## 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 Busi	ness on file with Com	missio	n			
Basin Disposal, Inc.		dba:	N/A			
Official Physical Address	;		Certifica	ate Number		
2021 N Commercial Ave.			N/A			
City				State	ZIP Code	_
Pasco				WA	99301	
Official Email Address						_
office@basindisposal.com						
Official Mailing Address						
X If same as above						
PO Box 3850				ן		
City				State	Zip Code	
Pasco			1	WA	99302	
			-	JJ		
Telephone		Fav				
509-547-2476	1	Fax				
509-547-2476	J	5	09-547-8	617		
					-	
Official Email Address	office@basindisposal.co	<u>m</u>				
Company Website	www.basindisposal.com					
					_	
NOTE : If any information list	sted above has been up	dated, y	ou must i	mmediately info	rm the UTC.	
Please send undates	to records@utc.wa.g	ov .		-		
-	••••					
Inquirie	s concerning this Annu	al Repo	rt should	be addressed to	D:	
Name:	Darrick Dietrich					
Title:	President					
Address:	PO Box 3850				1	
City:	Pasco					U1
State:		Z	ip Code:	99302		Washingto and Transj
Telephone:	509-547-2476		-			Commissio

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

Email: office@basindisposal.com

**NOTE:** If May 1 falls on a weekend, unless you are you **must** make sure your report and particular

ng your report and making your payment electronically, 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	President	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	Sum of <u>Other Owner's holding less than 0.0500 (5%)</u> individually				

#### 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.

532585

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	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		
Leah Trent	Director of Customer Service	2021 N Commercial Ave Pasco WA	leaht@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</li> <li>Do not leave fields blank - if not applicable, enter (</li> </ul>		ations.			
Drivers employed		13			
Total vehicles operated		29			
Total vehicles owned		27			
Total vehicles leased		2			
Total vehicles under 10,000 lbs. (gvw rating)		0			
Total Operating	Miles				
Instructions - Report all miles driven by company vehicles Intrastate miles are all miles driven where both the start and end points were within Washington Interstate miles are all miles driven where the start and/or end point of the trip were outside Washington Do not leave fields blank - if not applicable, enter 0.					
UTC-Regulated Intrastate Miles	2	33,559			
Interstate Miles		0			
Recordable Intrastate and Ir	terstate Accidents				
Recordable Intrastate and Interstate Accidents					
Instruction	S				
- Report only accidents that meet one or more of the three <u>Here is how this schedule should be completed.</u> For recor- fatality, an injury, or disabling damage. The number of recor- categories.	criteria below. dable accidents, the ac				
- Report only accidents that meet one or more of the three <u>Here is how this schedule should be completed.</u> For recor fatality, an injury, or disabling damage. The number of reco	criteria below. dable accidents, the ac ordable accidents <i>is n</i> e person requiring imme equiring it to be towed ecorded as 1 recordabl cidents, please visit the	ot a total of the other ediate treatment away from the scene, you e accident, not 3. e Safety Measurement			
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#### SCHEDULE 2 PROPERTY TRANSPORTATION VEHICLE LISTINGS

