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 Commission						
Basin Disposal of Yakima, L	LC	dba:	N/A			
Official Physical Address			Certifica	ate Number		
1405 W Ahtanum Rd			N/A			
City				State	ZIP Code	
Union Gap				WA	98903	
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	09-547-8	617		
Official Email Address	ffice@basindisposal.co	m				
Company Website						
<u>-</u>						
NOTE: If any information list	ed above has been up	dated. v	ou must i	mmediately info	rm the UTC.	
Please send updates to	•					
. 10000 cond apacitos to 1000140@dioittuigot						
Inquiries concerning this Annual Report should be addressed to:						
Name:	Name: Darrick Dietrich					

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

Zip Code: 99302

Title: Member
Address: PO Box 3850
City: Pasco
State: WA

Telephone: 509-547-2476

Email: office@basindisposal.com

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	0.9900
Child Trust	Washington	Other Owners	0.0100
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. 1886772

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	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 Information

Instructions

- Indicate the number of drivers and vehicles used in UTC-regulated operations.
- Do not leave fields blank if not applicable, enter 0.

Drivers employed	5
Total vehicles operated	5
Total vehicles owned	5
Total vehicles leased	0
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	105,101	
Interstate Miles	0	

Recordable Intrastate and Interstate Accidents

Instructions

- Report only accidents that meet one or more of the three criteria below.

<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 *is not* a total of the other categories.

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.

For more information about your company's recordable accidents, please visit the Safety Measurement System by clicking the link below, enter your U.S. DOT number and click the Crash Indicator link.

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

Safety Measurement System (dot.gov)	Click here to also review 49 Code of Federal Regulations (eCFR) §390.5 Definitions.		
Recordable Accidents	UTC-Regulated Intrastate	Interstate	
A fatality	0	0	
An injury to a person requiring immediate treatment away from the scene of the accident	0	0	
Disabling damage to a vehicle, requiring it to be towed from the accident scene	0	0	
Number of recordable accidents	0	0	

SCHEDULE 2 PROPERTY TRANSPORTATION VEHICLE LISTINGS

- 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	2005	Peterbilt	320	<u> </u>	A83805U	1NPZLT0X15D715746	214	(Carricave Barik ii ne comment necaca)
2	2005	Peterbilt	320		A83835U	1NPZLT0X35D715747	98	
3	2011	Peterbilt	367		C04378H	1NPTL4TX5BD133331	223	
			378		C21507P			
4	2001	Peterbilt				1NPFLB0X11S553300	80	
5	2011	Chevrolet	C30	WA	B29319T	1GB3CZCL4BF242292	124	
6	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
7	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
8	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
9	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
10	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
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	
22	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
23	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

SCHEDULE 3

Fuel Consumption Statistics

- 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	leguivalents l		Total Regulated Fuel Expense
Diesel	92,323	\$300,765.39	\$81,206.66
Unleaded Gasoline	491	\$1,500.17	\$405.05
Compressed Natural Gas (CNG)	0	\$0.00	\$0.00
Propane	0	\$0.00	\$0.00
Other (specify in Footnote)	342	-\$8,736.89	-\$2,358.96
Total Annual Purchases	93,155.50	\$293,528.67	\$79,252.74
	-\$79,252.74		

	Schedule 3 Footnotes (add lines as needed):					
Other - Fuel Tax Credit and DEF	Other - Fuel Tax Credit and DEF Fuel					

SCHEDULE 4 Total Company Employee Classification and Compensation

- -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	\$724,040.44
2	Mechanics and Service	1	\$71,062.25
3	Disposal and Transfer	0	\$0.00
4	Office and Administration	3	\$124,607.76
5	Officers and Directors	0	\$0.00
6	Other (specify in Footnote)	0	\$0.00
7	Totals	19	\$919,710.45

Schedule 4 Footnotes:

SCHEDULE 5 Total Company Solid Waste Operating Property

(As of December 31, 2021)

