

MONTHLY DISPOSAL STATEMENT



WASHINGTON STATE DEPARTMENT OF
Natural Resources

Month/Day/Year - to - Month/Day/Year: _____

Site: _____

Grantee Name: _____ DNR SUA #: _____

Contractor name/Contact number: _____

<u>Barge Load</u>	<u>Date</u>	<u>Vessel/Barge Name</u>	<u>Cubic Yards</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Clarify/Elaborate how cubic yards (CY) of volume disposed were measured:

Authorized Representative Signature and Title

TOTAL VOLUME _____

