## SOLID WASTE COMPANIES

**Class A** 

Annual Intrastate Gross Operating Revenue More Than \$5 Million

Class B

Annual Intrastate Gross Operating Revenue Less Than \$5 Million

2021 ANNUAL REPORT

Report Year Ended: December 31, 2021

Registered Name of Business on file with Co	ommissio	<u>n</u>	
Basin Disposal of Washington, LLC	dba:	N/A	
Official Physical Address		Certificate Number	
1220 W Pine		N/A	
City		State	ZIP Code
Walla Walla		WA	99362
Official Email Address			
office@basindisposal.com			
Official Mailing Address			
X If same as above			
PO Box 3850			
City		State	Zip Code
Pasco		WA	99302
Telephone	Fax		
509-547-2476	5	09-547-8617	
Official Email Address office@basindisposal.	.com		
Company Website www.basindisposal.co			
NOTE : If any information listed above has been	updated, y	ou must immediately inf	orm the UTC.
Please send updates to records@utc.wa	a.gov		
Inquiries concerning this An	nual Repo	rt should be addressed	to:
Name: Darrick Dietrich			
Title: Member			

Name:	Darrick Dietrich			
Title:	Member			
Address:	PO Box 3850			
City:	Pasco			UTC
State:	WA	Washington Utilities and Transportation Commission		
Telephone:	509-547-2476			
Email:	office@basindisposal.co			

#### REPORT MUST BE RECEIVED NO LATER THAN: May 1, 2022

**NOTE:** If May 1 falls on a weekend, unless you are filing your report and making your payment electronically, you *must* make sure your report and payment reaches the UTC offices the business day *before* May 1.



# Ownership

Instructions:

List the first name (or Company Name), last name (or State of Registration), title, and percentage of all owners holding directly or indirectly five percent or greater of voting securities of the Company.
Group all owners holding less than five percent as 'Other Owners'.

Represent Percentage in decimal form (e.g., 80% is entered as 0.8000).

First Name (or Company)	Last Name (or State Registered)	Title	Ownership
Darrick	Dietrich	Member	1.0000
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
Sum of Other Owne	-		

#### Industry Specific Information

USDOT Number
If you need to locate your USDOT number, go to

U.S. Department of Transportation Federal Motor Carrier Safety Administration

USDOT No.

396276

Insurance Information					
List current insurance information					
Insurance Company	Policy No.	Company Phone No.			
Alaska National Insurance Company	20G AS 11815, 20G LU 11815	1-800-231-1363			
Travelers	105661078	1-888-401-5529			
Alaska National Insurance Company	20G PS 11815, 21G IA 11815	1-800-231-1363			

Emergency Contact Information						
List the Name and Contact Information for the Safety Director and Claims Manager.						
Title         Name         Principal Business Address         Phone No.						
Safety Director	Jasen Markee	2021 N. Commercial Ave. Pasco, WA 99301	(509) 547-2476			
Claims Manager	Francisco Alcala	2021 N. Commercial Ave. Pasco, WA 99301	(509) 544-7709			

Does the company understand and acknowledge the responsibilities under Washington Administrative Code (WAC) 480-70-386? To review the requirements, go to the websites below

WAC 480-70-386

			Please type Yes or No:	Yes			
The UTC may receive a consumer complaint against your company. The UTC will send the complaint to your company for a response. Please enter your company's contact information for any UTC referred consumer complaints.							
Name	Title	Address	Email	Phone			
Customer Service Department	N/A	PO Box 3850, Pasco, WA 99302	customerservice@basindisposal.com	509-547-2476			
N/A	N/A	N/A	N/A	N/A			
N/A	N/A	N/A	N/A	N/A			
N/A	N/A	N/A	N/A	N/A			

