Submit to: Maine DEP

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

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):	DEP E	Geneficial Use License Number(s):
S	S	
S	S	
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.

Please use the following waste types as applicable to your facility:

- 1. Mixed CDD (may include building materials, furniture and carpet, asphalt, wall board, pipes, metal conduit, etc.)
- 2. Landclearing debris (brush, stumps, bark)
- 3. Clean lumber (free from metals, plastics and coatings)
- 4. Treated wood
- 5. Asphalt roofing & shingles
- 6. Sheetrock/wallboard/gypsum
- 7. Furniture
- 8. Carpet
- 9. Glass (describe type or source)
- 10. Metals ferrous

- 11. Metals non-ferrous
- 12. Metals mixed
- 13. Tires
- 14. Vehicle batteries
- 15. Plastics
- 16. Mixed paper & corrugated cardboard (OCC)
- 17. Coal, oil or multifuel boiler ash
- 18. Oil-contaminated soil, gravel, other aggregate
- 19. Sandblast grit
- 20. Catch basin grit & street sweepings
- 21. Other (describe)

Waste type received	Origin by state or province	Amount received (break out by state/province)	Amount processed	Unit of Measure

Explanatory notes and comments:

B. In-coming waste characterization. Attach results and a summary of all in-coming waste characterization events conducted in the reporting calendar year. This must include all data and results of the characterization of all wastes accepted at the facility, as well as the totals of data from your completed waste characterization forms (e.g., "Data Analysis Form" or other approved form) used to quantify by weight the recyclable and non-recyclable content of waste materials accepted for processing at the facility. (This item is not applicable to processing facilities that do not generate residues requiring disposal.)

- **C. Amount of products shipped for beneficial use.** Enter the number or description of each of the following processing product shipped, the amount shipped and the destination (users or facility). If you are using the material onsite, list the destination as "on-site". Please use the following descriptors:
 - a. CDD wood fuel chip
 - b. Wood fuel chip
 - c. Wood chip for landscaping
 - d. Erosion control mix

- e. Tire fuel chip
- f. Tire chip for engineered applications
- g. Other (describe)

Description of processing products	Weight	Unit of measure	Destination – user or facilities

D. Residue characterization. Attach results and a summary of all out-going waste residue characterization events conducted in the reporting calendar year. This must include all data and results of the characterization of all waste residues shipped from the facility for disposal. (This item is not applicable to processing facilities that do not generate residues requiring disposal.)

E. Summary of recyclables and residug 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 MRS §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 Characterization of Construction/Demolition Debris by the Visual Estimation Method for Use by Solid Waste Processing Facilities, available on-line at www.maine.gov/dep/waste/solidwaste/index.html under "Additional Information and Guidance".
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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.

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
DUE A CEL A TITLA CHI A DDITTIONI A L'ADA CEC A CANTEDED
PLEASE ATTACH ADDITIONAL PAGES AS NEEDED

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Reporting Year:

Facility:

Revised 12/16/2014

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