



WASTE HANDLING FACILITY REPORT

Chicago Department of Public Health

AS REQUIRED UNDER THE PROVISIONS OF THE CHICAGO ENVIRONMENTAL PROTECTION AND CONTROL ORDINANCE (MCC 11-4-2535): Waste Handling Facilities shall submit to the Commissioner a written annual report summarizing all waste and recyclable material disposition, handling and treatment activities occurring at the facility during each calendar year. The annual report shall contain the following data and information:

- (1) the full name and business address of the permitted facility;
- (2) the full name, business telephone number and e-mail address of a responsible person to contact regarding the content of any written report submitted under this section;
- (3) if applicable, the tonnage of all recyclable material, per material type or category, collected by the permittee during the applicable reporting period; the name and location of the facility to which each type or category of recyclable material was delivered; and the approximate percentage of each type or category of recyclable material delivered to each named facility;
- (4) if applicable, the tonnage of all municipal solid waste collected by the permittee during the applicable reporting period; the name and location to which the municipal solid waste was delivered; and the approximate percentage of municipal solid waste delivered to each named location;
- (5) if applicable, the tonnage of all construction and demolition debris, per material type or category, collected by the permittee during the applicable reporting period; the name and location to which the construction and demolition debris was delivered; and the approximate percentage of construction and demolition debris delivered to each named location; and
- (6) any other information that the Commissioner may require to implement the requirements of this chapter and Chapter [11-5](#) of this Code.

Penalties imposed for violations of this section shall be as provided in Section [11-4-030](#) of this Code.

Any Waste Handling Facility operating within the boundaries of the City of Chicago shall submit an annual Waste Handling Facility Report to the Chicago Department of Public Health. This report must be completed and submitted in its entirety. If a permittee under this section fails to submit in a timely manner the annual recycling report required under subsection (b) of this section or submits an incomplete annual recycling report, such permittee's permit under this section shall not be renewed by the department until such time that the annual recycling report required under subsection (b) of this section is submitted and is complete. If further space is required, please include, as needed, additional sheets as attachments to this Form.

Facility Name: _____

Facility Business Address: _____

Name of Contact Person(s) Responsible for responding to Departmental inquiries ("Responsible Contact Person"): _____

Responsible Contact Person(s) Telephone Number: _____

Responsible Contact Person(s) E-mail Address: _____

Percentage (%) of Private's Customers that are:

_____ Residential _____ Commercial _____ Industrial _____ Institutional _____ Establishments

Reporting Period: January 1 - December 31 (Due Feb 28) _____ Year

Materials Collected by Category

Quantity

- (1) Recyclables (Not including materials listed below) _____ tons
- (2) Municipal Solid Waste (MSW) _____ tons
- (3) Yard Waste _____ tons
- (4) Food Scraps _____ tons
- (5) Electronics _____ tons
- (6) White Goods _____ tons
- (7) Construction and Demolition Debris _____ tons
- (8) Other _____ tons

Approximate Percentage (%) of Construction and Demolition Debris Collected and the Receiving Facility ¹

Name of Facility	Brick	Soil	Rock	Wood	Wall Coverings	Plaster

Name of Facility	Drywall	Plumbing Fixtures	Non-Asbestos Insulation	Roofing Shingles and Other Roof Coverings	Reclaimed Asphalt Pavement	Glass

Name of Facility	Plastics	Electric Wiring	Piping	Stone	Concrete	Other: _____

¹ This tables only apply if you received Construction and Demolition Debris

Approximate Percentage of Waste delivered to Each Facility ²

Facility Name	Percentage
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Certification

As an authorized representative (“Representative”) of the company named below, I hereby certify that I have personally examined and am familiar with the information submitted in this Report; and that, based on my inquiry of those individuals immediately responsible for obtaining that information, I believe, to the best of my knowledge, that all the information submitted here is true, accurate and complete.

Representative’s Name:

Representative’s Title:

Company Name: _____

Representative’s Mailing Address _____

Representative’s Phone Number: _____

Representative’s Fax Number: _____

Representative’s E-mail Address: _____

Representative’s Signature: _____ Date: _____

Submit this Form electronically by e-mail to:

Email: envwastepermits@cityofchicago.org

For further questions and information, please contact:

Director of Environmental Health and Safety Compliance

Department of Public Health

Email: envwastepermits@cityofchicago.org

² Waste that was not recycled at the Facility and must be eliminated.