SCHEDULE 1					
Vehicle and Mileage Information					
Vehicle Inform	ation				
Instruction	S				
<ul> <li>Indicate the number of drivers and vehicles used in UTC-regulated operations.</li> <li>Do not leave fields blank - if not applicable, enter 0.</li> </ul>					
Drivers employed		14			
Total vehicles operated		10			
Total vehicles owned		10			
Total vehicles leased		0			
Total vehicles under 10,000 lbs. (gvw rating)		0			
Total Operating	Miles				
Instruction	S				
<ul> <li>Report all miles driven by company vehicles.</li> <li>Intrastate miles are all miles driven where both the start and end points were within Washington.</li> <li>Interstate miles are all miles driven where the start and/or end point of the trip were outside Washington.</li> <li>Do not leave fields blank - if not applicable, enter 0.</li> </ul>					
UTC-Regulated Intrastate Miles	1	28,711			
Interstate Miles		0			
Recordable Intrastate and Ir	nterstate Accidents				
Instruction	S				
<ul> <li>Report only accidents that meet one or more of the three criteria below.</li> <li><u>Here is how this schedule should be completed.</u> For recordable accidents, the accident should include a fatality, an injury, or disabling damage. The number of recordable accidents <i>is not</i> a total of the other categories.</li> <li>Example: An accident that includes a fatality, an injury to a person requiring immediate treatment away from the scene, as well as disabling damage to a vehicle requiring it to be towed from the scene, you would enter 1 for each of those columns. It would still be recorded as 1 recordable accident, not 3.</li> </ul>					
fatality, an injury, or disabling damage. The number of rece categories. Example: An accident that includes a fatality, an injury to a from the scene, as well as disabling damage to a vehicle r would enter 1 for each of those columns. It would still be re	prodable accidents <b>is n</b> o person requiring immo equiring it to be towed ecorded as 1 recordabl	ot a total of the other ediate treatment away from the scene, you e accident, not 3.			
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fatality, an injury, or disabling damage. The number of record categories. Example: An accident that includes a fatality, an injury to a from the scene, as well as disabling damage to a vehicle r would enter 1 for each of those columns. It would still be re- For more information about your company's recordable ac System by clicking the link below, enter your U.S. DOT nu - <b>Do not leave fields blank</b> - if not applicable, enter 0. Safety Measurement System (dot.gov) Recordable Accidents A fatality An injury to a person requiring immediate treatment away from	ordable accidents <i>is n</i> person requiring imme equiring it to be towed ecorded as 1 recordabl cidents, please visit the mber and click the Cra <u>Click here to also review</u> <u>Regulations (eCFR) §390</u> UTC-Regulated Intrastate 0 0	of a total of the other ediate treatment away from the scene, you e accident, not 3. e Safety Measurement sh Indicator link. <u>7 49 Code of Federal</u> 0.5 Definitions. Interstate 0			

## SCHEDULE 2 PROPERTY TRANSPORTATION VEHICLE LISTINGS

Instructions

Complete for UTC-regulated operations

- All fields must be completed. Extra lines may be left blank.

For comment section - you may enter any comment you believe is needed for that particular vehicle - example: sold, damaged, no longer in service, used occassionally, etc.
 For additional vehicles, extend the Line Number in same format until all data is represented.

Line No.	Year	Make	Model	State of Registration	License No.	VIN	Company Unit Number	Any Comment about vehicle (Can leave blank if no comment needed)
1	2002	Peterbilt	320	WA	A42438M	1NPZLT0X13D714755	91	
2	2012	Peterbilt	320	WA	B29542T	3BPZL70X1CF144814	121	
3	2012	Peterbilt	320	WA	B28626T	3BPZL70X9CF148884	122	
4	2012	Peterbilt	320	WA	B28694T	3BPZL70X0CF148885	303	
5	1998	Volvo		WA	A52752Z	4VMDCMBE9WN747590	T-25	
6	2000	Peterbilt	320	WA	A55836F	1NPZLA0X9YD711811	74	
7	2000	Peterbilt	320	WA	34229Y	1NPZLA0X7YD712102	75	
8	2002	Peterbilt	320	WA	A94648K	1NPZLT0X22D713631	84	
9	2003	Peterbilt	320	WA	A42395M	1NPZLT0X33D714756	90	
10	1993	Peterbilt	360	WA	A27443V	1XP6DR9X1PD607741	T-14	
11	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
12	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
13	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
14	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
15	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
16	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
17	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
18	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
19	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
21	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

# **SCHEDULE 3**

# **Fuel Consumption Statistics**

### Instructions

- If company had a fuel surcharge, list revenues from surcharge.

- All fields must be completed. Do not leave blank - if field is not applicable, enter 0.

- If listing other fuels, expand the cell to meet needs. Text wrap is permissible.

	\$0.00 Column 3		
Fuel Type	Total Annual Gallon Equivalents Purchased	Total Annual Gallon Equivalents Purchased	
Diesel	54,072	\$168,762.42	\$104,632.70
Unleaded Gasoline	115	\$1,022.81	\$634.14
Compressed Natural Gas (CNG)	0	\$0.00	\$0.00
Propane	0	\$0.00	\$0.00
Other (specify in Footnote)	833	-\$5,081.68	-\$3,150.64
Total Annual Purchases	\$55,020.38	\$164,703.55	\$102,116.20
	-\$102,116.20		

Schedule 3 Footnotes (add lines as needed):					
Other - Fuel tax credit					

# SCHEDULE 4

# **Total Company Employee Classification and Compensation**

Instructions

-Indicate the number of employees and total wages paid in each category. - **Do not leave fields blank** - if not applicable, enter 0.

