navy, Marine Corps, or DOD Installation landfill used) Complete 4.2A through 4.2E as they apply to your installation disposal practices. Please write N/A in the sites or facilities not used. NOTE: It is essential that you provide the amount disposed.

A. DON LANDFILL DISPOSAL SITE USED (Must also complete section 5.0)				
Landfill Disposal Site Name	Operator Government Contractor (G or C)	Owner Name and UIC	Amount Disposed (tons/Yr)	WT/EST* (W/E)

B. DON COMPOSTING FACILITY USED				
Composting Facility Site Name	Operator Government Contractor (G or C)	Owner Name and UIC	Amount Disposed (tons/Yr)	WT/EST* (W/E)

C. DON INCINERATOR USED (Use 4.2E for medical waste)				
Incinerator Facility Name	Capacity (tons/Day)	Amount Disposed	Ash Residue Generated	WT/EST* (W/E)

D. DON CONSTRUCTION DEMOLITION DEBRIS LANDFILL DISPOSAL SITE USED (Must also complete out section 5.)				
Landfill Disposal Site Name	Operator Government Contractor (G or C)	Owner Name and UIC	Amount Disposed (tons/Yr)	WT/EST* (W/E)

E. DON MEDICAL WASTE INCINERATOR USED				
Incinerator Facility Name	Capacity (Pound/Day)	Amount Disposed (Pounds/Yr)	Ash Residue Generated (Tons/Yr)	WT/EST* (W/E)

\* Use W to indicate if amount disposed in 4.2A, 4.2B, 4.21C, 4.2D, and 4.2E was weighed or E if estimated

**SECTION 5. INSTALLATION LANDFILL OPERATIONS**

The following information is needed for each Installations landfill. Simply photocopy additional sections 5s as needed for each of your landfills. (If Section 4.2A or 4.2D above was completed, this section needs to be completed.)

5.1 OTHER INSTALLATIONS USING INSTALLATION-OWNED LANDFILL OR INCINERATOR:		
Installation Name	UIC	Landfill (L)

5.2 TOTAL OPERATING COSTS FOR INSTALLATION LANDFILL DISPOSAL SITES:

A. PERSONNEL \$ \_\_\_\_\_  
B. MAINTENANCE \$ \_\_\_\_\_  
C. OTHER \$ \_\_\_\_\_  
D. TOTAL \$ \_\_\_\_\_

5.3 CAPITAL EXPENDITURES:

MCON/PCR No. \_\_\_\_\_ FY \_\_\_\_\_ Costs \$ \_\_\_\_\_

MCON/PCR No. \_\_\_\_\_ FY \_\_\_\_\_ Costs \$ \_\_\_\_\_

MCON/PCR No. \_\_\_\_\_ FY \_\_\_\_\_ Costs \$ \_\_\_\_\_

COMPLETE BELOW INFORMATION FOR EACH INSTALLATION LANDFILL UTILIZED:

5.4 DESIGN CAPACITY (Tons) \_\_\_\_\_ or (Cubic Yards) \_\_\_\_\_

5.5 REMAINING CAPACITY (Tons) \_\_\_\_\_ or (Cubic Yards) \_\_\_\_\_

5.6 FINISHED SURFACE AREA (Acres) \_\_\_\_\_

5.7 DISPOSAL SITE DEPTH (Ft) \_\_\_\_\_

5.8 REMAINING LIFE (Yrs) \_\_\_\_\_

5.9 DEPTH TO GROUNDWATER (Ft) \_\_\_\_\_

5.10 METHODS FOR:

A. LEACHATE CONTROL: \_\_\_\_\_

B. GAS GENERATION/MOVEMENT CONTROL: \_\_\_\_\_



QUALITY OF SWAR INFORMATION. It is essential that we receive accurate solid waste information from reporting installations to Measure Navy and Marine Corps progress in solid waste management. List the essential persons that helped the Solid Waste Point of Contact (listed in Section 1.6) prepare the installation SWAR. Include personnel from DRMO, PW Transportation, PW contracts, PW QC, MWR, Special Services, Environmental Manager, and others that provided information. We will contact the appropriate individuals if further installation information is needed.

SOURCES OF INSTALLATION SOLID WASTE INFORMATION					
Report Section	NAME	CODE	DSN Phone #	Commercial Phone Number	FAX Phone Number

I certify that the FY92 SWAR information submitted herein has been thoroughly reviewed, and verified to the best of my ability.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Official Installation Solid Waste Point of Contact



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Mail completed SWAR to:  
COMMANDING OFFICER  
NFESC

1100 23rd Avenue, Code 424  
PORT HUENEME CA 93043-4340

For assistance call

DSN 551-6628

Commercial (805) 982-6628

or

DSN 551-5309

Commercial (805) 982-5309

FAX DSN 551-4832