



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 -
Wayne - Wyoming

DEP Southcentral Region
909 Elmerton Avenue
Harrisburg, PA 17110-8200
Phone: (717) 705-4706
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

Date Prepared

Permit Number

C. CERTIFICATION OF ANALYSIS

Certification that the operator has received the analysis or certification required by § 287.54 (relating to chemical analysis of waste) for each type of waste received at the facility, and that the residual waste that is received at the facility meets the condition in the facility's permit.

☐ All required analyses were received during the year.

D. FINANCIAL ASSURANCE

1. Attach a written update of the total bond liability for the facility in accordance with Section 287.331 - bond amount determination. If additional bond is determined to be necessary, it shall be submitted to the Department within 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 Section 287.371-287.373(a).

E. PERMIT ADMINISTRATION FEE

Please submit a check payable to the "Commonwealth of Pennsylvania." Attach the check to one of the copies being sent to the Regional Office.

☐ \$900.00 – all composting facilities.

Officer Certification

This is to certify that I have personally examined this report and am familiar with the information submitted in it and all attached documents. I am aware of the Department of Environmental Protection's requirements for this report and this facility. To the best of my knowledge, information and belief, the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information.

Name of Officer _____
(Please Print)

Date _____

Signature _____

Telephone _____

Title _____

IDENTIFY ALL ATTACHMENTS BY PERMIT NUMBER AND DATE PREPARED.

Date Prepared

Permit Number

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.

[illegible]

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: <input type="text"/> TAX I.D.: <input type="text"/>	R <input type="text"/>	<input type="text"/>
Name: <input type="text"/> TAX I.D.: <input type="text"/>	R <input type="text"/>	<input type="text"/>
Name: <input type="text"/> TAX I.D.: <input type="text"/>	R <input type="text"/>	<input type="text"/>
Name: <input type="text"/> TAX I.D.: <input type="text"/>	R <input type="text"/>	<input type="text"/>
Name: <input type="text"/> TAX I.D.: <input type="text"/>	R <input type="text"/>	<input type="text"/>
Name: <input type="text"/> TAX I.D.: <input type="text"/>	R <input type="text"/>	<input type="text"/>
TOTAL FOR THIS SHIET		<input type="text"/>

Date Prepared

SUMMARY OF DETECTED RADIOACTIVE MATERIALS

Permit Number

[illegible]

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

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