Line No.	Employee Classification	Number of Employees	Salary / Wages
1	Drivers and Helpers	15	\$437,007.68
2	Mechanics and Service	1	\$71,050.09
3	Disposal and Transfer	0	\$0.00
4	Office and Administration	3	\$193,486.27
5	Officers and Directors	0	\$0.00
6	Other (specify in Footnote)	0	\$0.00
7	Totals	19	\$701,544.04

Schedule 4 Footnotes:					

# SCHEDULE 5 Total Company Solid Waste Operating Property

### (As of December 31, 2021)

Instructions

- Do not leave fields blank - if not applicable, enter 0.

- Classify regulated and non-regulated fixed assets and reserves into the categories listed below, including those related to disposal and transfer station facilities.

	e Acct. # Fixed Assets		Balance End of Year
(L)	(a)	(b)	(c)
1	1211	Land	\$0
2	1212	Structures	\$0
3	1222	Solid Waste Collection Equipment	\$1,235,768
4	1224	Bins, Containers, Toters, Drop Boxes, etc.	\$2,677,178
5	1226	Disposal/Landfill/Transfer Station Facilities and Equipment	\$0
6	1230	Service Cars and Equipment	\$113,155
7	1240	Shop and Garage Equipment	\$0
9	1250	Office Furniture and Fixtures	\$129,562
10	1270	Leasehold Improvements	\$568,892
11	1280	Other Solid Waste Operating Property (specify in Footnote)	\$0
12		Total Fixed Assets	\$4,724,555
Line	Acct. #	Accumulated Depreciation	Balance End of Year
(L)	(a)	(b)	(c)
13	1213	Structures	\$0
14	1223	Solid Waste Collection Equipment	(\$1,119,555)
15	1225	Bins, Containers, Toters, Drop Boxes, etc.	(\$1,823,781)
16	1227	Disposal/Landfill/Transfer Station Facilities and Equipment	\$0
17	1231	Service Cars and Equipment	(\$19,334)
18	1241	Shop and Garage Equipment	\$0
19	1251	Office Furniture and Fixtures	(\$126,086)
20	1271	Leasehold Improvements	(\$535,533)
21	1281	Other Solid Waste Operating Property (specify in Footnote)	\$0
22		Total Accumulated Depreciation	(\$3,624,289)

	Schedule 5 Footnotes (add lines as needed):						
N/A							
N/A							
N/A							
N/A							
N/A							
N/A							
N/A							

# **SCHEDULE 6** Balance Sheet - Assets - Total Company (As of December 31, 2021)

Instructions

- D	ο	not	lea	ve	field	s	blank -	if	not	t ap	pli	ca	ble,	, (	ente	r (	0.
-									-								

- Schedule 6, Line 27 must equal Schedule 7, Line 28

Line	Account Name	Balance End of Year
(L)	(a)	(b)
	Current Assets:	
1	Cash and Working Funds	\$311,857
2	Special Deposits	\$8,353
3	Temporary Cash Investments	\$0
4	Notes Receivable	\$0
5	Receivables from Affiliated Companies	\$51,673
6	Accounts Receivable	\$431,204
7	Less: Allowance for Uncollectables	(\$15,000)
8	Net Accounts Receivable	\$416,204
9	Prepayments	\$94,290
10	Materials and Supplies	\$0
11	Other Current Assets (specify in Footnote)*	\$174,578
12	Total Current Assets	\$1,056,956
	Tangible Property:	
13	Solid Waste Operating Property (Schedule 5, Line 12)	\$4,724,555
14	Less: Accumulated Depreciation (Schedule 5, Line 22)	\$3,624,289
15	Net Solid Waste Operating Property	\$1,100,266
16	Total Net Tangible Property	\$1,100,266
	Intangible Property:	
17	Organization, Franchises, and Permits	\$0
18	Less: Accumulated Amortization - Credit	\$0
19	Other Intangible Property	\$0
20	Less: Accumulated Amortization - Credit	\$0
21	Total Net Intangible Property	
	Other Assets and Deferred Items:	
22	Investment and Advances	\$117,042
23	Undistributed Earnings from Subsidiaries	\$0
24	Deferred Debits	\$0
25	Other Assets and Deferred Items: (specify in Footnote)	\$0
26	Total Other Assets and Deferred Items	\$117,042
27	Total Assets (add lines 12, 16, 21 and 26)	\$2,274,264

Schedule 6 Footnotes:					
Line 11 - Construction in Progress, Capital in Progress, and Fleet in Progress					
Line 19 - None					
Line 25 - None					

# SCHEDULE 7 Balance Sheet - Liabilities and Equity - Total Company

#### (As of December 31, 2021)

Instructions

• Do not leave fields blank - if not applicable, enter 0.

