Waste Tire Carrier Monthly Report

(Use to prepare annual report required by OAR-340-064-0063(7))

Name of Company (include DBA) _____ Month _____ Year _____

Address _____ DEQ Permit # _____

City, State _____ ZIP _____ **(complete one of these forms for each month)**

Collection Date	Location of Collection Site	Number of Waste Tires	Disposal Date	Location of Disposal Site	Number of Waste Tires

Monthly Total Collected		Monthly Total Disposed	

SUBMIT TO **DEPARTMENT OF ENVIRONMENTAL QUALITY**
811 SW Sixth Avenue
Portland, OR 97204-1390

Please retain copies for three years. Use additional sheets if necessary.

ATTENTION: SWPPD, Waste Tire Coordinator **(503) 229-5913**