Please submit all monitoring information for each monitoring period in one package with this transmittal form to the address specified above. Please submit only one copy of each submittal and submit complete monitoring reports, NOT partial reports.

**Part I: Landfill Information**

1. Landfill Name:
   Landfill Site Address:
   City/Town:
   Site I.D. Number (if applicable):

2. Owner of the Landfill:
   Mailing Address:
   City/Town: State: Zip Code:
   Business Phone: ext. Fax:
   Contact Person: E-mail:

3. Solid Waste Permit #:
   Date of issuance:
   Solid Waste Operation and Management Plan Title:
   Date:
   Groundwater Discharge Permit #:
   Date of Issuance:
   Order Number:
   Date of Issuance:

**Part II: Submittal Information**

1. Year of Submittal:
   □ 1st Quarter Report   □ 2nd Quarter Report   □ 3rd Quarter Report   □ 4th Quarter Report
   □ 1st Semiannual Report   □ 2nd Semiannual Report
   □ Annual Report
   □ Other: Specify:

2. Submitter Name:
   Mailing Address:
   City/Town: State: Zip Code:
   Business Phone: ext. Fax:
   Contact Person: E-mail:

**Part III: Monitoring Program** Check the appropriate box(es).

□ Drinking Water Wells Sampled   □ Surface Water Sampled   □ Monitoring Wells Sampled