Schedule 6, Line 27 must equal Schedule 7, Line 28.

Line	Account Name	Balance End of Year
(L)	(a)	(b)
	Current Liabilities:	
1	Notes Payable	\$0
2	Payables to Affiliated Companies	\$575,640
3	Accounts Payable	\$101,945
4	Salaries and Wages Payable	\$32,235
5	Accrued Taxes	\$99,453
6	Current Portion of Long Term Debt (Equipment and Other)	\$0
7	Other Current Liabilities (specify in Footnote)	\$19,475
8	Total Current Liabilities	\$828,748
	Long Term Debt After 1 Year:	
9	Equipment Obligations	\$0
10	Other Long Term Debt (specify in Footnote)	\$0
11	Unamortized Premium / Discount of Debt - (net)	\$0
12	Total Long Term Debt After 1 Year	
	Deferred Credits and Other Items:	
13	Deferred Credits	\$0
14	Other Credits (specify in Footnote)	\$0
15	Total Deferred and Other Credits	
16	Total Liabilities (Add Lines 8, 12, and 15)	\$828,748
	Shareholder's and Proprietor's Equity:	
17	Capital Stock	
18	Capital Stock	\$0
19	Paid in Capital in Excess of Par	\$0
20	Other Capital (specify in Footnote)	\$0
21	Total Capital Stock	
22	Proprietor's Equity	
23	Sole Proprietor's Capital	\$74,117
24	Partnership Capital	\$0
25	Total Proprietor's Capital	\$74,117
26	Retained Earnings	\$1,371,398
27	Total Equity (Add Lines 21 and 26 or 25)	\$1,445,516
28	Total Liabilities and Equity (Line 16 plus Line 27)	\$2,274,264

#### Schedule 7 Footnotes:

Line 7 - Prepayment refund, Refunds payable, Medical Insurance premiums (self insured), Life insurance premiums, WUTC registration fee, and Purchase order accruals.

# SCHEDULE 8 Revenues

#### (For the Year Ended December 31, 2021)

#### Instructions

Classify revenues for the year into the categories listed below.
 Do NOT leave fields blank. If a field is not applicable, enter 0.

Line	Account Name	Regulated Revenue	Non-Regulated Revenue	Total Company Solid Waste Revenue
(L)	(a)	(b)	(c)	(d)
	Garbage C	ollection		
1	Residential Garbage	\$1,369,458	\$1,031,127	\$2,400,585
2	Commercial Collection	\$536,816	\$335,259	\$872,075
3	Drop Box / Compactor Collection	\$159,183	\$34,614	\$193,797
4	Drop Box / Com. Pass Thru Disposal	\$285,212	\$61,848	\$347,060
5	Other Garbage Collection (specify in Footnote)	\$9,316	\$5,388	\$14,704
	Recycling, Yard Waste, Org	anics and Medica	l Waste	
6	Residential Recycling Collection	\$0	\$587,683	\$587,683
7	Multi-Family Recycling Collection	\$0	\$0	\$0
8	Sale of Recycle Commodities	\$0	\$1,986	\$1,986
9	Recycling Credits to Customers - (debits)/credits	\$0	\$0	\$0
10	Yard Waste/Organics Collection	\$0	\$0	\$0
11	Medical Waste Collection	\$0	\$0	\$0
12	Other Revenue (specify in Footnote)	\$0	\$74,026	\$74,026
13	Total Solid Waste Operating Revenue	\$2,359,986	\$2,131,931	\$4,491,917

#### Schedule 8 Footnotes:

Line 5 - Other Fees Line 12 - Other Recycling Fees, Commercial Recycling Collection, Industrial Recycling Hauling

# SCHEDULE 9 Customers

### (As of December 31, 2021)

#### Instructions

Provide the requested information for each customer classification as of year-end.
 Do not leave fields blank - if a field is not applicable, enter 0.

