



2025 Annual Solid Waste Management Report for On-Going Beneficial Use Activities

Licensed on-going beneficial use activity sites must complete and submit this reporting form to the Maine Department of Environmental Protection (DEP) by **February 28**, annually, to meet the annual reporting requirement in accordance with 38 M.R.S. § 1310-N(6-D). **We prefer that you complete and submit the form electronically**, but you may print a paper copy to fill out by hand. If you fill out a paper copy by hand, **we prefer that you scan and email an electronic copy**, but you can mail the paper copy to the Department if you wish.

- **Please use the facility name and license number as it appears on your DEP license** and include this information with any attachments that are provided separately so that we can match them to the property facility.
- **If filling out the form electronically and emailing, the form *must include an electronic signature*.**
- **If you need additional space, or if you mail or email attachments separately, please include your facility name and license number on all additional paperwork.**
- **Please keep a copy of this report for your own records.**

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| <p>Please email (or mail) one copy of your signed and completed report to:</p> | <p>Vincent Prescott vincent.prescott@maine.gov Maine Department of Environmental Protection 17 State House Station Augusta, ME 04333</p> |
| <p>For questions regarding your annual report fee, invoice, or payment, contact:</p> <p>(Do not send payments to the Maine DEP)</p> | <p>Gerry Travers geraldine.travers@maine.gov</p> |
| <p>If possible, please make invoice payments via our online payment portal; https://www.maine.gov/dep/paymentportal</p> <p>You may also send your annual report fee payment and payment stub to the Natural Resources Service Center.</p> <p>If you have more than once invoice, you may submit one payment for the total amount, but please include all invoice stubs with your payment.</p> | <p>Make checks payable to:</p> <p>Treasurer, State of Maine Natural Resources Service Center 155 State House Station Augusta, ME 04333</p> |

For help with questions about your license, operations, the annual report form, trouble with the format of this report, or if you are not sure if this is the correct form for your facility, please contact your project manager. If you are not sure who your project manager is, please feel free to contact someone from your nearest regional office or Unit Supervisor Eric Hamlin by phone at (207) 694-9389 or email at eric.p.hamlin@maine.gov

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|------------------------------|--|----------------|
| Derek DeCastro (Portland) | derek.decastro@maine.gov | (207) 592-2879 |
| Dominique DiSpirito (Bangor) | dominique.dispirito@maine.gov | (207) 441-0732 |
| Julie Coats (Bangor) | julie.m.coats@maine.gov | (207) 592-3879 |
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| Shannon Conti (Augusta) | shannon.conti@maine.gov | (207) 446-8433 |
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| Vera Maheu (Augusta) | vera.a.maheu@maine.gov | (207) 451-2294 |

- This form is used for all on-going beneficial use activities regardless of size or scope and therefore may contain waste categories or rows in the forms that do not apply to your facility. You do not need to enter information into those form sections that do not apply.
- All data should be for the previous calendar year (January 1 – December 31).
- **Please do not customize or modify the form without specific approval.**
- Please enter information only for the wastes handled at this facility.
- Enter amounts *in tons* whenever possible. Contact your project manager for possible conversion factors for other waste types. If you cannot report in tons, enter the volume or number and the unit of measure, e.g., cubic yards, units, or pieces.

Facility Name: _____ Report Year: _____

DEP License #: _____

Name of Facility: _____

Location of Facility: _____

Facility Operator: _____

E-mail: _____ Phone: _____

Facility Operator mailing address: _____

Contractor Contact: _____

E-mail: _____ Phone: _____

Billing Contact: _____

E-mail: _____ Phone: _____

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

Signature of person completing this form

Date

Printed name of person completing this form

1. Summary of activity during past year:

A. Enter the amount in weight or volume of each type of waste or secondary material your facility has generated or received from another facility, its source (including self), and each state(s) or province(s) of origin.

| Type of waste | Generator | Amount by generator | Unit of measure | State/Province of origin |
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Facility Name: _____ Report Year: _____

DEP License #: _____

B. Enter the weight or volume of secondary material beneficially used on-site or off-site.

| Type of waste | Weight or volume | Unit of measure | Beneficial use destination: on-site or off-site | Project |
|---------------|------------------|-----------------|--|---------|
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C. Enter the weight or volume of waste requiring disposal, the disposal facility to which the waste was shipped, and the location of each disposal facility by state or province.

| Type of Waste | Weight or volume | Unit of measure | Disposal facility destination | Destination – State/Province |
|---------------|------------------|-----------------|-------------------------------|------------------------------|
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D. Enter the weight or volume of waste and secondary material stored on site as of December 31.

| Type of waste or secondary material | Weight or volume | Unit of measure |
|-------------------------------------|------------------|-----------------|
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Facility Name: _____ Report Year: _____

DEP License #: _____

2. Operations

Provide a general summary of the beneficial use activity for the reporting year, including problems encountered and follow-up actions, changes to handling operation, and a summary of odor or other complaints received related to the beneficial use during the reporting year. If required to report by license condition, include the location of the beneficial use activity for the past year.

3. Monitoring and waste characterization (as applicable)

A summary and evaluation of any required testing or on-going characterization of the waste; recommended changes may be submitted. Attach additional sheets or provide a separate attachment if additional space is needed.

a. Testing/characterization results

b. Changes in testing/characterization program (if any)

Please attach additional pages as needed