Annual Report Form for YEAR: WASTE TO ENERGY FACILITIES

for the Maine Department of Environmental Protection

Name of Facility:			
Location:			
DEP License: S-			
Primary contact:	E-Mail:		Phone#:
Secondary contact:	E-Mail:		Phone#:
Billing contact:	E-Mail:		Phone#:
This form must be used by respondents:	; another forma	t is not acceptable,	without prior approval.
VERIFICATION OF INFORMA	TION SUBMI	TTED, VIA THE	ATTACHMENTS
I,	have examined	this report and to th	ne best of my
(please print name) knowledge and belief, said report is true,	correct and cor	nplete.	
(authorized signature for company)	(title)	(date)
Name of Company:			
Address:			
Subscribed and sworn to before me or	n(date)	My commission	expires (date)
(Notary Public – print name)	(Notary	Public – signature))
(name & title of form preparer, if diff			
(address and business phone of prepar	rer, 11 different	rrom above)	

 ${\it Please \ return \ two \ (2) \ copies \ of \ the \ completed \ form \ and \ applicable \ fee \ by \ April \ 30th \ to:}$

Geraldine Travers, Maine Dept. of Environmental Protection

17 State House Station, Augusta, Maine 04333-0017

If you complete the form electronically, please also e-mail a copy to susan.a.alderson@maine.gov.

Annual Report Year: Facility name:

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 summary of the amounts and destinations of residues and ash generated by the facility and a demonstration that sufficient disposal capacity is guaranteed for the ash and all residues expected to be generated during the next year; (6) A summary of the wastes accepted for incineration and the characterization results for these wastes; (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.

Annual Report Year: Facility name:

Summary of Waste Handling

AMOUNT (TONS) OF WASTES RECEIVED BY GENERATOR TYPE

Quarter	Municipal MSW	Commercial MSW	Spot Market MSW	Other Waste Types ¹	Totals
January -	1/12//	1122 11	1120 11	- J P 63	
March					
April - June					
July -					
September					
October -					
December					
TOTALS					

[&]quot;OTHER" includes clean wood chips, CDD wood chips, special wastes and other wastes accepted.

AMOUNT (TONS) OF WASTES RECEIVED BY ORIGIN

State/Province of Origin	Tons from	Tons	Tons	Tons from	Tons from
Waste type	Maine	from NH	from MA		
MSW					
Clean wood chips					
CDD wood chips					
Special wastes					
Other waste					
Other waste					
Total					

AMOUNT (TONS) OF WASTE INCINERATED

Amount of RDF incinerated:	
- or -	
Amount of MSW incinerated	
- and -	
Amount of "Other" incinerated	

Annual Report Year: Facility name:

MATERIALS <u>DISPOSTION</u> BY DESTINATION

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

TIPPING FEES (\$ PER TON)

	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				

- 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.

REVENUES RECEIVED¹

Quarter	TIPPING	TIPPING FEES ²	SALES OF	OTHER ³	TOTAL
	FEES ²	COMMERCIAL	ELECTRICITY		
	MUNICIPAL				
January -					
March					
April - June					
July -					
September					
October -					
December					
TOTALS					

- 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.

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

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.