Line	Customer Classification	Number of Regulated Customers	Number of Non- Regulated Customers	Total Solid Waste Customers
(L)	(a)	(b)	(c)	(d)
	Garbage C	ollection		
1	Residential Collection	4,535	2,831	7,366
2	Commercial Collection	444	99	543
3	Drop Box and Compactors	44	4	48
4	Other Garbage Collection (specify in Footnote)	0	0	0
5	Total Customers	5,023	2,934	7,957
	Recycling, Yard Waste, Org	anics, and Medi	cal Waste	
6	Residential Recycling	0	10,205	10,205
7	Multi-Family Recycling	0	0	0
8	Yard Waste/Organics Collection	0	0	0
9	Medical Waste Collection	0	0	0
10	Other Customers (specify in Footnote)	0	118	118

Schedule 9 Footnotes:							
Line 10 - Commercial Recycling and Industrial Recycling							

# SCHEDULE 10 INCOME STATEMENT

#### (For calendar year ended December 31, 2021)

Instructions

Complete Total Company Income Statement in accordance with the end-of-year accumulated figures. **Do NOT leave fields blank** - if a field is not applicable, enter 0.

Line	Account Name	Total Company
	Revenues	
1	Solid Waste Operating Revenues (Sch 8, Line 13, Column d)	\$4,491,91
2	Grants / Debt Forgiveness	\$
3	Other (specify in Footnote)	\$
4	Total Revenues (Line 1 thru Line 3)	\$4,491,91
	Expenses	
5	Employee Salaries	\$701,54
6	Employee Benefits	\$230,72
7	Truck Operating Costs	\$164,70
8	Repair and Maintenance	\$308,08
9	Insurance and Safety	\$38,36
10	Disposal and Processing	\$1,658,64
11	Depreciation	\$189,48
12	Selling and Advertising	\$10,66
13	Office and Administration	\$133,15
14	Management Fees	\$6,13
15	Taxes and Licenses	\$129,90
16	Rents	\$105,47
17	Other Expenses (specify in Footnote)	\$12,66
18	Total Expenses before Other Items (add Lines 5 through 17)	\$3,689,54
19	Net Income before Other Items (Line 4 minus Line 18)	\$802,3
	Other Income and Expenses	
20	Other Income/(Loss) (specify in Footnote)	\$1,36
21	Interest, Dividends, and Other Investment Income/(Loss)	\$60
22	Distrib./Undistrib. Income/(Loss) from Subsidiaries	ę
23	Interest Expense	(\$7,7
24	Other Deductions (specify in Footnote)	ę
25	Total Other Income and Expenses (add Lines 20 through 25)	\$5,68
26	Net Income before Federal Income Taxes (Line 19 plus Line 25)	\$796,68
27	Federal Income Taxes	ę
28	Net Income (Loss) (Line 26 minus Line 27)	\$796,6
	Schedule 10 Footnotes:	
	laneous Revenue/Expenses, Other Operating Expenses and Bad Debt Expense/Write offs	
	loss of Sale of Assets	
e 24 -None		

# SCHEDULE 11 Regulated Recycle Program

(For calendar year ended December 31, 2021)

Instructions

- All fields must be completed. Do not leave fields blank - if field is not applicable, enter 0.

List tonnage and Revenue and Expense for each commodity category.
 If another commodity recycling program is offered, enter commodity category in "Other:"

## REGULATED RESIDENTIAL Recycling Program Summary

Commodity	Annual Tonnage	Commodity Revenue	Commodity Expense				
Mixed Paper	0	\$0	\$0				
Cardboard	0	\$0	\$0				
Plastic	0	\$0	\$0				
Metal	0	\$0	\$0				
Glass	0	\$0	\$0				
Commingle	0	\$0	\$0				
Contamination	0	\$0	\$0				
Other:	0	\$0	\$0				
Other:	0	\$0	\$0				
Total:	0	\$0	\$0				

REGULATED MULTI-FAMILY Recycling Program Summary					
Commodity	Annual Tonnage	Commodity Revenue	Commodity Expense		
Mixed Paper	0	\$0	\$0		
Cardboard	0	\$0	\$0		
Plastic	0	\$0	\$0		
Metal	0	\$0	\$0		
Glass	0	\$0	\$0		
Commingle	0	\$0	\$0		
Contamination	0	\$0	\$0		
Other:	0	\$0	\$0		
Other:	0	\$0	\$0		
Total:	0	\$0	\$0		

