

# Annual Composting Facility Report

July 1<sup>st</sup>, \_\_\_\_ (Year) – June 30<sup>th</sup>, \_\_\_\_ (Year)

Due July 31st

County: _____ Permit #: _____  Responsible Official: _____ Facility Name: _____ Address: _____ City, State, Zip: _____	<b>Send completed form to:</b> <b>Energy and Waste Management Bureau</b> <b>c/o Matt McDonald</b> <b>502 East Ninth Street</b> <b>Des Moines, Iowa 50319-0034</b>
<b><i>Please make address corrections as necessary</i></b>	

**MATERIALS ACCEPTED.** Please answer the following questions on materials accepted at the composting facility. If you answer "yes" to any question, please provide tonnage for this reporting period.

Does this facility accept:

<b><i>Yard Waste</i></b>	<input type="radio"/> Yes <input type="radio"/> No	tonnage: _____	<b><i>Wood</i></b>	<input type="radio"/> Yes <input type="radio"/> No	tonnage: _____
<b><i>Animal Manure/Bedding</i></b>	<input type="radio"/> Yes <input type="radio"/> No	tonnage: _____	<b><i>Animal Mortality</i></b>	<input type="radio"/> Yes <input type="radio"/> No	tonnage: _____
<b><i>Paper Products</i></b>	<input type="radio"/> Yes <input type="radio"/> No	tonnage: _____	<b><i>Crop Residue</i></b>	<input type="radio"/> Yes <input type="radio"/> No	tonnage: _____
<b><i>Sewage Sludge</i></b>	<input type="radio"/> Yes <input type="radio"/> No	tonnage: _____	<b><i>Industrial Sludge</i></b>	<input type="radio"/> Yes <input type="radio"/> No	tonnage: _____
<b><i>Municipal Solid Waste</i></b>	<input type="radio"/> Yes <input type="radio"/> No	tonnage: _____	<b><i>Food Residuals</i></b>	<input type="radio"/> Yes <input type="radio"/> No	tonnage: _____
<b><i>Other</i></b> (specify)	<input type="radio"/> Yes <input type="radio"/> No	tonnage: _____			

What is the source of the material?

Total tonnage of organics accepted for composting at the facility

tonnage: \_\_\_\_\_

What is the annual capacity of the facility? (maximum amount that can be composted)

Tons/year: \_\_\_\_\_

**FINISHED COMPOST MARKETED OR USED.** Provide information about the amount of finished compost REMOVED from the Facility for the following uses. If you answer "yes" to any question, please provide tonnage information for this reporting period.

Amount of finished composted REMOVED from the Facility:

Tons/year: \_\_\_\_\_

Is the finished Compost: (check all that apply)

<input type="checkbox"/> Sold _____ tons/year	<input type="checkbox"/> Given away _____ tons/year
<input type="checkbox"/> Used by your organization _____ tons/year	

Is your product registered with the Iowa Department of Agriculture & Land Stewardship?  Yes  No

Questions? Call or email:

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Matt McDonald, Environmental Specialist, [matt.mcdonald@dnr.state.ia.us](mailto:matt.mcdonald@dnr.state.ia.us), (515) 281-8150

**COMPOST FACILITY OPERATION INFORMATION.** In this section provide information as to how the composting facility operates.

What method/s of composting is employed at the facility?

- Turned piles*
 *Aerated static piles/windrows*
 *Turned windrows*  
 *In-vessel*
 *Vermicompost*
 *Other (please describe)*  
 *Facility is enclosed*

Has the facility operator taken and passed an approved composting course?

- Yes, has taken and passed a composting operator training course  
 No, has **not** taken a composting operator training course

**SOLID WASTE COMPOSTING FACILITY ONLY.** Each composting facility is required by IAC Chapter 105 to test its compost to make sure that the concentrations of all metals and fecal coliform or Salmonella sp. do not exceed regulated levels. Please attach a copy of the test results to this form, making sure that the applicable units (reference 105) are clearly recorded. All composting facilities are required to take biweekly temperature readings of compost piles, and weekly readings of moisture levels. Facilities are not required to report these readings on this annual form, but should keep this information on file to be referenced if necessary.

How often is the finished compost product analyzed?

- Never
  Monthly
  Twice a year
  Annually
  Other (please describe)

**Additional Comments:** (Please include those ways in which IDNR can assist your facility.)


**CERTIFICATION**

I certify under penalty of law that I am the owner, operator, or authorized representative of the owner or operator and that I have examined and am familiar with the information reported above, and that I believe the information is true, accurate and complete.

Signature	Name & agency of Person Certifying (please type or print)	Date	Telephone Number