# 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)

<table>
<thead>
<tr>
<th>Collection Date</th>
<th>Location of Collection Site</th>
<th>Number of Waste Tires</th>
<th>Disposal Date</th>
<th>Location of Disposal Site</th>
<th>Number of Waste Tires</th>
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</table>

**Monthly Total Collected** | **Monthly Total Disposed**

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**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.