

**PERMIT-BY-RULE TYPE-IA COMPOST
ANNUAL REPORT
YEAR**

Name of Compost Facility: _____

Location: _____ e-mail: _____

DEP License: S- _____ -CB- _____ - _____

Contact Person: _____ Phone#: _____

PLEASE NOTE: If you have a licensed compost facility operated at a transfer station, you must still complete and return this annual report form, even if you submit a separate transfer station report.

COMPOST SUMMARY

1. Volume of Materials Received in Report Year:

	<u>Description of Material</u>	<u>Volume (CUBIC YARDS) From Maine</u>	<u>Volume (CUBIC YARDS) From Out-of-State</u>
VEGETATIVE	_____	_____	_____
MANURE	_____	_____	_____
OTHER	_____	_____	_____

2. Volume of Compost Produced in Report Year: _____ cubic yards

3. Volume of Compost Distributed in Report Year: _____ cubic yards

4. Volume of Compost Stored On-Site at End of Report Year: _____ cubic yards

5. Number of Days Compost Stored On-Site: _____

6. In the space below, please provide a brief description of the compost operation, including turning methods, turning frequency, and temperature monitoring (if **nothing has changed since your previous annual report, you may check "no changes" below**):

☐ No Changes

7. In the space below, please provide detailed directions to the compost site (if **you included directions on a previous annual report, you may check "previously provided" below**):

☐ Previously Provided

Licensee Signature _____ Date _____

By checking this box and entering your name; I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.