- 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	\$183,800
2	1212	Structures	\$881,941
3	1222	Solid Waste Collection Equipment	\$1,672,912
4	1224	Bins, Containers, Toters, Drop Boxes, etc.	\$1,355,566
5	1226	Disposal/Landfill/Transfer Station Facilities and Equipment	\$0
6	1230	Service Cars and Equipment	\$136,086
7	1240	Shop and Garage Equipment	\$0
9	1250	Office Furniture and Fixtures	\$66,834
10	1270	Leasehold Improvements	\$79,596
11	1280	Other Solid Waste Operating Property (specify in Footnote)	\$0
12		Total Fixed Assets	\$4,376,735
Line	Acct. #	Accumulated Depreciation	Balance End of Year
(L)	(a)	(b)	(c)
13	1213	Structures	(\$881,941)
14	1223	Solid Waste Collection Equipment	(\$1,234,544)
15	1225	Bins, Containers, Toters, Drop Boxes, etc.	(\$515,744)
16	1227	Disposal/Landfill/Transfer Station Facilities and Equipment	\$0
17	1231	Service Cars and Equipment	(\$35,830)
18	1241	Shop and Garage Equipment	\$0
19	1251	Office Furniture and Fixtures	(\$64,989)
20	1271	Leasehold Improvements	(\$26,826)
21	1281	Other Solid Waste Operating Property (specify in Footnote)	\$0
22		Total Accumulated Depreciation	(\$2,759,873)

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

SCHEDULE 6

Balance Sheet - Assets - Total Company

(As of December 31, 2021)

- 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	\$125,815
2	Special Deposits	\$1,083
3	Temporary Cash Investments	\$0
4	Notes Receivable	\$0
5	Receivables from Affiliated Companies	\$14,173
6	Accounts Receivable	\$341,701
7	Less: Allowance for Uncollectables	(\$7,000)
8	Net Accounts Receivable	\$334,701
9	Prepayments	\$149,866
10	Materials and Supplies	\$0
11	Other Current Assets (specify in Footnote)*	\$0
12	Total Current Assets	\$625,638
	Tangible Property:	
13	Solid Waste Operating Property (Schedule 5, Line 12)	\$4,376,735
14	Less: Accumulated Depreciation (Schedule 5, Line 22)	\$2,759,873
15	Net Solid Waste Operating Property	\$1,616,861
16	Total Net Tangible Property	\$1,616,861
	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	\$30,571
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	\$30,571
27	Total Assets (add lines 12, 16, 21 and 26)	\$2,273,071

Schedule 6 Footnotes:		
Line 11 - None		
Line 19 - None		
Line 25 - None		

SCHEDULE 7

Balance Sheet - Liabilities and Equity - Total Company

(As of December 31, 2021)

- 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	\$58,064
3	Accounts Payable	\$126,933
4	Salaries and Wages Payable	\$63,632
5	Accrued Taxes	\$109,625
6	Current Portion of Long Term Debt (Equipment and Other)	\$0
7	Other Current Liabilities (specify in Footnote)	\$48,627
8	Total Current Liabilities	\$406,882
	Long Term Debt After 1 Year:	
9	Equipment Obligations	\$0
10	Other Long Term Debt (specify in Footnote)	\$562,350
11	Unamortized Premium / Discount of Debt - (net)	\$0
12	Total Long Term Debt After 1 Year	\$562,350
	Deferred Credits and Other Items:	
13	Deferred Credits	\$12,875
14	Other Credits (specify in Footnote)	\$0
15	Total Deferred and Other Credits	\$12,875
16	Total Liabilities (Add Lines 8, 12, and 15)	\$982,106
	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	\$664,534
24	Partnership Capital	\$0
25	Total Proprietor's Capital	\$664,534
26	Retained Earnings	\$626,431
27	Total Equity (Add Lines 21 and 26 or 25)	\$1,290,965
28	Total Liabilities and Equity (Line 16 plus Line 27)	\$2,273,071

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 - Cart Loan	
Line 14 - None	
Line 20 - None	

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 Co	ollection		
1	Residential Garbage	\$307,631	\$974,415	\$1,282,046
2	Commercial Collection	\$345,765	\$980,760	\$1,326,526
3	Drop Box / Compactor Collection	\$242,312	\$515,462	\$757,774
4	Drop Box / Com. Pass Thru Disposal	\$160,336	\$390,887	\$551,223
5	Other Garbage Collection (specify in Footnote)	\$7,324	(\$35,963)	(\$28,640)
	Recycling, Yard Waste, Org	anics and Medica	l Waste	
6	Residential Recycling Collection	\$0	\$0	\$0
7	Multi-Family Recycling Collection	\$0	\$0	\$0
8	Sale of Recycle Commodities	\$0	\$36,466	\$36,466
9	Recycling Credits to Customers - (debits)/credits	\$0	\$0	\$0
10	Yard Waste/Organics Collection	\$38	\$0	\$38
11	Medical Waste Collection	\$0	\$0	\$0
12	Other Revenue (specify in Footnote)	\$0	\$124,354	\$124,354
13	Total Solid Waste Operating Revenue	\$1,063,406	\$2,986,381	\$4,049,786

