

Composting Facility (CF) Permit Annual Reporting Survey

Calendar Year _____

Permittee: _____ CF Permit #: _____ Exp. Date: _____

Please file a separate *CF Permit Annual Reporting Survey* for each CF Permit you possess. For questions or additional information, please contact Mr. Tariq Masood at 410-537-3326, or by email at tariq.masood@maryland.gov. This report is due to the Maryland Department of the Environment by **January 31** of each year for the preceding year's data, each year the CF Permit is in effect.

Facility Name: _____

Facility Address: _____ City _____ Zip Code _____

Facility Telephone Number: () _____ - _____ Facility E-mail Address: _____

CF Permit Type: *Individual* *General*

Facility Tier: *Tier 1* *Tier 2 – Small* *Tier 2 - Large*

Please complete Tables 1 and 2 on the following pages. For Tier 1 facilities, quantities must be reported in weight. For Tier 2 facilities, quantities must be reported in both weight and volume.

**Please submit this form with an updated copy of
the Composting Facility Operations Plan to:**

Tariq Masood at tariq.masood@maryland.gov

By signing this form, I the permittee or duly authorized representative, do solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my knowledge, information, and belief. Information in this form is subject to audit by the Maryland Department of the Environment (the "Department"). I hereby authorize the representatives of the Department, upon request, to have access to any records supporting the information provided in this form.

Name (Print)

Date

Signature

Title

Email Address

Telephone Number

Table 1 – Feedstock Received

County of Origin ¹	Feedstock ²	Weight (tons) ³ (for Tier 1 and 2 facilities)	Volume (cubic yards) ⁴ (for Tier 2 facilities)
TOTAL:			

Table 1 Instructions:

1. Enter the county's origin for all feedstock received by the facility. For feedstock received from outside of Maryland, enter the name of the state.
2. Specify the feedstock received from each county (e.g., food scraps, yard waste). List each feedstock on a separate line.
3. Enter the weight, in tons, of each feedstock received from within each county.
4. Tier 2 facilities must enter the volume in cubic yards of each feedstock received from within each county. Tier 1 facilities may leave this column blank.

Note: A facility may calculate approximate weight or volume using a method for converting volume to weight or weight to volume that is reasonably accurate, as determined by the Department. If a conversion factor is used, attach a brief explanation of how the factor was determined.

Table 2 – Compost and Residuals Produced

Material to be Reported	Weight (tons) ¹ (for Tier 1 and 2 facilities)	Volume (cubic yards) ² (for Tier 2 facilities)
Total quantity of compost produced		
Total quantity of compost removed from the composting facility		
Total quantity of compost remaining on site at the end of the calendar year		
Total quantity of residuals generated by the composting facility		
Total quantity of residuals removed from the composting facility		
Total quantity of residuals remaining on site at the end of the calendar year		

Table 2 Instructions:

1. Enter the weight, in tons, of compost produced from total feedstock received in Table 1. “Residuals” include non-compostable material that is removed from feedstock or compost before or after active composting, as well as any finished product that does not meet the compost standards under COMAR 15.18.04 or that is otherwise unmarketable.
2. Tier 2 facilities must enter the volume, in cubic yards, of compost produced from total feedstock received in Table 1. Tier 1 facilities may leave this column blank.

Note: A facility may calculate approximate weight or volume using a method for converting volume to weight or weight to volume that is reasonably accurate, as determined by the Department. If a conversion factor is used, attach a brief explanation of how the factor was determined.