	Vard			LE 12 nics Prog	ram	
	Taru		structio		am	
	plete this schedule if Yard Waste/Orgar					
lf s	ervice is not offered, complete first line a	as "Not Applica	able" in	Disposal Site Na	ne.	
- Add	additional lines as necessary to list all fa	acilities and sit	es.			
- Do r	not abbreviate Disposal Site Name.					
201						
		End of Y	Year Di	sposal Fee		
Line No.	Disposal Site Name	USD (\$)		Unit Type (From drop down list)	No. of Units	Total Disposal Fees
	Total of Yard Waste and Organics					
1	Not Applicable		per			
2			per			
3			per			
4			per			
5			per			
6			per			
7			per			
8			per			
9			per			
10			per			
11			per			
12			per			
13			per			
14			per			
15			per			
16			per			
17			per			
18			per			
19			per			
20 21			per			
21			per			
22			per per			
23			per			
24			per			
26			per			
20			per			

# **SCHEDULE 13** Garbage Disposal Fees

- Total Pass Through Disposal Expenses should equal Total Pass Through Revenue in Schedule 10. - Add additional lines as necessary to list all facilities and sites. - Do not abbreviate Disposal Site Name.

		End of Ye	ar M Fe	SW Disposal e		idential & mmercial	Pass	Through	
Line No. (L)	Site Name	USD (\$)		Unit Type (From drop down list)	No. of Units (b)	\$ Expense (c)	No. of Units (d)	\$ Expense (f)	Total Disposal Fees
	Total of Garbage Disposal Fees								\$1,611,624
	Sudbury Landfill - City of Walla Walla	\$96.30	per	Ton	12,793	\$1,231,950	3,604	\$347,060	\$1,579,010
2	Columbia County Transfer Station	\$96.30	per	Ton	339	\$32,614			\$32,614
3	N/A	N/A	per						
4	N/A	N/A	per						
5	N/A	N/A	per						
6	N/A	N/A	per						
7	N/A	N/A	per						
8	N/A	N/A	per						
9	N/A	N/A	per						
10	N/A	N/A	per						
11	N/A	N/A	per						
12	N/A	N/A	per						
13	N/A	N/A	per						
14	N/A	N/A	per						
15	N/A	N/A	per						
16	N/A	N/A	per						
17	N/A	N/A	per						
18	N/A	N/A	per						
19	N/A	N/A	per						
20	N/A	N/A	per						
21	N/A	N/A	per						
22	N/A	N/A	per						
23	N/A	N/A	per						
24	N/A	N/A	per						
25	N/A	N/A	per						
26	N/A	N/A	per						
27	N/A	N/A	per						

# **SCHEDULE 14** Medical Waste Disposal and Processing Expenses Instructions

Add additional lines as necessary to list all facilities and sites.
 Do not abbreviate Disposal Site Name.

Line No.	Site Name	Tons	Processing Expense	Disposal Expense	Total Expense
	Total of Medical Waste Disposal and Pro	ocessing			
1	Not Applicable	-	\$0.00	\$0.00	
2	Not Applicable	-	\$0.00	\$0.00	
3	Not Applicable	-	\$0.00	\$0.00	
4	Not Applicable	-	\$0.00	\$0.00	
5	Not Applicable	-	\$0.00	\$0.00	
6	Not Applicable	-	\$0.00	\$0.00	
7	Not Applicable	-	\$0.00	\$0.00	
8	Not Applicable	-	\$0.00	\$0.00	
9	Not Applicable	-	\$0.00	\$0.00	
10	Not Applicable	-	\$0.00	\$0.00	
11	Not Applicable	-	\$0.00	\$0.00	
12	Not Applicable	-	\$0.00	\$0.00	
13	Not Applicable	-	\$0.00	\$0.00	
14	Not Applicable	-	\$0.00	\$0.00	
15	Not Applicable	-	\$0.00	\$0.00	
16	Not Applicable	-	\$0.00	\$0.00	
17	Not Applicable	-	\$0.00	\$0.00	
18	Not Applicable	-	\$0.00	\$0.00	
19	Not Applicable	-	\$0.00	\$0.00	
20	Not Applicable	-	\$0.00	\$0.00	
21	Not Applicable	-	\$0.00	\$0.00	
22	Not Applicable	-	\$0.00	\$0.00	
23	Not Applicable	-	\$0.00	\$0.00	
24	Not Applicable	-	\$0.00	\$0.00	
25	Not Applicable	-	\$0.00	\$0.00	
26	Not Applicable	-	\$0.00	\$0.00	
27	Not Applicable	-	\$0.00	\$0.00	
28	Not Applicable	-	\$0.00	\$0.00	
29	Not Applicable	-	\$0.00	\$0.00	
30	Not Applicable	-	\$0.00	\$0.00	

# **SCHEDULE 15** Other Disposal and Processing Expenses

Add additional lines as necessary to list all facilities and sites.
 Do not abbreviate Disposal Site Name.

