

SOLID WASTE COMPOST ANNUAL UTILIZATION REPORT YEAR

FACILITY INFORMATION

Name of Compost Facility:

DEP License: S- _

Address:

e-mail:

Contact Person: _

Phone# _

COMPOST PRODUCTION AND UTILIZATION SUMMARY

Complete ALL the following items. If the amount of any item is zero, please write 0.

TYPES OF SOLID WASTE COMPOSTED (check and describe all that apply):

Treatment Plant Sludge. **Name of generator(s):**

Food Processing (from commercial food-production facilities that process fish, seafood, fruit, vegetables, etc.)
Specify type and generator(s):

Food Scraps (from restaurants, cafeterias, residences, grocery stores, etc.). **Specify type and generator(s):**

Pulp and Paper Mill Sludge. **Name of generator(s):**

Ash / Liming Agent. **Name of generator(s):**

Leaf and Yard Waste. **Specify source:**

Other Waste. **Specify type and generator(s):**

Amendments Used. Specify:

REPORT AMOUNTS IN	☐ WET TONS,	☐ DRY TONS,	CUBIC YARDS, OR	GALLONS -- PLEASE SPECIFY
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1. Total waste received at compost facility in Report Year

From Maine

From Out-of-State

Treatment Plant Sludge

Food Processing Waste

Food Scraps

Pulp and Paper Mill Sludge

Ash / Liming Agent

Leaf and Yard Waste

Other

2. Total compost produced in Report Year

3a. Total compost distributed in Report YearIn state: _

3b. Total compost distributed in Report YearOut-of-state: _

4. Total compost stored on-site at the end of Report Year

5. Has compost, compost ingredients, or waste been stored on the site for more than two years?
☐ No
☐ Yes >>> Attach an explanation of why, and a plan, including time frame, for compliance.
6. **If the description of the compost operation has changed since the previous annual report**, please attach a general summary of the compost operation to include general recipe, method of mixing materials, turning frequency, temperature monitoring, curing, sampling frequency, leachate control and odor control.
7. **Compost analysis summary:** Complete the attached compost analysis summary for all analyses performed in Report Year.
☐ Check here if question 7 is not applicable. Explain why not applicable _
8. **Other Analyses:** Attach any stability, target compound, dioxin, or other analyses obtained but not sent to the Department in Report Year. Analyses results attached?
☐ Yes ☐ No ☐ N/A
9. **Analyses Certified.** Maine law, 22 MRSA §567, requires that sample analysis and reporting for Department of Environmental Protection programs must be performed by a Maine-certified laboratory.
Were all sample analyses performed by a Maine-certified laboratory? ☐ Yes ☐ No >>>> Attach explanation.
10. **Odor Complaints.** Please attach a summary of odor complaints received during Report Year and a summary of actions taken to address the complaints.
11. **Operations Manual.** Does the facility operate under a current, DEP-approved, operations manual?
☐ Yes
☐ No >>> Attach an explanation of why, and a time schedule for filing a plan for DEP approval.
12. **Temperature Records.** Do you maintain written records of compost temperatures?
☐ Yes
☐ No >>> Attach an explanation of why, and a time schedule for when you will begin maintaining records.
13. **Receipt and Distribution.** Do you maintain records of the volume of residuals received at your compost facility on a daily basis, and a record of the volume and type of compost distributed from your compost facility on a daily basis, and a record of the individuals or businesses to which you distributed compost?
☐ Yes
☐ No >>> Attach an explanation of why, and a time schedule for when you will begin maintaining records.
14. **Handling Site.** If you receive fewer than 750 cubic yards of fishwaste, or other Type 1C wastes with a C:N ratio less than 15:1, you must receive and mix the material on an impervious surface. If you receive more than 750 cubic yards of Type 1C waste per year, the entire handling area (i.e. receiving, mixing, curing, and storage) must be an impervious surface.
Do you receive fishwaste, or other Type 1C wastes?
☐ No
☐ Yes >>> Do you have the appropriate impervious surfaces for the annual volume handled?
☐ Yes
☐ No >>> Attach a time schedule for filing a plan for DEP approval.

CERTIFICATION

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.

Signature:

Date: _

COMPOST SAMPLE ANALYSES TABULATION ANALYSES

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	AVG.
pH													
T.S. %													
TVS %													
TKN													
NH ₄ N %													
NO ₃ N %													
Org. N													
Ca (mg/kg dry wt.)													
Cl (mg/kg dry wt.)													
Mg (mg/kg dry wt.)													
K (mg/kg dry wt.)													
Na (mg/kg dry wt.)													
P (mg/kg dry wt.)													
Fe (mg/kg dry wt.)													
As (mg/kg dry wt.)													
Cd (mg/kg dry wt.)													
Cr (mg/kg dry wt.)													
Cu (mg/kg dry wt.)													
Hg (mg/kg dry wt.)													
Mo (mg/kg dry wt.)													
Ni (mg/kg dry wt.)													
Pb (mg/kg dry wt.)													
Se (mg/kg dry wt.)													
Zn (mg/kg dry wt.)													
C : N													
Salmonella													
Stability Class*													

* ☐ DeWars Stability Class, or
☐ other stability class measurement, specify _