Compost	State of North Carolina Department of Environment and Natural Resources Division of Waste Management	**COMPOST** Facility Annual Report For the period of **July 1, 2014-June 30, 2015**

According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2015 and a copy of this report must be sent to the County Manager of each county from which waste was received. If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist.

Facility Name: _____ Permit: _____

Physical Address	Mailing Address
Street 1:	Street 1:
Street 2:	Street 2:
City: County:	City:
State: North Carolina Zip:	State: North Carolina Zip:

Primary Facility Contact Person	Billing Contact Person
Name:	Name:
Phone: Fax:	Phone: Fax:
Email:	Email:

1. Tipping Fee: $ _____ per Ton (Attach a schedule of tipping fees if appropriate.)

2. Did your facility stop receiving waste during this past Fiscal Year? ☐ Yes ☐ No
   If so, please report the date this occurred: _____

3. Please attach results of monthly temperature monitoring for the period of July 1, 2014 thru June 30, 2015.

4. For Type II, III, and IV facilities, attach results of tests (Waste Analysis with metals, foreign matter and pathogens) as required in Table 3 of Rule 15A NCAC 13B .1408 for the period of July 1, 2014 thru June 30, 2015. **Current Rules state that "Compost shall be analyzed at intervals of every 20,000 tons of compost produced or every six months, whichever comes first."**

5. What type and quantity of waste was composted by your facility?

Materials COMPOSTED	Check X if Received	Tons RECEIVED	Tons COMPOSTED	Unusable Tons DISPOSED
Yard Waste	☐			
Clean Wood	☐			
Sawdust	☐			
Wooden Pallets	☐			
Food Waste	☐			
Animal Waste	☐			
Sludge and Biosolids	☐			
Grease Trap Waste	☐			
Animal Mortalities	☐			
Sheetrock	☐			
Commingled (Describe)	☐			
Other (Describe)	☐			
Other (Describe)	☐			
Other (Describe)	☐			
	TOTAL			

6. What type and quantity of compost was produced and removed from your facility?

Type	Tons CREATED	Tons USED On Site	Tons SOLD to Public	Tons GIVEN to Public	Tons STOCKPILED	Tons DISPOSED	Other
Mulch							
Grade A Compost							
Grade B Compost							
Other							
Other							
TOTAL							

7. Indicate waste received at this compost facility during the period of July 1, 2014, through June 30, 2015. Indicate **tonnage** received by COUNTY of waste origin. Please indicate COUNTY and STATE if received from another state.

Received from	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Total

Grand Total

REMINDER: According to (G.S. 130A-309.09D(b)), this report must be sent to the Regional Environmental Senior Specialist for your area and a copy of this report must be sent to the County Manager of each county from which waste was received.

Please send your completed report to:

CERTIFICATION: I certify that the information provided is an accurate representation of the activity at this facility.

Signature: _____ Date: _____

Name: _____ Title: _____

Phone Number: _____ Email: _____

Print Form