



Energy and Environment

Cabinet

DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT
300 Sower Boulevard, Second Floor
FRANKFORT, KENTUCKY 40601
TELEPHONE NUMBER (502) 564-6716

ANNUAL COMPOSTING REVIEW
DEP 7048A (November 2016)

1. **APPLICABILITY** - This special waste composting reporting form must be submitted annually to the Cabinet by persons who hold a permit to compost special waste in accordance with 401 KAR 45:100.
2. **ASSISTANCE** - Questions regarding this form may be directed in writing to the Division of Waste Management, Solid Waste Branch, at the address noted above, or by calling (502) 564-6716.
3. **SUBMISSION** - Please type or print legibly in permanent ink. Submit the original and one (1) copy, bound, to the Division of Waste Management at the address noted above. If an item is not applicable to your facility, write "N/A" in the space provided.
4. **LAWS AND REGULATION** - Permit holders are expected to understand and comply with all laws and regulations applicable to a permit for special waste composting and reporting requirements as specified in 401 KAR 45:100 and applicable permit conditions.

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DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT
SOLID WASTE BRANCH
300 Sower Boulevard, Second Floor
FRANKFORT, KENTUCKY 40601
(502) 564-6716

SPECIAL WASTE COMPOSTING ANNUAL REVIEW

Permit Name _____ Permit Number _____

Address _____

City _____ State _____ Zip Code _____

County _____ Year _____ Months (FROM TO) _____

Type of special waste composted _____

Total volume accepted this reporting period (cu.yds or tons) _____

Total volume composted and acceptable for distribution this period
(cu.yds. or tons) _____

Waste Classification: _____ Type A _____ Type B. (Provide copies of
actual analysis.)

TONS PER MONTH ACCEPTED

<u>SOURCE</u>	J a n u a r y	F e b r u a r y	M a r c h	A p r i l	M a y	J u n e	J u l y	A u g u s t	S e p t e m b e r	O c t o b e r	N o v e m b e r	D e c e m b e r	T o t a l

LOG

DISTRIBUTION OF FINISHED COMPOST

Make additional copies of this log sheet as necessary.

Recipient	Address	Amount Receiv ed	Dates Compo sted Start -Fini sh	Date Rece ived

CERTIFICATION

"I certify under penalty of law that this document 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."

Signature of Authorized Agent _____ Date _____

Name of Authorized Agent _____

Title _____