



Class III / IV Compost Facility Annual Report
Year 20

Pursuant to Ohio Administrative Code (OAC) 3745-560-215, 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.

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

E-Document Information

Doctype	Report
Secondary ID	CM (See instructions on last page)
Facility Name	
County	
Program	Composting
Classification	Annual Report

Facility Information

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

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):

Comments:

Monthly Totals

Unit of Measure:

TONS

CUBIC YARDS (Visual)

OTHER: _____

Month	Yard waste	Agricultural Waste	Animal Waste	Bulking Agents	Compost Product Distributed
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
Annual Totals	0	0	0	0	0

Facility Operations

Compost Material Tested?

NO YES

If yes, submit copies of test results

Leachate collected for treatment or disposal?

NO
 YES

If yes, complete monthly totals below

January _____ gallons
February _____ gallons
March _____ gallons
April _____ gallons

May _____ gallons
June _____ gallons
July _____ gallons
August _____ gallons

September _____ gallons
October _____ gallons
November _____ gallons
December _____ gallons

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

Registration

If not actively accepting wastes, does the facility want to remain registered?

NO YES

Closure requirements can be found in Rule 3745-560-335 and 435 of the Ohio Administrative Code

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

Including your secondary ID allows us to appropriately index your report in our E-Document system and give you access to view it on our website.

Go to <http://epa.ohio.gov>

Under Divisions and Offices navigate to Materials and Waste Management

On the right under DMWM Site Links, choose 'Facility List' from the dropdown box and click Go

Expand 'Currently Approved/Licensed/Registered Facilities or Organizations'

Choose the appropriate composting facility class list

Find your facility on the list, your secondary ID will be formatted CM#####

Direct Links

Class I/II

http://epa.ohio.gov/portals/34/document/facility_lists/lic_C1_C2_cmpst.pdf

Class III/IV

http://epa.ohio.gov/portals/34/document/facility_lists/reg_c3_c4_cmpst.pdf