Annual Composting Facility Report
Tier 2 & 3 Facilities

July 1, _____ (Year) - June 30, _____ (Year)
Due July 31st

County: _____ Permit #: _____

Responsible Official: _____

Facility Name: _____

Address: _____

City, State, Zip: _____

Please make address corrections as necessary

Send completed form to:
Becky.Jolly@dnr.iowa.gov, or:
Land Quality Bureau
c/o Theresa Stiner
6200 Park Ave Ste 200
Des Moines IA 50321

FOR REFERENCE

Type A feedstocks. Type A feedstocks include yard waste, clean wood waste, crop residues, and other vegetative materials

Type B feedstocks. Type B feedstocks include source-separated pre- and postconsumer food residuals; food processing residuals; dead animals; raw rendering material; certified compostable products; and animal excreta, manure, animal bedding and litter not regulated under 567—Chapter 65 or other provisions of Iowa law.

Type C feedstocks. Type C feedstocks include industrial process waste, sludges, biosolids, diapers, solid or semi-solid material from composting toilets, and industrial by-products not covered in Type B feedstocks.

FACILITY TYPE: check the box that describes the compost facility

☐ **Tier 2:** Up to 250 tons of Type B Feedstock generated off the premises along with any amount Type A feedstock generated on or off premises and any amount of type B feedstock generated on the premises. No Type C feedstock is accepted.

☐ **Tier 3:** Between 250 and 1000 tons of Type B Feedstock generated off the premises along with any amount Type A feedstock generated on or off premises and any amount of type B feedstock generated on the premises. No Type C feedstock is accepted.

Note Tier 4 facilities (those that compost over 1,000 tons of type B feedstock generated off premises or any amount of type C feedstock) use form 542-8015. Tier 1 facilities (those that compost less than 250 tons of Type A and B feedstocks combined) are not required to submit an annual report.

FINISHED COMPOST MARKETED OR USED. Provide the estimated tonnage of finished compost removed from the Facility during the reporting period for the following uses.

Amount of finished composted REMOVED from the Facility: _____ Tons

Is the finished Compost: (check all that apply)

☐ Sold _____ tons ☐ Given away _____ tons

☐ Used by your organization _____ tons

What method/s of composting is employed at the facility

☐ Turned piles/windrows ☐ Aerated static piles/windrows

☐ In-vessel ☐ Other (please describe) _____

Name of Certified Operator: _____

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: _____ Date: _____

Name & agency of Person Certifying: _____

Email: _____ Phone Number: _____

Additional Comments: