



# REPORT OF SOLID WASTE QUARTERLY FEES

State Form 56723 (6-19)  
Indiana Department of Environmental Management

**Reset Form**

## Reporting Period

Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year
		X		2024
Due April 15	Due July 15	Due October 15	Due January 15	

*This form is to be filed each quarter by all permitted solid waste disposal facilities in Indiana.*

*A separate form must be filed for each location.*

Disposal Facility Name Randolph Farms Landfill		County of Disposal Facility Randolph		IDEM Permit Number 68-01
Facility Address (number and street) 7256 W 600 S	City Modoc	State IN	ZIP Code 47358	Facility Telephone Number (765) 853-5714
Name of Person Completing this Form Curt Publow				Email Address cpublow@ssidelandfill.com
Mailing Address (number and street) 2561 Kentucky Ave	City Indianapolis	State IN	ZIP Code 46221	Preparer Telephone Number (317) 710-3534

		In-State	Out-of-State	Total	
Tons Disposed	(rounded to the nearest ton)	1	120,194	5,419	125,613
Disposal Fee	(landfills - multiply line 1 by \$0.10, incinerators - multiply by \$0.05)	2			\$ 12,561.30
Management Fee	(multiply line 1 by \$0.50)	3	\$ 60,097.00	\$ 2,709.50	
Collection Deduction	(if submitted by the 15 <sup>th</sup> , multiply line 3 by \$0.01)	4	\$ 600.97	\$ 27.10	
Management Fee Subtotal	(subtract line 4 from line 3)	5	\$ 59,496.03	\$ 2,682.41	
Penalty	(if not sent within 60 days of the due date, multiply line 2 by \$0.10)	6			\$ 0.00
Adjustment	(+ or -, include comments)	7	\$ 0.00	\$ 0.00	\$ 0.00
Subtotals	(add lines 2, 5, 6, & 7)	8	\$ 59,496.03	\$ 2,682.41	\$ 12,561.30
Total Due	(add all values in line 8)	9		\$ 74,739.74	

Comments:

### CERTIFICATION AND SIGNATURE

I swear or affirm, under penalty of perjury as specified by IC 35-44.1-2-1 and other penalties specified by IC 13-30-10 and IC 13-20-22-21, that the statements and representations in this form (including any accompanying schedules and statements) are true, accurate, and complete.

Printed Name Curt Publow

Title Environmental Compliance Manager

Signature Curt Publow

Date (month, day year) 10-9-24

Mail the Completed Form and Fee To:  
Indiana Department of Environmental Management  
Accounts Receivable, Room 1340  
100 N Senate Ave  
Indianapolis, IN 46204

**SUBMIT**