	ons	

		gulated operation						
		pleted. Extra line - vou mav enter a			ded for that partic	ular vehicle - example: sold, da	amaged, no longer in s	service, used occassionally, etc.
					l data is represent			
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	2010	Peterbilt	320	WA	C09705N	3BPZL00X8AF111944	117	
2	2014	Peterbilt	320	WA	C00290B	3BPZL20X8EF242051	131	
3	2013	Peterbilt	320	WA	B95623W	3BPZL70X0DF187946	125	
4	2013	Peterbilt	320	WA	B12921X	3BPZL70X0DF197510	128	
5	2010	Peterbilt	367	WA	59767RP	1NPTL40X8AD108698	116	
6	2010	Peterbilt	367	WA	27324RP	1NPTL40X5AD110389	118	
7	2016	Peterbilt	567	WA	C09735N	1NPCLH0X1GD360471	138	
8	2007	Peterbilt	378	WA	C00701B	1NPFL40X77D750206	108	
9	2009	Peterbilt	320	WA	B82863U	3BPZL00X69F719117	112	
10	2010	Peterbilt	320	WA	C39417V	3BPZL00X6AF719980	114	
11	2010	Peterbilt	320	WA	B00026N	3BPZL00X3AF106005	115	
12	2014	Peterbilt	320	WA	C00289B	3BPZL20XXEF242049	129	
13	2014	Peterbilt	320	WA	C00292B	3BPZL20X6EF242050	130	
14	2020	Peterbilt	520	WA	C39428V	3BPDL20X4MF110204	32	
15	2015	Peterbilt	320	WA	C21088C	3BPZL20X2FF280537	135	
16	2015	Peterbilt	567	WA	C24804F	1NPCLH0X2GD358213	137	
17	2016	Peterbilt	320	WA	C93028G	3BPZL20X5HF173114	141	
18	2017	Peterbilt	320	WA	C93046G	3BPZL20X7HF173115	142	
19	2011	Peterbilt	367	WA	C04377H	1NPTL4TX9BD133333	145	
20	2018	Peterbilt	520	WA	C09740N	3BPDL20X1KF104776	149	
21	2017	Peterbilt	320	WA	C09796N	3BPZLK0X0HF174140	150	
22	2018	Peterbilt	320	WA	C09369N	3BPDL70X8JF160838	151	
23	2016	Peterbilt	365	WA	C34579R	1NPSLH0X6GD286184	152	
24	2020	Peterbilt	520	WA	C39412V	3BPDL20X6MF110205	153	
25	2010	Peterbilt	367	WA	C34578R	1NPTL40X1AD110390	10	
26	2010	Peterbilt	320	WA	C39418V	3BPZL00XXBF119576	119	
27	2013	Peterbilt	320	WA	C39420V	3BPZL70XXDF192426	127	
28	2018	Peterbilt	520	WA	C09741N	3BPDL20X4MF110204	148	
29	2018	Peterbilt	567	WA	C93077G	1NPCL40X4JD466669	146	

## **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.

	Fuel Surcharge revenu	\$0.00	
	Column 1	Column 2	Column 3
Fuel Type	Total Annual Gallon Equivalents Purchased	Total Annual Dollars Purchased	Total Regulated Fuel Expense
Diesel	201,130	\$658,026.30	\$125,025.00
Unleaded Gasoline	10,722	\$37,930.61	\$7,206.82
Compressed Natural Gas (CNG)	108,017	\$443,064.44	\$84,182.24
Propane	0	\$0.00	\$0.00
Other (specify in Footnote)	2,222	-\$21,261.36	-\$4,039.66
Total Annual Purchases	322,089.61	\$1,117,759.99	\$212,374.40
		Net Fuel Expense	-\$212,374.40

Schedule 3 Footnotes (add lines as needed):					
Other - DEF, Fuel tax credits, and Vendor discounts					

# 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	70	\$2,696,434.72
2	Mechanics and Service	5	\$541,862.26
3	Disposal and Transfer	0	\$0.00
4	Office and Administration	42	\$1,621,950.41
5	Officers and Directors	1	\$388,355.76
6	Other (specify in Footnote)	0	\$0.00
7	Totals	118	\$5,248,603.15

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.

Line	Acct. #	Fixed Assets	Balance End of Year
(L)	(a)	(b)	(c)
1	1211	Land	\$0
2	1212	Structures	\$372,899
3	1222	Solid Waste Collection Equipment	\$10,647,449
4	1224	Bins, Containers, Toters, Drop Boxes, etc.	\$6,063,218
5	1226	Disposal/Landfill/Transfer Station Facilities and Equipment	\$0
6	1230	Service Cars and Equipment	\$513,796
7	1240	Shop and Garage Equipment	\$0
9	1250	Office Furniture and Fixtures	\$1,024,257
10	1270	Leasehold Improvements	\$5,213
11	1280	Other Solid Waste Operating Property (specify in Footnote)	\$0
12	Total Fixed Assets		\$18,626,831
Line	Acct. # Accumulated Depreciation		Balance End of Year
(L)	(a)	(b)	(c)
13	1213	Structures	(\$161,589)
14	1223	Solid Waste Collection Equipment	(\$7,312,075)
15	1225	Bins, Containers, Toters, Drop Boxes, etc.	(\$2,880,046)
16	1227	Disposal/Landfill/Transfer Station Facilities and Equipment	\$0
17	1231	Service Cars and Equipment	(\$244,596)
18	1241	Shop and Garage Equipment	\$0
19	1251	Office Furniture and Fixtures	(\$550,782)
20	1271	Leasehold Improvements	(\$898)
21	1281	Other Solid Waste Operating Property (specify in Footnote)	\$0
		Total Accumulated Depreciation	(\$11,149,985)

