

SOLID WASTE FACILITY REPORT
TABLE 3 - MATERIALS COLLECTED FOR COMPOSTING

Facility Name:		Calendar Year of Report:	SW Management Facility ID#:
Did you operate in this calendar year?	Yes _____. If yes, complete this form.	No _____. If no, answer the following questions, sign date and return. This completes your reporting obligation. When did you stop operations? _____ Do you plan to restart? No ____ Yes ____ When? ____	
TABLES & REPORTS TO BE SUBMITTED:			
• Table 3-VT for Vermont materials/waste received for composting.			
• Table 3-OS for materials/waste received for composting from others states/provinces.			
• Table 3LC for leachate collected, if applicable.			
• Reports for any other activities at the site: Disposal Facility or Transfer Station (Table 1- Separate Reports). Recycling (Table 2).			

TABLE 3-VT Vermont Waste Composted									
Waste Type	WASTE CODE ¹	Source Of Material - On-Site or Off-site?	Amount Received					Destination	
			1st Quarter (Tons)	2nd Quarter (Tons)	3rd Quarter (Tons)	4th Quarter (Tons)	Total (Year)	Composted On-Site (check off)	TRANSFERRED TO (list name)
Animal Offal or Carcasses	DA								
Food Waste	CF								
Paper	CP								
Wood Waste	WG								
Yard Waste	LY								
Ice cream Waste	CI								
Liquid Food Waste	CW								
Food Waste Sludge	CS								
Manure	MN								
Other:	OC								
Grand Total (Tons) :									

¹ DEC Solid Waste Program data entry code.

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

Conversion - Cubic Yards to Tons: 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

TABLE 3-OS Waste Composted - From Other States or Provinces									
Waste Type ¹	WASTE CODE ¹	Where From? ²	Amount Received					Destination	
			1st Quarter (Tons)	2nd Quarter (Tons)	3rd Quarter (Tons)	4th Quarter (Tons)	Total (Year)	Composted On-Site (check off)	TRANSFERRED TO (list name)
Grand Total (Tons) :									

¹ Refer to Table 1A-VT for applicable waste type and waste code to insert in Table 1A-OS.

² ME - Maine, MA - Massachusetts, NH - New Hampshire, NY - New York, PQ - Quebec

TABLE 3LC						
Leachate Collection System						
Tank	Amount Collected (Gallons)					Destination
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total (Year)	Treatment/Disposal Facility

Certification: I hereby certify 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 Phone #	Email Address:

Submit to:
Cathy A. Stacy, Certification and Compliance Section
Solid Waste Management Program
Waste Management Division
103 South Main Street
Waterbury, VT 05671-0404

3/24/2009

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