

Submit to: Maine DEP
Attn: Vincent Prescott
17 State House Station
Augusta, Maine 04333

Due annually by February 28th
 or, vincent.prescott@maine.gov

Annual Report Form
for ON-GOING BENEFICIAL USE OF SOLID WASTE

For YEAR: _____

Name of Facility: _____

Location: _____ E-mail: _____

DEP License: S- _____

Facility Operator: _____ E-mail: _____ Phone: _____

Facility Operator mailing address: _____

Contractor Contact: _____ E-mail: _____ Phone: _____

Billing Contact: _____ E-mail: _____ Phone: _____

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

Facility Name: _____

Reporting year _____

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

C. Waste requiring disposal: 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

D. Material stored on site: Enter the weight or volume of waste and secondary material stored on site as of December 31.

Type of waste or secondary material stored on site as of 12/31	Weight or volume	Unit of measure

Facility Name: _____

Reporting year _____

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.

Testing/characterization results

Changes in testing/characterization program (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 _____

Date: _____

PLEASE ATTACH ADDITIONAL PAGES AS NEEDED