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	1,874	6,196	8,070
2	Commercial Collection	586	799	1,385
3	Drop Box and Compactors	62	93	155
4	Other Garbage Collection (specify in Footnote)	0	0	0
5	Total Customers	2,522	7,088	9,610
	Recycling, Yard Waste, Org.	anics, and Medi	ical Waste	
6	Residential Recycling	0	2,677	2,677
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	161	161

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

SCHEDULE 10 INCOME STATEMENT

(For calendar year ended December 31, 2021)

Line	Account Name	Total Company
	Revenues	
1	Solid Waste Operating Revenues (Sch 8, Line 13, Column d)	\$4,049,786
2	Grants / Debt Forgiveness	\$6
3	Other (specify in Footnote)	\$(
4	Total Revenues (Line 1 thru Line 3)	\$4,049,786
	Expenses	
5	Employee Salaries	\$919,710
6	Employee Benefits	\$288,62
7	Truck Operating Costs	\$293,529
8	Repair and Maintenance	\$334,684
9	Insurance and Safety	\$54,439
10	Disposal and Processing	\$1,363,679
11	Depreciation	\$201,029
12	Selling and Advertising	\$10,356
13	Office and Administration	\$43,53
14	Management Fees	\$77,13
15	Taxes and Licenses	\$122,879
16	Rents	\$659
17	Other Expenses (specify in Footnote)	\$3,273
18	Total Expenses before Other Items (add Lines 5 through 17)	\$3,713,524
19	Net Income before Other Items (Line 4 minus Line 18)	\$336,263
	Other Income and Expenses	
20	Other Income/(Loss) (specify in Footnote)	\$2,932
21	Interest, Dividends, and Other Investment Income/(Loss)	\$(
22	Distrib./Undistrib. Income/(Loss) from Subsidiaries	\$(
23	Interest Expense	(\$4,219
24	Other Deductions (specify in Footnote)	\$(
25	Total Other Income and Expenses (add Lines 20 through 25)	\$1,288
26	Net Income before Federal Income Taxes (Line 19 plus Line 25)	\$334,97
27	Federal Income Taxes	\$(
28	Net Income (Loss) (Line 26 minus Line 27)	\$334,975
	Schedule 10 Footnotes:	
	7 - Miscellaneous Revenue/Expenses and Other Operating Expenses, Bad Debt Expens	se/Write offs
	20 - Gain/Loss of Sale of Assets	
.ine 2	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

REGULATED REGIDENTIAL Recycling Flogram 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				

SCHEDULE 12 Yard Waste/Organics Program Instructions

- Complete this schedule if Yard Waste/Organic services are offered by company. If service is not offered, complete first line as "Not Applicable" in Disposal Site Name.
- Add additional lines as necessary to list all facilities and sites.
- Do not abbreviate Disposal Site Name.

		End of Year Disposal 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					\$177.65
1	TERRACE HEIGHTS LANDFILL	\$19.00	per	Ton	9	\$177.65
2	Not Applicable		per			
3	Not Applicable		per			
4	Not Applicable		per			
5	Not Applicable		per			
6	Not Applicable		per			
7	Not Applicable		per			
8	Not Applicable		per			
9	Not Applicable		per			
10	Not Applicable		per			
11	Not Applicable		per			
12	Not Applicable		per			
13	Not Applicable		per			
14	Not Applicable		per			
15	Not Applicable		per			
16	Not Applicable		per			
17	Not Applicable		per			
18	Not Applicable		per			
19	Not Applicable		per			
20	Not Applicable		per			
21	Not Applicable		per			
22	Not Applicable		per			
23	Not Applicable		per			
24	Not Applicable		per			
25	Not Applicable		per			
26	Not Applicable		per			
27	Not Applicable		per			

SCHEDULE 13 Garbage Disposal Fees Instructions

- 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 Yea	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								\$1,331,856
1	CHEYNE LANDFILL	\$36.68	per	Ton	3,191	\$117,056	4,194	\$153,847	\$270,903
2	LOWER VALLEY TRANSFER	\$36.68	per	Ton	3,545	\$130,031	1,611	\$59,082	\$189,113
3	TERRACE HEIGHTS LANDFILL	\$36.68	per	Ton	14,546	\$533,546	9,223	\$338,294	\$871,840
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						
18	N/A		per						
19	N/A		per						
20	N/A		per						
21	N/A		per						
22	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	cessing			
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 Instructions

- · 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	\$31,822.59			
1	Yakima Waste Systems	131	\$31,822.59		\$31,822.59
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

- List all Washington jurisdictions that have contracted the company for one or more services.
- List cities in alphabetical order.
- Do not abbreviate city names.
- Indicate the services provided.
- Add additional lines as necessary to list all facilities and sites. Extra line may be left blank.

Line No.	City	Solid Waste	Recycle	Yard Waste
	Example City	Χ	Χ	Χ
1	Moxee	Χ	Х	N/A
2	Selah	Х	Х	Χ
3	Union Gap	Х	N/A	N/A
4	Wapato	Х	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			Annı	ıal Report Year
	Basin Disposal of Yakima, LLC dba	N/A			2021
an ev	accordance with RCW 81.77.080 Regulatory Fet d pay fees on that revenue. Every company subject of the preceding year and pay to the UTC Note: Gross Washington intrastate operating revel d contracts on file at the Commission. The revenues before deductions for uncollectibles, unbieductions from Revenue Receipts.	ect to regulation shall file with the UTC a fee as instructed below. enue (regulated revenue) is defined as a ues subject to the commission's regulated.	a statement under oath all revenue collected for cory fees are gross Was	showing its the year fr hington intr	om rates under tariffs, astate operating
		Regulatory Fee Calculation	ıs		
1	Total Gross Intrastate Operating Revenue*	* (From Schedule 8, Line 13, Colum	n b)	\$	1,063,405.68
2	If Line 1 is under \$2,000 enter \$0, otherwis	e amount from Line 1 x 0.51%	\$1,063,405.68 x	0.0051	\$5,423.37
	NOTE: The minimum regulatory fee is \$2 less than \$2,000 in gross intrastate oper		ed for any solid was	te collect	on company with
			Agency Use Only		001-111-0268-227-01
		Late Fees and Interest Calcula	tions		
3	Late Fees on Regulatory Fees being paid a	after May 1			
3а	Late fees on Regulatory Fees owed (Line 2	2 x 2%)	x	0.02	
4	Interest on Regulatory Fees being paid after	er May 31			
1a	Number of months past May 31 x Amount f	rom Line 2 x 1%	x	0.01	
5	Total Late Fees and Interest owed (Line 3a	plus Line 4a)			
6	Total Regulatory, Late, and Interest Fees D	due (Line 2 plus Line 5)		ļ	\$5,423.37
			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)		
	<u> </u>	001R-111-0268-032-20	()

Total Paid:

	PREPARER INFORMATION					
'X' if Preparer same as Cover:	N/A					
Person who prepared report:	Maura Valencia					
Title:	Senior Accountant					
If different; Company Name:	N/A					
	509-542-4955					
Principal Business Address:	2021 N Commercial Ave.					
	City: Pasco State: WA Zip: 99301					
	COMPANY INFORM	IATION				
Washington Unified Busine	ess Identifier (UBI) No.:	602	2-403-209			
If you do not know your UBI No.	contact Secretary of State's C	<u>Office</u>				
Business Structure (please	enter the appropriate designation	n):	LLC			
	oprietor, Partnership, LP, LLP, LLC,		it Corporation			
Date First Organized or Regu	lated:	2004				
	Accounting Records In	formation				
Method of Accounting: Enter	Cash or Accrual Accrual					
X if address is same as cover:						
Location of Books & Records:	202	21 N Commercial Ave.				
City Pasco State WA Zip 99301						
CERTIFICATION						
have examined this report and to the best of my knowledge and belief, all statements of fact are accurate, the financial statements, for the period from January 1, 2021 to December 31, 2021, contained in this report, correctly reflect the business affairs of the respondent						

(PLEASE VERIFY THAT ALL SCHEDULES ARE ACCURATE AND COMPLETE BEFORE SIGNING)

You may electronically sign by typing your signature in block. Date 04/29/2022

					,
Name	Ruth Franz				
Title		Chief Financial Officer			
Company		Basin Disposal of Yakima, LLC			
Street Address		2021	N Commer	cial Ave.	
City	Pasco	Stat	WA	Zip Co	99301
Telephone	509-547-2476				
Email		office@	basindis	oosal.com	