2500-FM-BWM0410 1/2015 25 Pa. Code §295.272 Instructions

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF WASTE MANAGEMENT



RESIDUAL WASTE COMPOSTING FACILITY ANNUAL OPERATION REPORT

INSTRUCTIONS

- 1. This report is due on or before June 30 each year covering the period January 1 to December 31 of the preceding year.
- 2. Send one (1) copy of the report and the check for the administrative fee made payable to the "Commonwealth of Pennsylvania" to the attention of the Solid Waste Manager in the Regional Office listed below.
- 3. Send one (1) copy of the report to:

Bureau of Waste Management Director's Office and Program Development P.O. Box 69170 Harrisburg, PA 17106-9170

4. The report forms may be reproduced without modification of content.

REGIONAL OFFICES (and counties served)

DEP Southeast Region. 2 East Main Street Norristown, PA 19401 Phone: (484) 250-5960 Bucks - Chester - Delaware -Montgomery - Philadelphia

DEP Northeast Region
2 Public Square
Wilkes-Barre, PA 18711-0790
Phone: (570) 826-2516
Carbon - Lackawanna - Lehigh Luzerne - Monroe - Northampton Pike - Schuylkill - Susquehanna -

DEP Southcentral Region 909 Elmerton Avenue Harrisburg, PA 17110-8200

Phone: (717) 705-4706

Wayne - Wyoming

Adams - Bedford - Berks - Blair -

Cumberland - Dauphin - Franklin - Fulton -Huntingdon - Juniata - Lancaster -Lebanon - Mifflin - Perry - York DEP Northcentral Region 208 West Third Street, Suite 101 Williamsport, PA 17701-6448 Phone: (570) 327-3653

Bradford - Cameron - Centre - Clearfield - Clinton - Columbia - Lycoming - Montour - Northumberland - Potter - Snyder - Sullivan - Tioga - Union

DEP Southwest Region 400 Waterfront Drive Pittsburgh, PA 15222-4745 Phone: (412) 442-4000

Allegheny - Beaver - Cambria - Fayette - Greene - Somerset - Washington - Westmoreland

DEP Northwest Region 230 Chestnut Street Meadville, PA 16335-3481 Phone: (814) 332-6848

Armstrong - Butler - Clarion - Crawford - Elk - Erie - Forest - Indiana - Jefferson - Lawrence - McKean -

Mercer - Venango - Warren

2500-FM-BWM0410 1/2015 25 Pa. Code §295.272



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RESIDUAL WASTE COMPOSTING FACILITY ANNUAL OPERATION REPORT

Da	te Prepared			SITE I	NFORM	/IAT	TION Permit Number
				(Please type or prin			print)
	For the report year						(January 1 to December 31)
		•		(enter	year)		_ , ,
Name	of Permi	ttee:					
Facility	y Name:						
City:			State:	Z	ip:		Phone No: _()
A. Th	HE WEIG	HT OF MATERIAL:					
	• U:	sed at the Facility			1 1		Tons,
	O.	sed at the Facility					
	• C	omposted					Tons,
	• M	arketed			1 1		Tons,
	IVI	arretea					I ons,
	• Di	isposed of					Tons,
as a re	esult of th	e process.					
B. PE	ERMIT AI	ND OPERATION STA	TUS				
1.		e of Ownership - Identi		tarasts	- Comi	nlian	ance Information
		·					
	☐ NO	 If "NO," complete attach it to this re 		Form (C1 "Co	mpli	pliance History Certification" (2540-PM-BWM0351) and
	☐ YE		e a copy of	Form C	; "Com	pliaı	ance History" (2540-FM-BWM0058) and attach it to this
		report.					
2.	Right o	f Entry - Lease Agreen	nent - Land	Owners	ship.		
	□ NO).					
	☐ YE						Form E, "Contractual Consent of Landowner"
							nd ownership may require the submittal of Part B2 and se land ownership.
3.	Radioa	ctive Monitoring					
		a summary of detected	I radioactive	materi	als usir	ng th	the attached format.

P.O. Box 8469, Harrisburg, PA 17105-8469)

(Note to Operator: Forward a copy of the above attachment to the Bureau of Radiation Protection,

2500-FM-BWM0410 1/2015 25 Pa. Code §295.272 Form

Title

	Date	Prepared		Permit Number
C.	<u>CE</u>	RTIFICATION OF ANALYSIS		
	ana	tification that the operator has received the analysis or collysis of waste) for each type of waste received at the facility meets the condition in the facility's permit.		
		All required analyses were received during the year.		
D.	<u>FIN</u>	ANCIAL ASSURANCE		
	1.	Attach a written update of the total bond liability for the facil determination. If additional bond is determined to be nece 90 days after the annual report is due.		
		Additional bond is not required. Report is attached.		
		Additional bond will be submitted. Report is attached.		
	2.	Attach a current certificate of insurance as specified in Secti	on 287.371-287.373(a).	
E.	PΕ	RMIT ADMINISTRATION FEE		
		ase submit a check payable to the "Commonwealth of Penns t to the <u>Regional Office</u> .	sylvania." Attach the check to one	of the copies being
		\$900.00 – all composting facilities.		
		Officer Certificat	on_	
atta fac	ache ility.	to certify that I have personally examined this report and a documents. I am aware of the Department of Environme To the best of my knowledge, information and belief, the interest are significant penalties for submitting false in	ntal Protection's requirements for nformation submitted is true, accu	this report and this
Na	me d		ate	
		(Please Print)		
Sia	natu	re T	elephone	

IDENTIFY ALL ATTACHMENTS BY PERMIT NUMBER AN DATE PREPARED.

2500-FM-BWM0410 1/2015 25 Pa. Code §295.272 Form

	Date Prepared	

GENERATOR INFORMATION

Permit Numb	er

INSTRUCTIONS: Enter the Name, Mailing Address, County (PA County) and State of each Generator under the column titled Generator Information. Enter the 3 digit Code number (from the Waste Code Attachment) for each waste type received. Enter the total Weight to the nearest 1/10 ton, of each waste type received in the spaces in the column titled Total. Enter the State abbreviation, and the PA County Code. Enter the generator information only once for each generator. Leave the Generator Information Section blank for additional waste codes from the same generator.

Generator Information (Type or Print)	Waste Code (From appendix)	Total Tons (To nearest 1/10 ton)
Street Address:		
City State County Code	R	
Company:		
Street Address:		
City State County Code	R	
Street Address:		
City State County Code	R	
Company:		
Street Address:		
City State County Code	R	
Company:		
Street Address:		
City State County Code	R	
Street Address:		
City State County Code	R	
TOTAL FOR THIS SHEET		

2500-FM-BWM0410 1/2015 25 Pa. Code §295.272 Form

Date Prepared	Permit Number

INSTRUCTIONS: Enter the Company Name, and Tax I.D. Number each transporter under the column titled transporter Information. Enter the 3 digit Code number (from the Waste Code Appendix) for each waste type received. Enter the total Weight to the nearest 1/10 ton, of each waste type received in the spaces in the column titled Total. Enter the transporter information only once for each transporter.

Generator Information (Type or Print)	Waste Code (RWC)	Total Tons (To Nearest 1/10 ton)
Name:	R	
Name:	R []	
Name:	R	
TOTAL FOR THIS SHIEET		

Date Prepared	
	SUMMARY OF DETECTED RADIOACTIVE MATERIALS

Permit	Number

Date	Isotope Detected (e.g. I-131, Ra-226, etc.)	Maximum Dose Rate On Truck* (microR/hr)	Maximum Dose Rate On Item** if measured (microR/hr)	Description of Waste (tenorm, medical, norm, etc.)	Disposition (Disposed on-site rejected-DOT exemption number, etc.)

^{*} Surface (2") dose rate on truck ** One foot dose rate on item

Note: Use additional sheets as necessary. Number of pages included: