



ENERGY AND ENVIRONMENT CABINET

**DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT
200 FAIR OAKS, 2ND FLOOR
FRANKFORT, KY 40601
TELEPHONE NUMBER (502) 564-6716**

**Annual Report for a
Solid Waste Composting Facility
Form DEP 7108 (6/99)**

General Instructions

- 1. APPLICABILITY** – This form must be complete and submitted to the Cabinet by persons operating a solid waste compost facility.
- 2. ASSISTANCE** – Questions regarding this form may be directed in writing to the Division of Waste Management, Solid Waste Branch at the address listed above or by calling (502) 564-6716.
- 3. SUBMISSION** – Submit the original of the completed form to the Division of Waste Management at the address listed above. Submission is required by January 31, following the report year. If an item is not applicable, check the appropriate box or write “N/A” in the space provided. Submit the original and one copy of the report. Please type or print legibly in permanent ink.
- 4. FILING FEES** – Fees are not applicable for this form.
- 5. LAWS AND REGULATIONS** – Applicants are expected to understand and comply with all applicable laws and regulations.

Annual Compost Report

Year Ending December 31, 20

- 1. Agency Interest #: _____
- 2. Permit #: _____
- 3. Permittee Name: _____
(This refers to the corporation, LLC, business, person, government agency, etc., that owns or operates the facility.)
- 4. Permittee Mailing Address: _____
- 5. City: _____
- 6. State: _____
- 7. Zip Code: _____
- 8. Contact Person: _____
- 9. Title: _____
- 10. E-Mail Address: _____
- 11. Phone #: () - _____
- 12. Cell #: () - _____
- 13. Fax #: () - _____
- 14. Certified Operator: _____
- 15. Certification Number: _____

| Tons Received | Leaves | Grass | Brush | Manure or Animal Bedding | Wood Chips | Other (specify) |
|---------------|--------|-------|-------|--------------------------|------------|-----------------|
| January | | | | | | |
| February | | | | | | |
| March | | | | | | |
| April | | | | | | |
| May | | | | | | |
| June | | | | | | |
| July | | | | | | |
| August | | | | | | |
| September | | | | | | |
| October | | | | | | |
| November | | | | | | |
| December | | | | | | |
| TOTAL | | | | | | |



16. Volume of Compost Prepared for Distribution: Tons

17. Volume of Compost Distributed: Tons

18. Volume of Reject Material (plastic, metal, glass, etc.) Disposed: Tons

- Landfill: Tons
- Recycled: Tons
- Other: Tons (specify method)

19. Volume of Non-Marketable Compost Disposed: Tons

- Landfill: Tons
- Other: Tons (specify method)

20. Compost Analytical Information:

Insert the average of all analyses conducted in the reporting year.

| Component | Wet Weight | Dry Weight |
|-------------------------------|------------|------------|
| pH | SU | * |
| Total Solids Content | % | * |
| Volatile Solids Content | % | * |
| Total Phosphorous | ppm | ppm |
| Total Potassium | ppm | ppm |
| Total Kjeldahl Nitrogen (TKN) | ppm | ppm |
| Ammonium Nitrogen (NH4-N) | ppm | ppm |
| Cadmium | mg/kg | mg/kg |
| Copper | mg/kg | mg/kg |
| Lead | mg/kg | mg/kg |
| Nickel | mg/kg | mg/kg |
| Zinc | mg/kg | mg/kg |

NOTE: The results reported above should be the average of analyses taken during the reporting year, in accordance with the sampling schedule below. Waste should be analyzed as collected.

Do not conduct a separate analysis of a dried sample for the dry weight values.

Dry weight values (mg/kg) are derived using the following equation:

$$mg/L^{(\% Solids)} / 100 = mg/kg \text{ dry weight.}$$



Compost Recipient Log

Complete for all recipients of more than 20 cubic yards of compost within a 30-day period.

1. Name: Phone #: () -
Address: City: State: Zip Code:
2. Name: Phone #: () -
Address: City: State: Zip Code:
3. Name: Phone #: () -
Address: City: State: Zip Code:
4. Name: Phone #: () -
Address: City: State: Zip Code:
5. Name: Phone #: () -
Address: City: State: Zip Code:
6. Name: Phone #: () -
Address: City: State: Zip Code:
7. Name: Phone #: () -
Address: City: State: Zip Code:
8. Name: Phone #: () -
Address: City: State: Zip Code:
9. Name: Phone #: () -
Address: City: State: Zip Code:
10. Name: Phone #: () -
Address: City: State: Zip Code:



Temperature Monitoring Record

To be completed by all composting facilities for which pathogen reduction is met by compost residence time and temperature.

1. Windrow, pile, or cell number: _____ 2. Date constructed - - -
3. Ingredients and comments:

recorded by windrow, pile, or cell

| Date | Time | Temperature (°F) | | | |
|------|------|--------------------------|------|------|------|
| | | Distance for end of pile | | | |
| | | feet | feet | feet | feet |
| | | °F | °F | °F | °F |
| | | °F | °F | °F | °F |
| | | °F | °F | °F | °F |
| | | °F | °F | °F | °F |
| | | °F | °F | °F | °F |
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Certification

Year Ending December 31, 20

1. Agency Interest #: 2. Permit #: -

3. Permittee Name:

4. Pursuant to 401 KAR 47:160, Section 6, a person with signature authority such as a sole proprietor, owner, partner, corporate officer, plant manager, LLC member, mayor, county judge executive or other authorized official must sign this certification statement.

“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.”

Name of Person Signing (type or print):

Title of Person Signing:

Date: - - -

Signature per 401 KAR 47:160: _____

Subscribed and sworn to before me this _____ day of _____, Year 20_____

Notary Public Signature: _____

State of _____ County of _____ My commission expires: _____