Line No.	Site Name	Tons	Disposal Expense	Processing Expense	Total Expense
	Total of Other Disposal and Processing				\$47,017.90
1	Walla Walla Recycling	1,343		\$47,017.90	\$47,017.90
2	N/A	N/A	N/A	N/A	
3	N/A	N/A	N/A	N/A	
4	N/A	N/A	N/A	N/A	
5	N/A	N/A	N/A	N/A	
6	N/A	N/A	N/A	N/A	
7	N/A	N/A	N/A	N/A	
8	N/A	N/A	N/A	N/A	
9	N/A	N/A	N/A	N/A	
10	N/A	N/A	N/A	N/A	
11	N/A	N/A	N/A	N/A	
12	N/A	N/A	N/A	N/A	
13	N/A	N/A	N/A	N/A	
14	N/A	N/A	N/A	N/A	
15	N/A	N/A	N/A	N/A	
16	N/A	N/A	N/A	N/A	
17	N/A	N/A	N/A	N/A	
18	N/A	N/A	N/A	N/A	
19	N/A	N/A	N/A	N/A	
20	N/A	N/A	N/A	N/A	
21	N/A	N/A	N/A	N/A	
22	N/A	N/A	N/A	N/A	
23	N/A	N/A	N/A	N/A	
24	N/A	N/A	N/A	N/A	
25	N/A	N/A	N/A	N/A	
26	N/A	N/A	N/A	N/A	
27	N/A	N/A	N/A	N/A	
28	N/A	N/A	N/A	N/A	
29	N/A	N/A	N/A	N/A	
30	N/A	N/A	N/A	N/A	

	SCHEDULE 16 Contracted Cities			
	Instructions			
- List - Do i	all Washington jurisdictions that have contracted the company for one or mo cities in alphabetical order. not abbreviate city names. cate the services provided.	re services		
	additional lines as necessary to list all facilities and sites. Extra line may be I	eft blank.		
Line No.	City	Solid Waste	Recycle	Yard Waste
	Example City	Х	Х	Х
1	City of Walla Walla	N/A	Х	N/A
2	College Place	Х	N/A	N/A
3	N/A	N/A	N/A	N/A
4	N/A	N/A	N/A	N/A
5	N/A	N/A	N/A	N/A
6	N/A	N/A	N/A	N/A
7	N/A	N/A	N/A	N/A
8	N/A	N/A	N/A	N/A
9	N/A	N/A	N/A	N/A
10	N/A	N/A	N/A	N/A
11	N/A	N/A	N/A	N/A
12	N/A	N/A	N/A	N/A
13	N/A	N/A	N/A	N/A
14	N/A	N/A	N/A	N/A
15	N/A	N/A	N/A	N/A
16	N/A	N/A	N/A	N/A
17	N/A	N/A	N/A	N/A
18	N/A	N/A	N/A	N/A
19	N/A	N/A	N/A	N/A
20	N/A	N/A	N/A	N/A
21	N/A	N/A	N/A	N/A
22	N/A	N/A	N/A	N/A
23	N/A	N/A	N/A	N/A
24	N/A	N/A	N/A	N/A
25	N/A	N/A	N/A	N/A
26	N/A	N/A	N/A	N/A
27	N/A	N/A	N/A	N/A
28	N/A	N/A	N/A	N/A
29	N/A	N/A	N/A	N/A

### REGULATORY FEE CALCULATION SCHEDULE Due May 1, 2022

Company Name

Annual Report Year

Basin Disposal of Washington, LLC dba N/A

2021

In accordance with RCW 81.77.080 Regulatory Fees, the UTC requires solid waste companies to file reports of gross intrastate operating revenue and pay fees on that revenue. Every company subject to regulation shall file with the UTC a statement under oath showing its gross intrastate revenue for the preceding year and pay to the UTC a fee as instructed below.

\*\*<u>Note</u>: Gross Washington intrastate operating revenue (regulated revenue) is defined as all revenue collected for the year from rates under tariffs, and contracts on file at the Commission. The revenues subject to the commission's regulatory fees are gross Washington intrastate operating revenues before deductions for uncollectibles, unbillables or the payment of state and federal taxes, i.e. "Gross Revenues" means before any deductions from Revenue Receipts.

Regulatory Fee Calculations			
1 Total Gross Intrastate Operating Revenue** (From Schedule 8, Line 13, Column	b)	\$	2,359,985.58
2 If Line 1 is under \$2,000 enter \$0, otherwise amount from Line 1 x 0.51%	\$2,359,985.58	x 0.0051	\$12,035.93

NOTE: The minimum regulatory fee is \$20. The \$20 regulatory fee is waived for any solid waste collection company with less than \$2,000 in gross intrastate operating revenue.

	Agency Use Only	001-111-0268-227-01
Late Fees and Inte	erest Calculations	
3 Late Fees on Regulatory Fees being paid after May 1		
3a Late fees on Regulatory Fees owed (Line 2 x 2%)	x 0.02	2
4 Interest on Regulatory Fees being paid after May 31		
4a Number of months past May 31 x Amount from Line 2 x 1%	x 0.0'	
5 Total Late Fees and Interest owed (Line 3a plus Line 4a)		
6 Total Regulatory, Late, and Interest Fees Due (Line 2 plus Line 5	5)	\$12,035.93

Agency Use Only

001-111-0268-227-11

		COMMISSION USE ONLY		
Reception #:		001-111-0268-227-01		
Reference:	AR2021	001-111-0268-227-11		
Payment ID:		001-111-0268-032-20		
		001R-111-0268-032-20 (	)	
		Total Paid:		

		PREPARER INFO	RMA	TION		
'X' if Preparer same as Cover:	N/A					
Person who prepared report:	Maura	Valencia				
Title:	Senior	Accountant				
If different; Company Name:	N/A					
Telephone:	509-54	509-542-4955				
Principal Business Address:	2021 1	N Commercial Ave				
	City:	City:         Pasco         State:         WA         Zip:         99301				
		COMPANY INFO	RMAT	ΓΙΟΝ		
Washington Unified Busine	ess Ide	entifier (UBI) No.:		60	2-750-269	
lf you do not know your UBI No.	contac	ct <u>Secretary of State</u>	's Offic	<u>ce</u>		
Business Structure (please	enter t	he appropriate designat	tion):		LLC	
Please enter: Individual/Sole Pr	oprieto	r, Partnership, LP, LLP, L	LC, Co	prporation, or Nonpro	fit Corporation	
Date First Organized or Regu	lated			1/3/2008		
	Ŀ					
		Accounting Records		rmation		
Method of Accounting: Enter	Cash c	or Accrual Accru	al			
X if address is same as cover:						
Location of Books & Records: 2021 N Commercial Ave.						
	2021 1	N Commercial Ave.				
	·	N Commercial Ave. Pasco		State: WA	<b>Zip</b> : 99301	
	·		ΓΙΟΝ	State: WA	Zip: 99301	
I have examined this report and t financial statements, for the peri reflect the business affairs of the	City: to the b od fror e respo	Pasco CERTIFICA poest of my knowledge an n January 1, 2021 to Dec	nd beli cembe	ief, all statements c r 31, 2021, contain	of fact are accurate, the ed in this report, correctly	
I have examined this report and t financial statements, for the peri reflect the business affairs of the	City: to the t od fror e respo T ALL	Pasco CERTIFICAT poest of my knowledge an n January 1, 2021 to Dec ondent.	nd beli cembe	ief, all statements c er 31, 2021, contain E AND COMPLETE	of fact are accurate, the ed in this report, correctly	
I have examined this report and t financial statements, for the peri reflect the business affairs of the (PLEASE VERIFY THA	City: to the t od fror e respo T ALL	Pasco CERTIFICA pest of my knowledge an n January 1, 2021 to Dec ndent. SCHEDULES ARE ACCI	nd beli cembe	ief, all statements o er 31, 2021, contain E AND COMPLETE Ruth	of fact are accurate, the ed in this report, correctly BEFORE SIGNING)	
I have examined this report and t financial statements, for the peri reflect the business affairs of the (PLEASE VERIFY THA) You may electronically sign by	City: to the t od fror e respo T ALL	Pasco CERTIFICAT poest of my knowledge an n January 1, 2021 to Dec ondent. SCHEDULES ARE ACCI Name	nd beli cembe	ief, all statements o er 31, 2021, contain E AND COMPLETE Ruth Chief Fina	of fact are accurate, the ed in this report, correctly BEFORE SIGNING) Franz	

Pasco

City

Email

Telephone

Date 04/29/2022

State

WA

509-547-2476

office@basindisposal.com

99301

Zip Code