

Agency of Natural Resources  
Solid Waste Management Program  
103 South Main Street - 1 South  
Waterbury, VT 05671-0404

**CATEGORICAL COMPOSTING CERTIFICATION  
APPLICATION FORM  
March 6, 2006**

Please print the information in items 1-3 below

1. Applicant (Operator) \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone #: \_\_\_\_\_

2. Landowner: print \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Telephone # \_\_\_\_\_

3. Types and Amounts of Materials to be Composted

Type of Material	Amount (tons)
_____	_____
_____	_____
_____	_____
_____	_____

**ATTACHMENTS**

Please attach the following information to the application form

- a. A Site location map. Please use a USGS topographical map or a copy thereof with the location of the facility clearly marked on the map.

**Adjoining Residence and Landowner Notification**

As required by Section 6-1104(c)(3) of the Solid Waste Management Rules, you are hereby notified that an application for certification of a Categorical Composting Facility will be submitted to the Solid Waste Management Program on \_\_\_\_\_ Date.

Facility Address: \_\_\_\_\_  
\_\_\_\_\_

Operator: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Landowner: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

The proposed composting facility will accept and compost the following materials (list the type and amount from the application):

Material Type	Amount (tons)
_____	_____
_____	_____
_____	_____
_____	_____

Please contact (Name of operator) if you have any questions or would like additional information concerning this proposed composting facility. After (fill in a date that is at least 14 days from submission date above) the staff of the Solid Waste Management Program may be contacted at (802) 241-3444.

Sincerely,

\_\_\_\_\_  
(Name of Operator)

Attachment: List of Adjoining Residences and Landowners

## Notice of Application to Municipality

I \_\_\_\_\_ am submitting an application to the State of Vermont,  
Applicant Print Name

Solid Waste Management Program, for a Categorical Composting Facility. The Facility

is located at: \_\_\_\_\_ in \_\_\_\_\_, Vermont.  
street address municipality

The proposed composting facility will accept and compost the following materials (list the type and amount from the application):

Material Type	Amount (tons)
_____	_____
_____	_____
_____	_____
_____	_____

A copy of the application is included with this notice.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Received by: \_\_\_\_\_  
Municipal Official

\_\_\_\_\_  
Date

Bordering Municipality, if applicable: \_\_\_\_\_

Received by: \_\_\_\_\_  
Municipal Official

\_\_\_\_\_  
Date

Please include a copy of this completed notice with the application you submit to the Solid Waste Management Program and retain a copy for your records. Please ensure that a copy of this notice is maintained with the application at the municipality (s) where it was filed.

- b. A Site plan that shows:
  - 1. location of barriers to unauthorized entry;
  - 2. access roads;
  - 3. location of active compost piles;
  - 4. location of storage for incoming waste waiting to be processed, non-permitted wastes delivered to or generated by the facility, and finished compost;
  - 5. location of scales, if any; and
  - 6. facility size.
  - 7. setback distances from Class B waters, public highways and property lines
  
- c. Information which demonstrates compliance with wetlands requirements, that the facility is not located in a class A watershed, and that the site complies to the requirements for Source Protection Areas.
  
- d. A Facility Management Plan which includes the following information:
  - 1. methods for achieving odor control;
  - 2. methods for achieving noise control;
  - 3. methods for controlling vectors, dusts, and litter;
  - 4. prevention and management methods to control storm water, ponding, and leachate in order to protect groundwater quality;
  - 5. methods to properly screen for potential contaminants in incoming waste;
  - 6. fire prevention and control measures;
  - 7. list of equipment to be used; and
  - 8. hours of operation
  
- e. A copy of the Adjoining Residence and Landowner Notification which demonstrates that all adjoining residences and landowners were notified by mail of the planned composting operation at least 14 days prior to submittal of the application.
  
- f. A copy of the Notice of Application to Municipality
  
- g. Evidence that the facility is either acceptable or is included in the solid waste implementation plan, if any.

**SIGNATURES**

LANDOWNER \_\_\_\_\_ Date: \_\_\_\_\_

Note: Landowner, your signature constitutes approval to use this site for the composting facility

APPLICANT: \_\_\_\_\_ Date: \_\_\_\_\_