



# Class III / IV 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

<b>Facility Name</b>	<input type="text"/>		
<b>Facility Class</b>	<input type="checkbox"/> CLASS III	<input type="checkbox"/> CLASS IV	<b>Registration Number</b> <input type="text"/>
<b>Contact Person</b>	<input type="text"/>		
<b>Telephone</b>	<input type="text"/>		
<b>Facility Address</b>	<input type="text"/>		
<b>City</b>	<b>State</b> <input type="text"/>	<b>Zip</b>	<input type="text"/>
<b>Mailing Address</b>	<input type="text"/>		
<b>City</b>	<b>State</b> <input type="text"/>	<b>Zip</b>	<input type="text"/>

## Facility Operations

**Compost product tested?**  NO  YES If yes, submit copies of test results

**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**

**If not actively accepting wastes, does the facility want to remain registered?**  NO  YES

Closure requirements can be found in Rule 3745-27-47 of the Ohio Administrative Code

## 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:

### Monthly Totals

Method/Unit of Measure	<input type="checkbox"/> SCALE (TONS)		<input type="checkbox"/> VISUAL (CUBIC YARDS)		<input type="checkbox"/> OTHER _____
Month	Yardwaste	Agricultural Waste	Animal Waste	Bulking Agents	Compost Product Distributed
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
Annual Totals					

## 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	