



1997 ECONOMIC CENSUS

WASTE MANAGEMENT

DUE DATE ▶ **FEBRUARY 12, 1998**

If you have questions about completing this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Toll-free assistance, 8:00 a.m. to 8:00 p.m., eastern time, Monday through Friday:

1-800-233-6136

SV-7700

Please read the accompanying instructions before answering the questions.

Census use

(Please correct any errors in name, address, and ZIP Code.)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1. EMPLOYER IDENTIFICATION NUMBER
Is the Employer Identification Number (EIN) shown in the label the same as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes 2 No - Report current EIN below

(9 digits)

Item 4. LEGAL FORM OF ORGANIZATION
Which of the following best describes this establishment's legal form of organization during 1997?

Mark (X) only ONE box.

- 003 1 Individual owner (sole proprietorship)
- 2 Partnership - Mark (X) this box if you file a partnership Federal income tax form.
- 5 Government - Specify
- 0 Corporation - Mark (X) this box if you file a corporate Federal income tax form, including Subchapter S corporations.
- 9 Other - Specify

Item 2. PHYSICAL LOCATION
a. Is this establishment's physical location the same as the address shown in the label? (P.O. box and rural route addresses are not physical locations)

093 1 Yes 2 No - Report physical location below

Number and street		
City, town, village, etc.	State	ZIP Code

b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 3 No legal boundaries
2 No 4 Do not know

c. In what type of municipality is this establishment physically located?

096 1 City, village, or borough
2 Town or township
3 Other - Specify
4 Do not know

d. In what county (e.g., Dade County) is this establishment physically located?

HOW TO REPORT DOLLAR FIGURES	Dollar figures should be rounded to thousands of dollars.	Mil-	Thou-	Dol-
	Example: If a figure is \$1,125,628.79 report	1	126	
	Preferred Acceptable	1	125	629

Item 5. DOLLAR VOLUME	Mil.	Thou.	Dol.
OPERATING RECEIPTS of this establishment in 1997	010		

Item 6. PAYROLL	Mil.	Thou.	Dol.
Payroll in 1997, BEFORE DEDUCTIONS	030		

a. Annual	031		
b. First quarter (January-March)			

Item 7. EMPLOYMENT	Number
Number of paid employees for pay period including March 12, 1997 (Include both full- and part-time employees)	032

Item 3. OPERATIONAL STATUS Number of months
a. How many months during 1997 was this establishment actively operated? 002

b. Which of the following best describes this establishment's status at the end of 1997? Mark (X) only ONE box.

001 1 In operation Figures only

2 Temporarily or seasonally inactive Month Year

3 Ceased operation - Give date at right

4 Sold or leased to another operator - Give date at right AND enter name, etc., below

Name of new owner or operator		
Number and street		
City	State	ZIP Code

CONTINUE WITH ITEM 8 ON PAGE 2

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Item 8. KIND OF BUSINESS OR ACTIVITY

a. Mark (X) the ONE box which best describes the business or activity that accounted for the MAJOR portion of this establishment's receipts in 1997.

Waste collection 070

- Solid waste 4212611
- Hazardous waste 4212621
- Solid waste transfer station 4212612
- Other waste collection – Describe 4212691

Waste treatment facility or disposal site

- Hazardous waste 4953041
- Medical waste treatment 4953042
- Solid waste landfill 4953051
- Solid waste combustors and incinerators 4953061
- Other nonhazardous waste treatment – Describe 4953091

Other waste management and related sanitary services

- Materials recovery facility 4953071
- Remediation services (e.g. remediation or cleaning up of contaminated sites, including soil and water contaminant cleanup) 4959011
- Asbestos, or lead paint removal 1799301
- Cesspool and septic tank cleaning, sewer cleaning and rodding 7699311
- Sewerage systems 4952001
- Portable toilet rental 7359081
- Drain cleaning (except plumbing repair) 7699321
- Airport and runway sweeping and vacuuming 4959031
- Snowplowing or street cleaning service 4959021
- Engineering services 8711001
- Environmental consulting 8999201
- Selling recyclable paper and paperboard 5093301
- Selling other recyclable materials 5093901
- Other waste management services – Describe 4959091

Other kind of activity – Describe 7777777

b. Was this establishment primarily engaged in providing management, administrative or support services to other establishments of the same company (rather than for the general public or other business firms) in 1997? 415

- 1 Yes
- 2 No

Item 9. SOURCES OF RECEIPTS

Report receipts by source either in dollar figures (see example for item 5) or as percentages (in whole percents) of the total – see example below.

