

ANNUAL REPORT - ANAEROBIC DIGESTER FACILITY

FAC	ILITY NAME:	REPORT FOR CALENDAR YEAR:	PERMIT NUMBER (if applicable):				
FACILITY LOCATION (STREET ADDRESS):		COUNTY:					
FAC	SILITY CONTACT (name):	FACILITY PHONE:					
		FACILITY EMAIL:					
FAC	CILITY CONTACT MAILING ADDRESS (If different):	FACILITY CONTACT PHONE (If diffe	erent):				
OPE	ERATOR (Company/Business):	OPERATOR CONTACT (Name):					
Did you operate in (enter calendar year)? Yes If yes, proceed to next section and complete the form. No If no, answer the following questions, sign, date and return. This completes your reporting obligations. When did you stop operations? Do you plan to restart? No Yes When?							
ANAEROBIC DIGESTER SYSTEM USED (check all that apply):							
Plug Flow Complete Mix							
Fixed Film Other (specify)							
During the reporting year, were there any changes in your management practices that would impact your operations? No Yes (specify)							
Are there any new solid waste activities planned at your site for this calendar year? No Yes (specify)							
GENERATOR POWER PRODUCED ANNUALLY kilowatt-hours							
AMO	DUNT OF FEEDSTOCK DIGESTED PER YEAR (Report in cub	oic yards (CY) or gallons (Gal)): [201.	.974 gal = 1 cy]				
	PLEASE CHECK IF RECEIVED	AMOUNT (spe	cify CY or Gal)				
	Livestock Manure		☐ CY or ☐ Gal				
	Crop/Farm Residues (specify type)		CY or Gal				
	Carcasses (specify type)		CY or Gal				
	Pre-consumer food waste						
	Pre-consumer food waste that contain s animal by product that is source separated at the facility licensed to process food by the USDA, FDA or WSDA or other applicable agency		☐ CY or ☐ Gal				
	Post-consumer food waste (facility has a solid waste permit)		☐ CY or ☐ Gal				
	Yard and garden waste		☐ CY or ☐ Gal				
	Yard waste that includes post consumer food waste		СТ ОГ Gal				
	Municipal or residential solid waste (facility has a solid waste permit)		CY or Gal				

(Form continued on back page - If necessary, use extra sheets of paper)

