

## Yard Waste Composting Facility 2012 Annual Report

Solid Waste Permit Program

Doc Type: Permitting Annual Report

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١.	Report	<b>Assemb</b>	lγ

- 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.

t:

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:

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

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
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III.

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

Facility name:		or Permit numbers: PBR
Facility's street address:		
		County:
Region (check one):		
Facility Contact Information (Please identify the person who should receive Name:	-	eted regarding this facility.)
Company name:		
Mailing address:		
City:		Zip:
Fax number:		

	Waste activity area		Quantity	Unit of measure (ton, yd³, or per item)	Managed (composted, transferred, chipped)	Destination (include MN solid waste		
_	Total waste received (A + B + C + D)			per mem,	этрр э э,	P		
_	<u> </u>	ao)						
_	A. Yard Waste (leaves and grass clipping     B. Brush/Wood Waste	ys)						
	C. Source Separate Organics							
_	D. Other (specify):							
_								
_	Total waste processed on site (E + F + G + H	-						
_	E. Yard Waste (leaves and grass clipping	gs)						
_	F. Brush/Wood Waste							
_	G. Source Separate Organics							
-	H. Other (specify):							
_	Total waste rejected (I + J + K + L) (specify	destination)						
_	<ol> <li>Yard Waste (leaves and grass clipping</li> </ol>	gs)						
_	J. Brush/Wood Waste							
_	K. Source Separate Organics							
_	L. Inert Material							
_	M. Other (specify):							
	Distribution of Compact							
	Distribution of Compost			Unit				
	Compost type	Quantity		(tons or yd <sup>3</sup> )	Destination			
	Compost produced				I			
	Compost sold or distributed							
	2. Compost stored							
	Mulch/Wood chips produced				T			
	Mulch sold or distributed							

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:	