Schedule 5 Footnotes (add lines as needed):			
Line 11 - None			
Line 21 - None			

# SCHEDULE 6 Balance Sheet - Assets - 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 Assets:				
1	Cash and Working Funds	\$168,010			
2	Special Deposits	\$59,949			
3	Temporary Cash Investments	\$0			
4	Notes Receivable	\$0			
5	Receivables from Affiliated Companies	\$242,015			
6	Accounts Receivable	\$2,430,610			
7	Less: Allowance for Uncollectables	(\$62,000)			
8	Net Accounts Receivable	\$2,368,610			
9	Prepayments	\$746,780			
10	Materials and Supplies	\$0			
11	Other Current Assets (specify in Footnote)*	\$142,051			
12	Total Current Assets	\$3,727,415			
	Tangible Property:				
13	Solid Waste Operating Property (Schedule 5, Line 12)	\$18,626,831			
14	Less: Accumulated Depreciation (Schedule 5, Line 22)	\$11,149,985			
15	Net Solid Waste Operating Property	\$7,476,846			
16	Total Net Tangible Property	\$7,476,846			
	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	\$469,294			
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	\$469,294			
27	Total Assets (add lines 12, 16, 21 and 26)	\$11,673,555			

Schedule 6 Footnotes:		
Line 11 - Construction in Progress, Capital in Progress, and Fleet in Progress		
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	\$2,854,460		
2	Payables to Affiliated Companies	\$9,968		
3	Accounts Payable	\$934,195		
4	Salaries and Wages Payable	\$306,821		
5	Accrued Taxes	\$668,839		
6	Current Portion of Long Term Debt (Equipment and Other)	\$0		
7	Other Current Liabilities (specify in Footnote)	\$303,462		
8	Total Current Liabilities	\$5,077,744		
	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				
	Deferred Credits and Other Items:			
13	Deferred Credits	\$568,478		
14	Other Credits (specify in Footnote)	\$0		
15	Total Deferred and Other Credits	\$568,478		
16	Total Liabilities (Add Lines 8, 12, and 15)	\$5,646,222		
	Shareholder's and Proprietor's Equity:			
17	Capital Stock			
18	Capital Stock	\$1,001		
19	Paid in Capital in Excess of Par	\$1,386,000		
20	Other Capital (specify in Footnote)	\$0		
21	Total Capital Stock	\$1,387,001		
22	Proprietor's Equity			
23	Sole Proprietor's Capital	(\$1,462,400)		
24	Partnership Capital	\$0		
25	Total Proprietor's Capital	(\$1,462,400)		
26	Retained Earnings	\$6,102,731		
27	Total Equity (Add Lines 21 and 26 or 25)	\$6,027,332		
28	Total Liabilities and Equity (Line 16 plus Line 27)	\$11,673,555		

#### Schedule 7 Footnotes:

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

Line 10 - None

Line 14 - None

Line 20 - None

# **SCHEDULE 8**

## Revenues

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

	(For the real 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 Non-Regulated Revenue Revenue				Total Company Solid Waste Revenue		
(L)	(a)	(b)	(c)	(d)		
	Garbage Co	ollection				
1	Residential Garbage	\$1,739,160	\$6,450,918	\$8,190,079		
2	Commercial Collection	\$1,331,416	\$5,085,618	\$6,417,034		
3	Drop Box / Compactor Collection	\$1,391,334	\$1,705,306	\$3,096,640		
4	Drop Box / Com. Pass Thru Disposal	\$1,828,455	\$1,712,327	\$3,540,783		
5	Other Garbage Collection (specify in Footnote)	\$20,765	\$21,083	\$41,848		
	Recycling, Yard Waste, Org	anics and Medica	al Waste			
6	Residential Recycling Collection	\$0	\$0	\$0		
7	Multi-Family Recycling Collection	\$0	\$0	\$0		
8	Sale of Recycle Commodities	\$0	\$72,340	\$72,340		
9	Recycling Credits to Customers - (debits)/credits	\$0	\$38,742	\$38,742		
10	Yard Waste/Organics Collection	\$0	\$0	\$0		
11	Medical Waste Collection	\$0	\$0	\$0		
12	Other Revenue (specify in Footnote)	\$0	\$510,024	\$510,024		
13	Total Solid Waste Operating Revenue	\$6,311,131	\$15,596,358	\$21,907,489		