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Other wastes (specify types) CY or gallons (CY) or gallons										
CY or Gal	AMOUNT OF FEEDSTOCK DIGESTED PER YEAR (Report in cubic yards (CY) or gallons (Gal)):									
Total Total Rejects Disposed (report in cubic yards or gallons): Are you open to the public? Yes No Tip fees (Attach schedule if available): Attach laboratory analyses of feedstocks, digested solids, or digested liquids (check if attached) Attach laboratory analyses of feedstocks, digested solids, or digested liquids (check if attached) Digestate	Other wastes (specify types)					CY or Gal				
CY or Gal Total CY or Gal Rejects Disposed (report in cubic yards or gallons): Name of Disposal Facility :					☐ CY or ☐ Gal					
CY or Gal Total CY or Gal Rejects Disposed (report in cubic yards or gallons): Name of Disposal Facility :					☐ CY or ☐ Gal					
Total Rejects Disposed (report in cubic yards or gallons): Name of Disposal Facility: Are you open to the public?										
Rejects Disposed (report in cubic yards or gallons): Are you open to the public?	Total									
Are you open to the public?										
Attach laboratory analyses of feedstocks, digested solids, or digested liquids (check if attached) Digestate	Rejects Disposed (report in cubic yan		Name of Disposal Facil	ity.						
DIGESTATE PRODUCED (Report in cubic yards (CY) or gallons (Gal)): Digestate	Are you open to the public?	Yes 🗌 I	No	Tip fees (Attach schedule if available):						
Digestate	Attach laboratory analyses of feedstocks, digested solids, or digested liquids (check if attached)									
Digestate	DIGESTATE PRODUCED (Report in	cubic vards	(CY) or gallons	(Gal)):						
Solids CY or Gal Liquids CY or Gal Slurry (unseparated digestate) CY or Gal Slurry (unseparated digestate) CY or Gal Total digestate produced CY or Gal FINAL DISPOSITION OF DIGESTATE Identify where (name of diary or compost facility) AMOUNT (specify CY or Gal) Liquids returned to a dairy CY or Gal Solids returned to a dairy CY or Gal Solids shipped to compost facility CY or Gal Liquids distributed offsite CY or Gal Liquids distributed offsite CY or Gal Cher: CY or Gal Other: CY or Gal DID YOU RECEIVE SPECIFY WHERE FROM TYPE OF FEEDSTOCK AMOUNT (specify CY or Gal) Out of County? CY or Gal Out of State? CY or Gal Out of County? CY or Gal		· canto yanac	(c) y c) gameno	(00.7)		AMOUNT (specify CY or Gal)				
Solurly (unseparated digestate)										
Slurry (unseparated digestate) Total digestate produced FINAL DISPOSITION OF DIGESTATE Liquids returned to a dairy Solids returned to a dairy Solids shipped to compost facility CY or Gal Liquids distributed offsite Other: DID YOU RECEIVE FEEDSTOCK FROM: Out of County? Out of County? Out of State? Out of State? Out of County? Out of County of County				☐ CY or ☐ Gal						
FINAL DISPOSITION OF DIGESTATE Liquids returned to a dairy Solids returned to a dairy Solids shipped to compost facility Liquids distributed offsite Cy or Gal Cy or Gal Liquids distributed offsite Solids distributed offsite Cy or Gal	•			☐ CY or ☐ Gal						
Liquids returned to a dairy CY or Gal Solids returned to a dairy CY or Gal Solids shipped to compost facility CY or Gal Solids shipped to compost facility CY or Gal Liquids distributed offsite CY or Gal Solids distributed offsite CY or Gal Solids distributed offsite CY or Gal CY or Gal Other: CY or Gal DID YOU RECEIVE FEEDSTOCK FROM: TYPE OF FEEDSTOCK AMOUNT (specify CY or Gal) Out of County? CY or Gal Yes No CY or Gal Out of State? CY or Gal Out of Country? CY or Gal	Total digestate produced			☐ CY or ☐ Gal						
Solids returned to a dairy Solids shipped to compost facility Liquids distributed offsite CY or Gal	FINAL DISPOSITION OF DIGESTAT									
Solids shipped to compost facility Liquids distributed offsite CY or Gal Solids distributed offsite CY or Gal	Liquids returned to a dairy					CY or Gal				
Liquids distributed offsite Solids distributed offsite Other: DID YOU RECEIVE FEEDSTOCK FEEDSTOCK FROM: Out of County? Out of State? Out of State? Out of State? Out of Country? PREPARED BY: DATE: DATE: CY or Gal	Solids returned to a dairy					CY or Gal				
CY or Gal	Solids shipped to compost facility									
Other: CY or Gal CY or Gal CY or Gal	Liquids distributed offsite									
CY or Gal	Solids distributed offsite									
DID YOU RECEIVE SPECIFY WHERE FROM TYPE OF FEEDSTOCK AMOUNT (specify CY or Gal)	Other:									
DID YOU RECEIVE FEEDSTOCK SPECIFY WHERE FROM Out of County? Out of State? Out of State? Out of Country? Out of Country? DATE: SPECIFY WHERE FROM TYPE OF FEEDSTOCK AMOUNT (specify CY or Gal) AMOUNT (specify CY or Gal) CY or Gal) CY or Gal CY or Gal Out of Country? DATE: PHONE:										
Out of County? CY or						☐ CY or ☐ Gal				
Yes No CY or ☐ Gal Out of State? ☐ CY or ☐ Gal Yes No Out of Country? ☐ CY or ☐ Gal Yes No PREPARED BY: DATE: PHONE:		SPECIFY	WHERE FROM	TYPE OF FEEDST	OCK	AMOUNT (specify CY or Gal)				
Out of State? CY or	,					CY or Gal				
Out of State? CY or	☐ Yes ☐ No									
☐ Yes ☐ No ☐ CY or ☐ Gal Out of Country? ☐ CY or ☐ Gal ☐ Yes ☐ No ☐ CY or ☐ Gal PREPARED BY: DATE: PHONE:										
Out of Country? CY or										
☐ Yes ☐ No PREPARED BY: DATE: PHONE:										
PREPARED BY: DATE: PHONE:										
				DATE:						
						EMAIL:				

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