Please do **not** combine data for two or more receipts lines.

HOW TO REPORT PERCENTS	If figure is 38.76% of total sales:	Mil.	Thou.	Dol.	Per-cent
	• Report whole percents				39
	Not acceptable				38.76

Sources of receipts	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per-cent
a. Collection of garbage and trash (except hazardous waste)	400	401			402
b. Collection of hazardous waste (including medical waste)	4200				
c. Tipping fees from solid waste landfill, incinerator, combustor, transfer station, or other disposal site (except hazardous waste)	4300				
d. Tipping fees from hazardous waste incinerator, combustor, landfill, transfer station, or other disposal site (including medical waste)	4350				
e. Sale of methane gas or electricity	4400				

Item 9. SOURCES OF RECEIPTS – Continued

Sources of receipts	Cen-sus use	ESTIMATES are acceptable. Report dollars OR percents.			
		Mil.	Thou.	Dol.	Per-cent
f. Sale of recyclable materials	4450	401			402
g. Cesspool and/or septic tank cleaning, or sewer cleaning and rodding	4500				
h. Remediation services – including asbestos or lead paint removal (receipts from the work to remediate/cleanup contaminated sites)	4550				
i. Portable toilet rental	4600				
j. Environmental consulting	4650				
k. Sales of merchandise – Describe if this is the largest source of receipts 076	8617				
l. All other receipts – Describe if more than 10 percent of total receipts 077	8966				
m. TOTAL (Should equal item 5 if reporting in dollars)	8990				100%

Item 10. RECEIPTS, BY CLASS OF CLIENT

Estimate the percentage of receipts (reported in item 5) by class of client

Report in whole percent of receipts

a. Individuals	450
b. Trade, farming, industrial, transportation, financial, and other business firms	451
c. Federal Government	452
d. State and local governments	453
e. All other	454
f. TOTAL	100%

Item 11. EXPORTED SERVICES

NOTE – An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located **outside** the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions). Services performed for unaffiliated and affiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.) are included. Services provided to domestic subsidiaries of foreign firms are excluded.

Did the receipts reported in item 5 include any amounts received for exported services?

- 405 1 Yes – Amount
- 2 No

Mil.	Thou.	Dol.
406		

CONTINUE WITH ITEM 12 ON PAGE 3

Census File Number

If not shown, please enter your 11-digit Census File Number from the address label on page 1

Item 12. OWNERSHIP, CONTROL, AND LOCATIONS OF OPERATION

a. Is the FIRST DIGIT of your Census File Number (shown in the address label immediately after "CFN") a zero?

- 1 Yes – Complete this item
- 2 No – Skip to item 13

b. Is this company owned or controlled by another company?

- 097 1 Yes →
- 2 No

Enter name, address, and EIN of the owning or controlling company

EIN (9 digits)

c. Does this company own or control any other company or companies?

- 098 1 Yes →
- 2 No

Enter name, address, and EIN of the owned or controlled company

EIN (9 digits)

d. How many establishments operated under the Employer Identification Number shown in the label (or as corrected in item 1) AT THE END of 1997?

Number
079

If more than one, provide the **physical location** address and other information indicated below for each establishment. The headquarters location should be first, followed by all other locations. If more room is needed, continue in the same format in REMARKS or on a separate sheet of paper.

Estimates are acceptable if book figures are not available.

	Name	Number and street	City	State	ZIP Code	Kind-of-business description	1997	Mil.	Thou.	Dol.
							Receipts			
1							081			
							082			
							Paid employees for pay period including March 12			
							083			
							Census use ⁰⁸⁸			
2							081			
							082			
							Paid employees for pay period including March 12			
							083			
							Census use ⁰⁸⁸			
3							081			
							082			
							Paid employees for pay period including March 12			
							083			
							Census use ⁰⁸⁸			

REMARKS – Please use this space for any explanations that may be essential in understanding your reported data.

Item 13. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.

Period covered by this report	FROM: Mo. Year	TO: Mo. Year	Name of person to contact regarding this report – <i>Print or type</i>		
Telephone	Area code	Number	Extension	Title	
Signature of authorized person					Date

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS

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