#### 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	4,852	22,588	27,440
2	Commercial Collection	711	1,751	2,462
3	Drop Box and Compactors	141	181	322
4	Other Garbage Collection (specify in Footnote)	0	0	0
5	Total Customers	5,704	24,520	30,224
	Recycling, Yard Waste, Org	anics, and Medi	ical Waste	
6	Residential Recycling	0	0	0
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	471	471

Schedule 9 Footnotes:		
ine 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)	\$21,907,48
2	Grants / Debt Forgiveness	\$
3	Other (specify in Footnote)	\$
4	Total Revenues (Line 1 thru Line 3)	\$21,907,48
	Expenses	
5	Employee Salaries	\$5,248,60
6	Employee Benefits	\$1,684,76
7	Truck Operating Costs	\$1,117,76
8	Repair and Maintenance	\$1,254,16
9	Insurance and Safety	\$192,13
10	Disposal and Processing	\$8,073,73
11	Depreciation	\$1,180,00
12	Selling and Advertising	\$56,80
13	Office and Administration	\$592,50
14	Management Fees	\$135,73
15	Taxes and Licenses	\$1,557,9
16	Rents	\$303,8
17	Other Expenses (specify in Footnote)	\$43,99
18	Total Expenses before Other Items (add Lines 5 through 17)	\$21,442,13
19	Net Income before Other Items (Line 4 minus Line 18)	\$465,3
	Other Income and Expenses	
20	Other Income/(Loss) (specify in Footnote)	\$82,83
21	Interest, Dividends, and Other Investment Income/(Loss)	\$5
22	Distrib./Undistrib. Income/(Loss) from Subsidiaries	\$119,62
23	Interest Expense	(\$14,30
24	Other Deductions (specify in Footnote)	:
25	Total Other Income and Expenses (add Lines 20 through 25)	\$188,73
26	Net Income before Federal Income Taxes (Line 19 plus Line 25)	\$654,0
27	Federal Income Taxes	:
28	Net Income (Loss) (Line 26 minus Line 27)	\$654,0
ne 3 - Nor	Schedule 10 Footnotes:	¢004
	scellaneous revenue/expenses and other operating expenses, Bad Debt Expense/Write	e offs
ne 20 - Ga	ain/Loss of Sale of Assets	
	ne	

# 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
		\$0	\$0
Mixed Paper	0	\$U	<b>۵</b> 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		

- Comr	Taru	I WYZCTO/I	Jraa	LE 12 nics Progi	ram	
- Comr			structio		am	
	plete this schedule if Yard Waste/Orgar					
	rvice is not offered, complete first line a				ne.	
- Add a	additional lines as necessary to list all fa	acilities and sit	es.			
	ot abbreviate Disposal Site Name.					
- D0 110	abbreviate Disposal Site Name.					
		End of Y	ear Di	sposal Fee		
Line No.	Disposal Site Name	USD (\$)		Unit Type (From drop down list)	No. of Units	Total Disposal Fees
7	Total of Yard Waste and Organics					
1 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			per			
21			per			
22 23			per			
23			per			
24			per			
25			per			
20			per 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 Dispo	osal	Fee	C	sidential & ommercial	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 Fe	es							\$8,046,311
1	BDI Transfer Station	\$53.26	per	Ton	84,572	4,504,283.39	66,481	\$3,540,783	\$8,045,066
2	Columbia Transfer Station	\$96.30	per	Ton	13	1,245.16			\$1,245
3	N/A		per						
4	N/A		per						
5	N/A		per						
6	N/A		per						
7	N/A		per						
8	N/A		per						
9	N/A		per						
10	N/A		per						
11	N/A		per						
12	N/A		per						
13	N/A		per						
14	N/A		per						
15	N/A		per						
16	N/A		per						
17	N/A		per						
	N/A		per						
	N/A		per						
	N/A		per						
	N/A		per						
	N/A		, per						
	N/A		per						
	N/A		per						
	N/A		per						
	N/A		per						
	N/A		per						
21	N/A		hei						

