

Annual Report Form
WASTE TO ENERGY FACILITIES
for the Maine Department of Environmental Protection and Maine State Planning Office

FACILITY NAME: _____ Report for Calendar Year: _____

CONTACT PERSON: _____ PHONE NO: _____

DEP SOLID WASTE LICENSE NUMBER: _____

This form must be used by respondents; another format is not acceptable, without prior approval.

VERIFICATION OF INFORMATION SUBMITTED, VIA THE ATTACHMENTS

I, _____, have examined this report and to the best of my
(please print name)

knowledge and belief, said report is true, correct and complete.

(authorized signature for company) _____ (title) _____ (date)

Name of Company: _____

Address: _____

Subscribed and sworn to before me on _____
(date) My commission expires (date)

(Notary Public – print name) _____ (Notary Public – signature)

(name & title of form preparer, if different from above)

(address and business phone of preparer, if different from above)

Please return the completed original and applicable fee by April 30, 2009 to:

Vicky Bryant, Maine Dept. of Environmental Protection
17 State House Station, Augusta, Maine 04333-0017

Also, please e-mail your completed form (without attachments) by April 30, 2009 to:

susan.a.alderson@maine.gov (DEP) and rhonda.carl@maine.gov (SPO)

[DOUBLE CLICK HERE to open new email with addresses](#)

Narrative Report on Operations

Please include the following information for the reporting year:

- (1) A summary of the operational records and any events outside of the normally expected operations of the facility;
- (2) A summary of changes to the operations manual made during the past year and any known proposed changes to operations;
- (3) A report of minor changes to the facility site or operations not requiring departmental approval that have occurred during the reporting year. Changes handled in this manner are those that do not require licensing under minor revision or amendment provision of DEP Chapter 400.
- (4) A summary of the ash characterization results for the year, including detailed information concerning any ash characterization results that exceeded regulatory limits and the actions taken in response;
- (5) A demonstration that sufficient disposal capacity is guaranteed for the ash and all residues expected to be generated during the next year;
- (6) Characterization results for the wastes accepted for incineration;
- (7) Monitoring records if ground water, surface water, soil, or other monitoring is required by the facility's solid waste license;
- (8) A summary of operator training conducted during the year; and
- (9) An annual update on cost and documentation of any changes made to the financial assurance instrument in accordance with DEP Chapter 400 Section 11.

FORM A SOLID WASTE VOLUMES RECEIVED

WASTE SOURCE SUMMARY ¹ (TONS)

MONTH	MUNICIPAL	COMMERCIAL	SPOT MARKET	OTHER ²	TOTAL
JANUARY					
FEBRUARY					
MARCH					
APRIL					
MAY					
JUNE					
JULY					
AUGUST					
SEPTEMBER					
OCTOBER					
NOVEMBER					
DECEMBER					
TOTALS					

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- 1 In addition to the above, attach a month-by-month summary of waste received from each account. Indicate any accounts delivering waste from outside Maine and the amount of imported waste delivered. In lieu of names, each commercial account may be identified as a HAULER or as a BUSINESS.
 - 2 OTHER INCLUDES WOOD CHIPS, INDUSTRIAL WASTES OR SPECIAL WASTES ACCEPTED.

FORM B WASTE HANDLING SUMMARY

MSW received by state/province of origin (tons)

State/Province of Origin	Amount (tons)	Percent of Total
Maine		
Massachusetts		
New Hampshire		
Other state/province (fill in name): _____		
Other state/province (fill in name): _____		
Total		

Amount of RDF Produced:

Materials disposition by facility shipped to (tons):

Material	Tons	Receiving Facility
FEPR		
Bypass		
Recovered Metal		
Non-Processible/OBW		
Other (describe waste stream):		
Ash		

FORM C TIPPING FEES (\$ PER TON)

CONTRACT HOLDER TIP FEES

	Low Fee	High fee	Average fee	Projected fee for next year
MUNICIPAL CUSTOMERS				
Host municipality(ies)				
Charter municipalities				
Contracted municipalities (more than one year)				
Contracted municipalities (one year or less)				
Other (describe)				
COMMERCIAL CUSTOMERS				
Contracted (more than one year)				
Short term contract (one year or less)				
Other (describe)				

SPOT MARKET - QUARTERLY AVERAGE TIP FEES

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
MUNICIPAL SPOT				
COMMERCIAL SPOT				

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- 1 Please provide the lowest fee charged for each group.
 - 2 Please provide the highest fee charged for each group.
 - 3 Average is the sum of the tip fees paid by each group, divided by the total tons delivered by each group.

FORM D

REVENUES RECEIVED¹

MONTH	TIPPING FEES ² MUNICIPAL	TIPPING FEES ² COMMERCIAL	SALES OF ELECTRICITY	OTHER ³	TOTAL
JANUARY					
FEBRUARY					
MARCH					
APRIL					
MAY					
JUNE					
JULY					
AUGUST					
SEPTEMBER					
OCTOBER					
NOVEMBER					
DECEMBER					
TOTALS					

Total number of kilowatt hours of electricity generated in calendar year:

- 1 Please attach a copy of the annual report for the relevant calendar year
- 2 Include spot market revenues in the appropriate column.
- 3 Itemize other sources of revenues (e.g. oily waste) and attach supporting documentation.

FORM E
EXPENDITURES ¹

VARIABLE EXPENDITURES		
Labor		
Maintenance		
Utilities		
Operations/maintenance total		
Wood chips		
Other (please identify)		
Alternative fuel purchased total		
Ash & Front End Processing Residue disposal		
Other variable costs		
FIXED EXPENDITURES		
New capital investments		
Debt service		
Reserve		
TOTAL EXPENDITURES		

1 Please attach a copy of annual report for the relevant fiscal year.