



**Vermont Department of Environmental Conservation  
Solid Waste Management Program**

**Solid Waste Management Facility Annual Report  
Composting Facility - Categorical Certification  
Instructions for Table 3 Only**

Permittees for all solid waste management facilities are **required** by the Solid Waste Management Rules (Rules) to furnish the Solid Waste Program (Program) with reports concerning the types, amounts and sources of solid wastes, recyclables, and compostable materials received at their facilities.

Those facilities with categorical certifications (small recycling and composting facilities) are required to submit annual reports which are due January 20<sup>th</sup> for the preceding calendar year. All data should be reported using this annual report format.

**Filling out the form:**

A summary report of all solid waste management activities at a facility for the year is required. Fill out Table 3 for a Categorical Composting Facility.

- Report the amount (tons) of materials accepted for composting in Table 3. If you don't have the weight for a material, record the estimated volume or number of items and convert the amount to tons using the multiplier. Use the area below the table to provide any notes or clarification.
- Report the amount of materials accepted by each material type, distinguishing between materials generated on site, generated off site in Vermont, or generated in another state. List other states of origin in the unused column. Identify where these materials are composted and how the final product is used.

**Submitting Completed Reports/Questions:**

If you have any questions or need additional information or forms, contact the Certification & Compliance Section at 802-241-3445. Completed reports should be mailed to:

**Cathy A. Stacy, Certification & Compliance Section  
Solid Waste Management Program  
103 South Main Street  
Waterbury, VT 05671-0404**

**Vermont Department of Environmental Conservation  
Solid Waste Management Program**

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Facility Name: \_\_\_\_\_ SW Facility ID#: \_\_\_\_\_

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

Reporting Period: \_\_\_\_\_ (Year)       January - December (Categorical certification only)

Solid Waste Facility Components:       Composting

Information provided:       Table 3

**CERTIFICATION:**

I hereby certify that I have personally examined and am familiar with the information in this document and all attachments and, that based on reasonable investigation, including my inquiry of those individuals immediately responsible for obtaining this information, I believe that the information is true, accurate, and complete and that I am a duly authorized representative of the owner (or permittee).

\_\_\_\_\_  
Authorized Signature Date

\_\_\_\_\_  
Printed Name Title or Position Daytime Telephone #

This form should be submitted to:      Cathy A. Stacy, Certification & Compliance Section  
Waste Management Division  
103 South Main Street  
Waterbury , VT 05671-0404

Facility Name: \_\_\_\_\_

SWMF ID#: \_\_\_\_\_

Categorical Composting Facility Annual Report – January 1, \_\_\_\_\_ to December 31, \_\_\_\_\_

**TABLE 3  
MATERIALS COLLECTED FOR COMPOSTING**

<i>Materials Received</i>				Source of Compost Materials			
MATERIAL TYPE	WASTE CODE <sup>1</sup>	VOLUME (Cubic Yards)	CONVERSION	Generated On-site (Tons)	Generated Off-site Vermont (Tons)	Generated Off-site Out of State (Tons)	TOTAL (Tons)
Animal offal or carcasses	DA						
Food waste	CF		yd. X 0.45				
Paper	CP		yd. X 0.125				
Wood waste	WG		yd. X 0.25				
Yard waste	LY		yd. X 0.175				
Ice Cream Waste	CI						
Other (List):	OC						
			Grand Total:				

**NOTES:**

<sup>1</sup> DEC Solid Waste Program data entry code.

yd. - cubic yards

Attach any other information/reports to this report which are required to be submitted by the facility certification.

- Identify where these materials are composted:

At this facility: \_\_\_\_\_ -OR- Other Location (identify): \_\_\_\_\_

- Identify how the final product is used: \_\_\_\_\_

Other Notes: