

Yard Waste Composting Facility Annual Report

Section 1 Owner/ Facility Information

Facility Name: _____

Mailing Address: _____

County: _____

Owner Name: _____ Tel: _____ E-mail: _____

Operator Name: _____ Tel: _____ E-mail: _____

DEC Region (1-9): _____ DEC Facility Code (e.g. 99Y12): _____

Permit Expiration Date: _____

This report covers the period from _____ to _____

Section 2 Compost Input

Compost Input	Quantity	Unit * (circle one)
Leaves		WT CY
Grass Clippings		WT CY
Wood Waste		WT CY
Other (Specify):		WT CY

* WT = wet tons CY = cubic yards

Yard Waste Composting Facility Annual Report

Section 3 Compost Production

Quantity of compost produced by facility: _____ wet tons or
_____ cubic yards

Quantity of compost removed from facility: _____ wet tons or
_____ cubic yards

Quantity currently stockpiled: _____ wet tons or
_____ cubic yards

Age of oldest compost stockpiled: _____ months

Section 4- Finished Compost Analyses

If analyses are required, attach copies of the original laboratory results.

Yard Waste Composting Facility Annual Report

Section 5
Compost Distribution

Quantity Taken (cubic yards)	Actual Use of Compost

Section 6
Problems / Complaints

Describe any operational problems or complaints arising from the composting operation and include any methods used to remedy the situations. This should include odor complaints, unauthorized waste, marketing difficulties, major equipment failure, etc.
