



Class I / II Compost Facility Annual Report

Year 20

FOR OFFICE USE ONLY

Org CID#

Place CID#

Instructions: An annual report shall be submitted to Ohio EPA Central Office, and copies to the appropriate Ohio EPA district office and approved health department, no later than the first day of April each year as stated in OAC Rule 3745-27-45 (P). If additional space is needed, please attach information to the back of this form.

Facility Information

Facility Name	<input type="text"/>		
Facility Class	<input type="checkbox"/> CLASS I	<input type="checkbox"/> CLASS II	Registration Number <input type="text"/>
Contact Person	<input type="text"/>		
Telephone	<input type="text"/>		
Facility Address	<input type="text"/>		
City	<input type="text"/>		
Mailing Address	<input type="text"/>		
City	<input type="text"/>		
	E-mail	<input type="text"/>	
	State	<input type="text"/>	Zip <input type="text"/>
	State	<input type="text"/>	Zip <input type="text"/>

Facility Authorizing Documents Status

Is the facility licensed? YES **Date** [from to] NO

License Status by Authorized Maximum Daily Waste Receipt (AMDWR):

<input type="checkbox"/> 12 tons per day or less	<input type="checkbox"/> 13 to 25 tons per day	<input type="checkbox"/> 26 to 50 tons per day	<input type="checkbox"/> 51 to 75 tons per day
<input type="checkbox"/> 76 to 100 tons per day	<input type="checkbox"/> 101 to 200 tons per day	<input type="checkbox"/> 201 to 500 tons per day	<input type="checkbox"/> 501 tons per day or greater

Financial Assurance

Provide the most recently updated final closure estimate, adjusted for inflation and for any change in final closure cost estimates as outlined in Paragraph (C)(6) of the Ohio Administrative Code (OAC) Rule 3745-27-45

Previous year closure estimate: Current year closure estimate:

Facility Operations

Leachate collected for treatment or disposal?

- NO If no, continue to Materials Management section
- YES If yes, complete monthly totals below

January	<input type="text"/>	gallons	May	<input type="text"/>	gallons	September	<input type="text"/>	gallons
February	<input type="text"/>	gallons	June	<input type="text"/>	gallons	October	<input type="text"/>	gallons
March	<input type="text"/>	gallons	July	<input type="text"/>	gallons	November	<input type="text"/>	gallons
April	<input type="text"/>	gallons	August	<input type="text"/>	gallons	December	<input type="text"/>	gallons

Name of facility where leachate was taken for treatment and/or disposal:

For Class I facilities, did the leachate management system operate in accordance with the approved permit-to-install?

- YES
- NO (Submit explanation)

****Attach a summary of any maintenance performed on the leachate control system or on any other monitoring and control system at the facility**

****Submit copies of all testing performed on finished compost** Pages submitted

Registrant Statement

I certify that I have examined and am familiar with the information submitted in this annual report and all attachments and that, to the best of my knowledge, the information contained in this annual report is true, accurate and complete.

Print Name

Signature Date

Notary - Print Name

Signature Date

Materials Management and Distribution

YEAR

On the table below, please enter the monthly totals of feedstocks and bulking agents received, and monthly totals of compost distributed. The information from the facility's daily log forms should be used to calculate the monthly totals. Indicate whether data will be provided in tons or cubic yards. The conversion factor between tons and cubic yards shall be one ton to three cubic yards unless the solid waste is baled, in which case a one ton to one cubic yard conversion factor shall be used.

General County of Origin of wastes received:

Solid Waste Landfills where salvaged materials taken:

Monthly Totals

Method/Unit of Measure	<input type="checkbox"/> SCALES (TONS)			<input type="checkbox"/> VISUAL (CUBIC YARDS)			<input type="checkbox"/> OTHER _____				
Month	Yard Waste	Agricultural Waste	Animal Waste	Food Waste	Bulking Agents	Animal Carcass	Rendering Waste	MSW (Type J)	Other	Product Distributed	Salvaged Waste
January											
February											
March											
April											
May											
June											
July											
August											
September											
October											
November											
December											
Annual Totals											