

Submit to: Maine DEP
Attn: Geraldine Travers
17 State House Station
Augusta, Maine 04333

Due annually by February 28th

**Annual Report Form
for facilities with
SOLID WASTE PROCESSING LICENSES
including those with BENEFICIAL USE LICENSES**

For YEAR: _____

Name of Facility: _____

Location address: _____

E-mail: _____

DEP Processing Facility License Number(s):

S- _____
S- _____
S- _____
S- _____
S- _____

DEP Beneficial Use License Number(s):

S- _____
S- _____
S- _____
S- _____
S- _____

Facility Operator: _____ Email: _____ Phone: _____

Facility Operator mailing address: _____

Contractor Contact: _____ Email: _____ Phone: _____

Billing Contact: _____ Email: _____ Phone: _____

1. Description of all wastes accepted at the facility:

A. Enter the number or description of each waste type received and the amount (by weight) of each waste type **by state or province of origin**. If measured weight is not available, indicate waste volume and density used to calculated weight entered in the "Explanatory notes and comments" field at the bottom of the table. Please attach in-coming shipment records as available.

E. Summary of recyclables and residue wastes shipped. Enter the description and amounts of any recyclables and wastes that were shipped off-site, and the destination facilities.

Recyclable or waste type (use types as listed in 1.A)	Destination State or Province	Weight	Unit of Measure	Destination facility

F. Recycling and beneficial use demonstration. Describe and demonstrate that all wastes accepted at the facility have been recycled or processed into fuel for combustion to the maximum extent practicable. For this demonstration, “recycle” includes but is not limited to: reuse of waste as shaping, grading or alternative daily cover at landfills; aggregate material in construction; and boiler fuel substitutes. This must include:

- A narrative with a detailed comparison of the wastes accepted at the facility, products and secondary materials produced for recycling/reuse, and residues leaving the facility for disposal.
- A calculated recycling rate for the past year, and a discussion of this recycling rate, including a specific explanation of why that rate represents recycling to the maximum extent practicable, and an explanation and justification for why wastes and residues disposed over the preceding year could not be recycled or reused.
- A demonstration that the facility and its operations are consistent with the recycling provisions of the state waste management and recycling plan as defined at 38 M.R.S. § 1303-C(35).

(This item is not applicable to processing facilities that do not generate residues requiring disposal.)

G. Summary of end-of-year on-site storage. Enter the amounts of products, recyclables, and wastes stored on site as of 12/31.

Type of product, recyclables and waste stored on site as of 12/31	Weight (tons)	(If converting from cubic yards, use conversion factors from Table 1 of <i>Characterization of Construction/Demolition Debris by the Visual Estimation Method for Use by Solid Waste Processing Facilities</i> , available on-line at www.maine.gov/dep/waste/solidwaste/index.html under "Additional Information and Guidance".

2. Operations

Provide a summary of the processing operation including: a summary of complaints received by the facility during the previous year, a discussion of any odor problems, and any other problems encountered, and follow-up actions taken to address complaints and other identified problems.

3. Alterations to the facility operations and site

A description of changes to the facility site or operations that have occurred during the reporting year, and as-built plans as applicable. Also, changes to minor aspects of the facility site proposed to be changed in the current year may be described.

Facility: _____

Reporting Year: _____

4. Monitoring (if facility has a monitoring plan).

A summary and evaluation of past year's monitoring results, monitoring program and equipment; recommended changes may be submitted. Attach additional sheets or provide a separate attachment if additional space is needed.

Monitoring Results

Monitoring Program

Equipment

Proposed changes (if any)

I have examined this report and to the best of my knowledge and believe, said report is true, correct and complete.

Signature of person completing this form _____

Printed name of person completing this form

PLEASE ATTACH ADDITIONAL PAGES AS NEEDED