

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

**Due annually by February 28th**

**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 generated or received by the facility, its source, and the 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 \_\_\_\_\_

**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* \_\_\_\_\_

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

*Printed name of person completing this form* \_\_\_\_\_

PLEASE ATTACH ADDITIONAL PAGES AS NEEDED