

Kentucky Department for Environmental Protection
 Division of Waste Management
 Solid Waste Branch
 300 Sower Boulevard, Second Floor
 Frankfort, KY 40601
 (502) 564-6716

*FOR OFFICIAL USE ONLY. DO
 NOT WRITE IN THIS SPACE*

Annual Composting Review

1. Agency Interest Number		[]	
2. Permit Number		[]	
3. Facility Information			
Facility Name: []		Physical Address: []	
City: []	State: []	Zip Code: []	County: []
Email Address: []		Phone Number: ([]) [] - []	Cell Phone Number: ([]) [] - []
4. Waste Information			
Reporting Year		[]	
Type of special waste composted		[]	
Total volume accepted this reporting period		[]	<input type="checkbox"/> cubic yards <input type="checkbox"/> tons
Total volume composted and acceptable for distribution this period		[]	<input type="checkbox"/> cubic yards <input type="checkbox"/> tons
Waste Classification		<input type="checkbox"/> Type A	<input type="checkbox"/> Type B
5. Attachments			
Attachment 1. Submit a copy of the laboratory analysis sheets.			
Attachment 2. Complete the monthly sources log provided as Attachment 2A .			
Attachment 3. Complete the distribution log provided as Attachment 3A .			
6. Certification			
Pursuant to 401 KAR 47:160 Section 6(4), a person with signature authority such as a sole proprietor, owner, partner, plant manager, LLC member, mayor, county judge executive or other authorized official must sign this certification statement. NOTE: Consultants may not sign the following certification statement.			
"I certify under penalty of law that this documentation and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for such violations."			
Name of Applicant, e.g., Corporation or Unit of Government: []			
Name of Responsible Official: []		Signature:	
Title: []		Date: [] / [] / []	

Attachment 2A: Accepted Waste						
MONTH	Source: █	Source: █	Source: █	Source: █	Source: █	Source: █
January	█	█	█	█	█	█
February	█	█	█	█	█	█
March	█	█	█	█	█	█
April	█	█	█	█	█	█
May	█	█	█	█	█	█
June	█	█	█	█	█	█
July	█	█	█	█	█	█
August	█	█	█	█	█	█
September	█	█	█	█	█	█
October	█	█	█	█	█	█
November	█	█	█	█	█	█
December	█	█	█	█	█	█
Annual Total	█	█	█	█	█	█

GENERAL INSTRUCTIONS
Annual Composting Review

Instructions provided are for the DEP 7048-A, Annual Composting Review form. For any questions regarding any section of this form, please call the Division of Waste Management's Solid Waste Branch (SWB). This form must be completed either by typing or by printing legibly with black ink.

If a previous year's report is needed, request a copy by completing an open records request through the Department of Environmental Protection at (502) 564-3999 or EEC.KORA@ky.gov.

All sections of this form must be completed to be accepted by the cabinet. Be sure to include all information for every location permitted, even if this information was previously submitted on previous reports. For any future changes in permit information, an amended application form shall be submitted.

Submit DEP 7048-A form via mail to the following address:

Kentucky Department for Environmental Protection
Division of Waste Management
Solid Waste Branch
300 Sower Boulevard, Second Floor
Frankfort, KY 40601
Phone: (502) 564-6716

Submit DEP 7048-A electronically using the eForms portal: <https://dep.gateway.ky.gov/eForms/Account/Home.aspx>

Section	1.	Agency Interest Number: Provide the Agency Interest number assigned to the facility.
Section	2.	Permit Number: Provide the solid waste permit number assigned to the facility. This number is formatted "sw000-0000".
Section	3.	Facility Information: Provide the name, address, and contact information for the facility.
Section	4.	<p>Waste Information</p> <ul style="list-style-type: none"> • Reporting Year: Provide the year for which composting activities are being reported. • Type of special waste composted: Provide a description of the type(s) of special waste(s) accepted for composting. • Total volume accepted this reporting period: Provide the total volume of special waste accepted and indicate the unit by checking either cubic yards or tons. • Total volume composted and acceptable for distribution this period: Provide the total volume of finished compost acceptable for distribution and indicate the unit by checking either cubic yards or tons. • Waste Classification: Check the box indicating whether the waste accepted for composting was Type A or Type B pursuant to 401 KAR 45:100.
Section	5.	<p>Attachments</p> <ul style="list-style-type: none"> • Attachment 1. Provide the laboratory analysis sheets for the samples of waste analyzed to establish classification as Type A or Type B. • Attachment 2. Complete the Accepted Waste log provided as Attachment 2A. Enter the source location of waste accepted for each column. Then fill in the amount in tons accepted from each source monthly, including months when zero waste was accepted from that source. Finally, enter the total amount of waste accepted from each source in the Annual Total row at the bottom. • Attachment 3. Complete the Log of Distribution of Finished Compost provide as Attachment 3A. Enter the name of the recipient of the finished compost, the address, amount received in tons, the dates that material began and finished composting, and the date the compost was taken by the recipient.
Section	6.	Certification Statement: Only a person with signature authority for the applicant may complete the certification statement. The certification statement must be notarized. A new certification statement shall accompany each submittal in the case of a notice of deficiency.