



Class I / II Compost Facility Annual Report
Year 20

Mail completed reports to:
RADM Unit
Ohio EPA - DMWM
P.O. Box 1049
Columbus, OH 43216-1049

Annual reports are due on February 1st. Please submit completed reports to the RADM Unit in Ohio EPA's Central Office. If additional space is needed, please attach information to the back of this form.

Facility Information

Facility Name
Facility Class (CLASS I, CLASS II)
Registration Number
Contact Person
Telephone
Facility Address
City
Mailing Address
City
E-mail
State
Zip

Facility Authorizing Documents Status

Is the facility licensed? YES Date: [from to]

Licensed Authorized Maximum Daily Waste Receipt (AMDWR):

- 12 tons per day or less
13 to 25 tons per day
26 to 50 tons per day
51 to 75 tons per day
76 to 100 tons per day
101 to 200 tons per day
201 to 500 tons per day
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 Ohio Administrative Code (OAC) Rule 3745-560-05.

Previous year closure estimate: Current year closure estimate:

Materials Management and Distribution

On the table below, please enter the monthly totals of feedstocks and bulking agents received, and the amount of compost distributed. The information from the facility's daily log forms should be used to calculate the monthly totals. 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.

Primary County of Origin of Wastes Received:

Other Counties of Origin (include % of total):

Monthly Totals

Unit of Measure:

TONS

CUBIC YARDS (Visual)

OTHER: _____

Month	Yard Waste	Agricultural Waste	Animal Waste	Food Waste	Bulking Agents	Animal Carcass	Rendering Waste	MSW (Type J)	Other	Product Distributed
January										
February										
March										
April										
May										
June										
July										
August										
September										
October										
November										
December										
Annual Totals	0	0	0	0	0	0	0	0	0	0

Facility Operations

Leachate collected for treatment or disposal?

NO

If no, continue to Materials Management section

YES

If yes, complete monthly totals below

January gallons

May gallons

September gallons

February gallons

June gallons

October gallons

March gallons

July gallons

November gallons

April gallons

August gallons

December 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 (PTI)?

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