# **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.

	t abbreviate Disposal Site Name.			<u> </u>	
Line No.	Site Name	Tons	Disposal Expense	Processing Expense	Total Expense
	Total of Other Disposal and Processing				\$27,418.98
1	Finley Buttes Landfill	28	\$2,985.03		\$2,985.03
2	Roosevelt Reginal Landfill	42	\$1,839.00		\$1,839.00
3	Basin Recycling	351	\$22,594.95		\$22,594.95
4	N/A				
5	N/A				
6	N/A				
7	N/A				
8	N/A				
9	N/A				
10	N/A				
11	N/A				
12	N/A				
13	N/A				
14	N/A				
15	N/A				
16	N/A				
17	N/A				
18	N/A				
19	N/A				
20	N/A				
21	N/A				
22	N/A				
23	N/A				
24	N/A				
25	N/A				
26	N/A				
27	N/A				
28	N/A				
29	N/A				
30	N/A				

	SCHEDULE 16 Contracted Cities			
	Instructions			
	all Washington jurisdictions that have contracted the company for one or mor	e services		
	cities in alphabetical order. lot abbreviate city names.			
- Indi	ate the services provided.			
- Add	additional lines as necessary to list all facilities and sites. Extra line may be le	eft blank.		
Line	City	Solid	Recycle	Yard
No.	Example City	Waste X	X	Waste X
1	Connell	X	N/A	N/A
2	Dayton	Х	N/A	N/A
3	Kahlotus	Х	N/A	N/A
4	Mesa	Х	N/A	N/A
5	Pasco	Х	N/A	N/A
6	Prosser	Х	N/A	N/A
7	Waitsburg	Х	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, Inc. 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)	\$	6,311,131.45
2 If Line 1 is under \$2,000 enter \$0, otherwise amount from Line 1 x 0.51%	\$6,311,131.45	x 0.0051	\$32,186.77

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
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 x 0	.01
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)	\$32,186.77

Agency	Use	Only
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001-111-0268-227-11

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

		PREPARER INF	ORMA	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	42-4955			
Principal Business Address:	2021 1	N Commercial Ave.			
	City:	Pasco		State: WA	Zip: 99301
		COMPANY INF	ORMA	TION	
Washington Unified Busine	ess Ide	entifier (UBI) No.:		11	3-003-899
If you do not know your UBI No.	contac	ct <u>Secretary of Sta</u>	ate's Off	ice	
Business Structure (please	enter t	he appropriate design	nation):		Corporation
Please enter: Individual/Sole Pr				orporation, or Nonpro	ofit Corporation
Date First Organized or Requ	lated:			1941	
Date First Organized or Regulated: 1941					
		Accounting Recor		ormation	
Method of Accounting: Enter			<b>ds Info</b> rual	ormation	
Method of Accounting: Enter X if address is same as cover:	Cash c			ormation	
-	Cash c			N/A	
X if address is same as cover:	Cash c	or Accrual Acc			Zip: N/A
X if address is same as cover:	Cash c	or Accrual Acc	rual	N/A State: N/A	] Zip: N/A
X if address is same as cover:	Cash c X City: to the I od fror e respo	N/A CERTIFIC/ best of my knowledge n January 1, 2021 to E ondent.	ATION and be Decemb	N/A State: N/A lief, all statements o er 31, 2021, contain	of fact are accurate, the ed in this report, correctly
X if address is same as cover: Location of Books & Records: I have examined this report and t financial statements, for the peri- reflect the business affairs of the (PLEASE VERIFY THA	Cash c X City: to the I od fror e respo T ALL	N/A CERTIFIC/ best of my knowledge n January 1, 2021 to E ondent.	ATION and be Decemb	N/A State: N/A lief, all statements o er 31, 2021, contain E AND COMPLETE	of fact are accurate, the ed in this report, correctly
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X if address is same as cover: Location of Books & Records: I have examined this report and the financial statements, for the perior reflect the business affairs of the (PLEASE VERIFY THA) You may electronically sign by	Cash c X City: to the I od fror e respo T ALL	N/A CERTIFIC/ Dest of my knowledge m January 1, 2021 to E ondent. SCHEDULES ARE AC Name	ATION and be Decemb	N/A State: N/A lief, all statements of er 31, 2021, contain E AND COMPLETE Ruth Chief Fina	of fact are accurate, the ed in this report, correctly BEFORE SIGNING) h Franz

Date 04/29/2022

 Street Address
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 City
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 Zip Co
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 Telephone
 509-547-2476

 Email
 office@basindisposal.com