

**MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
PUTRESIBLE WASTE COMPOSTING FACILITY ANNUAL REPORTING FORM**

(Two copies of this completed form and the related information should be submitted for each putresible waste composting facility no later than February 28th each year. The form should be completed and submitted even if the facility was inactive during the calendar year. Information should be neatly printed or typewritten.)

FACILITY INFORMATION

Facility Name: _____

Permittee Name: _____

Types of Waste Composted: _____ Permit #: _____

Facility Physical Address: _____ County: _____

Facility Website (if available): _____

Primary Facility Contact Person:

Name: _____

Title: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Annual Report Contact Person (if different):

Name: _____

Title: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Period of Operation during the Calendar Year: _____ to _____

AGGREGATE WASTE INFORMATION*

** All information may be presented in tons or cubic yards.*

1. List the total amount of solid waste received at the composting site:

_____ **total tons of waste received** _____ **total cubic yards of waste received**

2. List the amount of waste from in-state and out-of-state sources separately:

_____ **tons of in-state waste** _____ **cubic yards of in-state wastes**

_____ **tons of out-of-state waste** _____ **cubic yards of out-of-state wastes**

3. In the spaces provided below or on a separate sheet if necessary, list the source of waste composted by county and state of origin and indicate the total amount of waste received from each county/state in tons.

County	State	Tons

County	State	Tons

4. List the total quantity of finished compost produced at the facility during the calendar year:

_____ **tons of finished compost** _____ **cubic yards of finished compost**

5. List the total quantity of the finished compost produced at the facility that met the standards for distribution and use as described in Rule 1.9.E. of the Mississippi Nonhazardous Solid Waste Management Regulations or the facility permit/authorization.

_____ **tons of finished compost** _____ **cubic yards finished compost**

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6. List the total quantity of all non-compostable residuals and recyclables separated from the incoming waste or finished compost and a description of how the materials were disposed or managed.

_____ **tons of residuals/recyclables** _____ **cubic yards of residuals/recyclables**

7. List the total quantity of finished compost removed from the facility for distribution or use. Also describe how the compost was distributed or reused.

_____ **tons of compost removed** _____ **cubic yards of compost removed**

8. List the total quantity of the finished compost that did not meet the standards for distribution and use in Rule 1.9.E of the MS Nonhazardous Solid Waste Management Regulations or the facility permit/authorization, including the quantity disposed of or reused.

_____ **tons of non-distributed compost** _____ **cubic yards of non-distributed compost**
 _____ **tons of compost reused** _____ **cubic yards of compost reused**
 _____ **tons of compost disposed** _____ **cubic yards of compost disposed**

9. List the estimated remaining capacity for storage of the finished compost at the facility based upon the amount of compost on-site at the beginning of the year, the amount of compost produced, and the amount removed during the year.

_____ **tons of remaining capacity** _____ **cubic yards of remaining capacity**

ANALYTICAL INFORMATION

10. Analytical information pursuant to your permit/authorization is: Attached Not attached

DISCLOSURE INFORMATION

11. If the **owner or contract operator** of the composting facility is a private concern, an updated disclosure statement is **required**. The updated disclosure information must be provided on the [MDEQ Disclosure Form](#) (available on the solid waste reporting webpage). Only those pages that are modified or added must be submitted. Please check the applicable statement:

- An updated disclosure form is attached with this report for the owner contract operator.
- An updated disclosure form has been submitted separately to MDEQ for the owner contract operator.
- I hereby certify that the no changes have been made to disclosure statement already on file with MDEQ.
- I hereby certify that no disclosure statement is needed because the owner and operator is a public agency.
- Not applicable. This composting facility is part of the MDEQ pilot composting program.

CERTIFICATION

To the best of my knowledge and belief, I certify that the information provided with this report, including attachments, is true, accurate, and correct.

Name (print): _____ Date: _____

Signature: _____ Title: _____

Mail completed annual report to:
MDEQ – Waste Division
P.O. Box 2261 Jackson, MS 39225
Phone: (601) 961-5171 Fax: (601) 961-5785 Email: tjones@mdeq.ms.gov