

**PERMIT-BY-RULE TYPE-IA COMPOST  
ANNUAL REPORT  
YEAR**

Name of Compost Facility: \_\_\_\_\_

Location: \_\_\_\_\_ e-mail: \_\_\_\_\_

DEP License: S- \_\_\_\_\_ -CB- \_\_\_\_\_ - \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone#: \_\_\_\_\_

**PLEASE NOTE: If you have a licensed compost facility operated at a transfer station, you must still complete and return this annual report form, even if you submit a separate transfer station report.**

**COMPOST SUMMARY**

1. Volume of Materials Received in Report Year:

	<b><u>Description of Material</u></b>	<b><u>Volume (CUBIC YARDS) From Maine</u></b>	<b><u>Volume (CUBIC YARDS) From Out-of-State</u></b>
VEGETATIVE	_____	_____	_____
MANURE	_____	_____	_____
OTHER	_____	_____	_____

2. Volume of Compost Produced in Report Year: \_\_\_\_\_ cubic yards

3. Volume of Compost Distributed in Report Year: \_\_\_\_\_ cubic yards

4. Volume of Compost Stored On-Site at End of Report Year: \_\_\_\_\_ cubic yards

5. Number of Days Compost Stored On-Site: \_\_\_\_\_

6. In the space below, please provide a brief description of the compost operation, including turning methods, turning frequency, and temperature monitoring (if **nothing has changed since your previous annual report, you may check "no changes" below**):

No Changes

7. In the space below, please provide detailed directions to the compost site (if you included directions on a previous annual report, you may check "previously provided" below):

Previously Provided

Licensee Signature \_\_\_\_\_ Date \_\_\_\_\_

**By checking this box and entering your name;** I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.