



## Revenues by Quarter For 2006

This report is to be filed quarterly with the Ohio EPA pursuant to OAC rule 3745-28-03(H) according to the following schedule:  
 First Quarter (January 1 through March 31) – due May 15<sup>th</sup>      Third Quarter (July 1 through September 30) – due November 30<sup>th</sup>  
 Second Quarter (April 1 through June 30) – due August 15<sup>th</sup>      Fourth Quarter (October 1 through December 31) – due February 15<sup>th</sup>

**SWMD**

**Submittal Date:** \_\_\_\_\_

**Section 1: Fee Levels**

Disposal Fee for:      In-district waste      \_\_\_\_\_ per ton  
                                  Out-of-district waste      \_\_\_\_\_ per ton  
                                  Out-of-state waste      \_\_\_\_\_ per ton

Generation Fee (circle one):      \_\_\_\_\_ per ton

Has there been a rate change either at the beginning of or during the quarter? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes," what was the effective date of the change? \_\_\_\_\_

(Please enclose the resolution for the fee amendment ratification with this report)

**Section 2:**      Include all revenue collected which is to be used for the ten allowable uses as defined in ORC Section 3734.57(G).

<u>Revenues</u>	<u>1<sup>st</sup> Quarter</u>	<u>2<sup>nd</sup> Quarter</u>	<u>3<sup>rd</sup> Quarter</u>	<u>4<sup>th</sup> Quarter</u>	<u>Totals</u>
Tier 1 Disposal Fees					
Tier 2 Disposal Fees					
Tier 3 Disposal Fees					
Generation Fees*					
Joint Use Agreements					
Other Revenues					
Reimbursements					
Contracts					
County Contributions					
Donations					
Interest					
Grants					
Projects					
Planning Assessments					
Recycling Revenue					
Taxes					
Tipping Fees					
User Fee					
Fee Penalty					
Other (description):					
Amount					
Minus (-) Bad Debt					
Total Revenue for Year:					

\*      Use attached page to list amounts received from each facility.

**Quarterly Report for Generation Fees/Contracts for 2006**

**SWMD**

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Solid Waste Facility Name      1st Quarter      2<sup>nd</sup> Quarter      3<sup>rd</sup> Quarter      4<sup>th</sup> Quarter      Totals

Facility:  CID#

Dollars	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tonnage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Facility:  CID#

Dollars	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tonnage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Facility:  CID#

Dollars	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tonnage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Facility:  CID#

Dollars	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tonnage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Facility:  CID#

Dollars	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tonnage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Facility:  CID#

Dollars	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tonnage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Facility:  CID#

Dollars	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tonnage	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Total Dollars

Total Tonnage

\* Please ensure that you provide the name of the facility and the Core Identification (CID) number.

**SWMD**

INSTRUCTIONS: You must complete all shaded, outlined blocks. If you provide more detailed information by completing the non-shaded Categories, the sum of the non-shaded categories must equal the totals in the shaded block immediately above.

	<u>District Expenses</u>	<u>Public Contracts</u>	<u>Private Contracts</u>	<u>Total Spent</u>
<b>1. Plan Monitoring/Prep.</b>				
a. District Staff and Legal				
b. Consultants Costs				
c. Other				
<b>2. Plan Implementation</b>				
a. District Administration				
Personnel				
Office Overhead				
Legal Fees				
b. Facility Operation				
MRF				
Landfill				
Compost				
Transfer				
Recycling Center				
c. Tire Collection				
d. HHW Collection				
e. Electronics Collection				
f. Yard Waste Management				
g. Recycling Collection:				
Collection Drives				
Curbside				
Drop-off				
h. Recycling Market Dev.				
i. Dump Cleanup:				
Private land				
Public land				
j. Litter Collection/Education				
k. Engineering Services Contracts				
l. Other Services Contracts				
m. Education/Awareness				
District Staff				
Contracted Agencies/Services				
n. Emergency Debris Management				
o. Other				

<b>3. Health Dept. Enforcement</b>				
<i>Health Department Name:</i> _____				
a. Personnel				
b. Supplies				
c. Equipment				
d. Vehicles				
e. Other				

**Detailed Expenditure by Category for 2006, Quarter \_\_\_\_ (continued)**

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	<u>District Expenses</u>	<u>Public Contracts</u>	<u>Private Contracts</u>	<u>Total Spent</u>
<b>4. County Assistance</b>				
a. Maintaining Roads				
b. Maintaining Public Facilities				
c. Providing Emergency Service				
d. Providing Other Public Services				
<b>5. Well Testing</b>				
a. Personnel				
b. Test Costs				
c. Other				
<b>6. Out-of-State Waste Inspection</b>				
a. Personnel				
b. Equipment/Supplies				
c. Other				
<b>7. Open Dump, Litter Law Enforcement</b>				
<i>Health Department Name:</i> _____				
a. Health Departments				
Personnel				
Vehicle				
Equipment/Supplies				
b. Local Law Enforcement				
Personnel				
Vehicle				
Equipment/Supplies				
c. Other				
<b>8. Health Dept. Training</b>				
<b>9. Municipal/Township Assistance</b>				
a. Maintaining Roads				
b. Maintaining Public Facilities				
c. Providing Emergency Services				
d. Providing Other Public Services				
<b>10. Compensation to Affected Community (ORC Section 3734.35) (landing siting)</b>				
<b>***Total Expenditures***</b>				

**Section 4: Solid Waste Fund Balance**

Fund Balance at the End of Last Quarter:

Revenue Received this Quarter:

Funds Spent this Quarter:

Balance Left at End of This Quarter:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 5: Comment Section**

Please use this area to explain or clarify the information provided within this report. If you are submitting your report electronically, changes to the information for any prior quarters must be noted in this section.

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**Section 6: Signature and Notarization**

I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

\_\_\_\_\_  
Authorizing Signature

Subscribed and sworn before me this \_\_\_\_\_ day of

\_\_\_\_\_, 20

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_

Notary Public

\_\_\_\_\_  
Date