



Division of Materials and Waste Management
 Facility Annual Report for Class I and II Compost Facilities

Compost Facility Annual Report for 2016

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Pursuant to Ohio Administrative Code (OAC) 3745-560-215, annual reports are due on February 1st. Please submit completed reports to the appropriate <u>District Office</u> (mailing addresses in Appendix A). | E-DOCUMENT INFORMATION | |
| | Doctype: Report Secondary ID: CM_____ (See instructions on signature page) Facility Name: _____ County: _____ Program: Composting Classification: Annual Report | |

1. FACILITY INFORMATION

| | |
|---------------------------------------------------|---------------------------------------------------------------------------------------|
| Facility Name: | Facility Class: <input type="checkbox"/> Class I <input type="checkbox"/> Class II |
| Contact Person: | Registration Number: |
| Mailing Address: | License Number: |
| Address of the Physical Location of the Facility: | |
| Email: | Phone Number: |

2. FACILITY OPERATIONS

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Compost Material Tested? | <input type="checkbox"/> No <input type="checkbox"/> Yes | If yes, attach copies of all testing performed on compost product and method utilized and results of the test analysis, if applicable |
| Leachate Collected for treatment or disposal? | <input type="checkbox"/> No <input type="checkbox"/> 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: | | |
| **Attach a summary of any maintenance performed on the leachate control system or on any other monitoring and control system at the facility. | | |

3. REGISTRATION

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| A. Were there any changes to the following: | |
| Facility Name | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Registrant | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Operator/Property Owner Contact Information | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Materials Placement Area | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| If you answered yes to any of the above, you must submit an amended registration to Ohio EPA. See OAC Rule 3745-560-200 (G) | |
| B. Did the facility increase the cubic yards of feedstocks, bulking agents, additives, alternative materials, or compost mixtures in the materials placement area? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| If yes, and the amount of materials in the materials placement area exceeds the maximum capacity specified in your current registration, you must submit an amended registration to Ohio EPA with an adjusted closure cost estimate. | |
| C. Provide the most recently updated final closure cost estimate as outlined in Ohio Administrative Code (OAC) Rule 3745-560-05 | |
| Closure cost estimate provided on your current Registration : | Closure cost estimate at end of 2015: |
| If the closure cost estimate at the end of 2015 exceeds the estimate in your current registration, you must submit an amended registration to Ohio EPA with an adjusted closure cost estimate. | |

4. 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.

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| Primary County of Origin of Waste Received (list below): | Percentage of Material Received (list below): |
| | |
| Other Counties of Origin: list each county below and list the percentage of the total received from each: | Percentage of Material Received (list below): |
| | |
| | |
| | |
| Unit of Measure: <input type="checkbox"/> Tons <input type="checkbox"/> Cubic Yards (visual) <input type="checkbox"/> Other (describe): _____ | |

| Month | Yard Waste | Agricultural Waste | Animal Waste | Food Waste | Bulking Agents | Animal Carcass | MSW | Other | Compost Product Distributed |
|-------------------|------------|--------------------|--------------|------------|----------------|----------------|-----|-------|-----------------------------|
| January | | | | | | | | | |
| February | | | | | | | | | |
| March | | | | | | | | | |
| April | | | | | | | | | |
| May | | | | | | | | | |
| June | | | | | | | | | |
| July | | | | | | | | | |
| August | | | | | | | | | |
| September | | | | | | | | | |
| October | | | | | | | | | |
| November | | | | | | | | | |
| December | | | | | | | | | |
| TOTALS (1) | | | | | | | | | |

(1) NOTE: To sum the rows and columns in MS Word, right-click the cell in the "TOTALS" row/column and select "Update Field."

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:**

Instructions for Obtaining your Secondary ID

Page one of the form asks you to include your “Secondary ID” number. The “Secondary ID” is a number used by Ohio EPA to identify your facility within Ohio EPA’s E-document system. Including your secondary ID allows us to appropriately index your report in our E-Document system and gives you access to view it on our website. The following link will take you to a list that includes facility names, addresses, registration numbers, and Secondary IDs. Your Secondary ID is located under your facility address and will begin with ‘CM’.

http://www.epa.ohio.gov/portals/34/document/facility_lists/REGISTERED_COMPOSTING_FACILITIES.pdf

Appendix A

District office mailing addresses:

Northeast District Office

2110 East Aurora Road
Twinsburg, Ohio 44087
Phone: 330-963-1200

Northwest District Office

347 N. Dunbridge Road
Bowling Green, Ohio 43402
Phone: 419-352-8461

Central District Office

Ohio EPA - CDO
P.O. Box 1049
Columbus, Ohio 43216-1049
Phone: 614-728-3778

Southeast District Office

2195 Front Street
Logan, Ohio 43138
Phone: 740-385-8501

Southwest District Office

401 East Fifth Street
Dayton, Ohio 45402
Phone: 937-285-6357

