



**Minnesota Pollution
Control Agency**

520 Lafayette Road North
St. Paul, MN 55155-4194

Yard Waste Composting Facility 2012 Annual Report

Solid Waste Permit Program

Doc Type: Permitting Annual Report

I. Report Assembly

1. Annual Report form(s) on top followed by supporting documents.
2. All plan sheets must be 11x17 or submitted electronically.
3. Clear plastic cover or no cover.
4. No 3-ring binders allowed. Comb (GBC) binders are okay.

5. Due March 1, 2013.

MPCA Use Only	
Preferred ID:	
Subject:	2012 Yard Waste Annual Report

Submit Report:

Mail one (1) copy of the completed Annual Report form with original signature and all supporting documents to:

Or

E-mail completed Annual Report form with original signature and supporting documents to Lisa Mojsiej, Minnesota Pollution Control Agency (MPCA) at:

Attn: Lisa Mojsiej
Minnesota Pollution Control Agency
520 Lafayette Road North
St. Paul, MN 55155

lisa.mojsiej@state.mn.us

Note: All Minnesota solid waste facilities must mail their copies to the above address for proper tracking and processing regardless of where the facility is located.

II. Facility Information

(List the facility name as it should appear on your permit and the actual **street address** for the facility; **not a PO box or mailing address.**)

Facility name: _____ Permit numbers: SW- _____
or
PBR- _____
Facility's street address: _____
City: _____ State: MN Zip: _____ County: _____
Region (check one): ☐ Brainerd ☐ Detroit Lakes ☐ Duluth ☐ Marshall/Willmar ☐ Metro ☐ Rochester

III. Facility Contact Information

(Please identify the person who should receive mailings or otherwise be contacted regarding this facility.)

Name: _____ Title: _____
Company name: _____ Phone number: _____
Mailing address: _____
City: _____ State: _____ Zip: _____
E-mail address: _____
Fax number: _____

IV. Quantity of Waste Received and Method of Handling (Please list the quantity of waste received, the corresponding unit of measure, and the destination(s) of material leaving your facility.

Waste activity area	Quantity	Unit of measure (ton, yd ³ , or per item)	Managed (composted, transferred, chipped)	Destination (include MN solid waste permit number)
Total waste received (A + B + C + D)				
A. Yard Waste (leaves and grass clippings)				
B. Brush/Wood Waste				
C. Source Separate Organics				
D. Other (<i>specify</i>):				
Total waste processed on site (E + F + G + H)				
E. Yard Waste (leaves and grass clippings)				
F. Brush/Wood Waste				
G. Source Separate Organics				
H. Other (<i>specify</i>):				
Total waste rejected (I + J + K + L) (<i>specify destination</i>)				
I. Yard Waste (leaves and grass clippings)				
J. Brush/Wood Waste				
K. Source Separate Organics				
L. Inert Material				
M. Other (<i>specify</i>):				

V. Distribution of Compost

Compost type	Quantity	Unit (tons or yd ³)	Destination
Compost produced			
1. Compost sold or distributed			
2. Compost stored			
Mulch/Wood chips produced			
1. Mulch sold or distributed			
2. Mulch stored			

VI. Evaluation Reports (The items listed below must be included as supporting documents attached to the Annual Report. Check the box in the column to the left if these items are attached. Provide an explanation if the items listed are not supplied. Data alone will not be accepted: calculations, interpretations, and assumptions must be included.)

Check if
attached

Item attached

- ☐ A. Evaluation of in-house personnel training program conducted by you at your facility. (Refer to Minn. R. 7035.2545).
- ☐ B. Summary of emergency or corrective actions that occurred during the year. (Refer to Minn. R. 7035.2585).

VII. Counties Served (Please list all of the counties that you have received waste from **and the percentage** of your total tonnage that comes from each county.)

	County	Percentage of facility's total tonnage		County	Percentage of facility's total tonnage
1.			8.		
2.			9.		
3.			10.		
4.			11.		
5.			12.		
6.			13.		
7.			14.		

VIII. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision under a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for fathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. Further, I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Name: _____ Title: _____

Mailing address: _____ Phone number: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____