

## ANNUAL REPORT – ANAEROBIC DIGESTER FACILITY

FACILITY NAME:	REPORT FOR CALENDAR YEAR:	PERMIT NUMBER (if applicable):
FACILITY LOCATION (STREET ADDRESS):	COUNTY:	
FACILITY CONTACT (name):	FACILITY PHONE:	
	FACILITY EMAIL:	
FACILITY CONTACT MAILING ADDRESS (If different):	FACILITY CONTACT PHONE (If different):	
OPERATOR (Company/Business):	OPERATOR CONTACT (Name):	
<p>Did you operate in _____ (enter calendar year)?</p> <p><input type="checkbox"/> Yes <b>If yes</b>, proceed to next section and complete the form.</p> <p><input type="checkbox"/> No <b>If no</b>, answer the following questions, sign, date and return. This completes your reporting obligations.</p> <p>When did you stop operations? _____</p> <p>Do you plan to restart? <input type="checkbox"/> No <input type="checkbox"/> Yes When? _____</p>		
<b>ANAEROBIC DIGESTER SYSTEM USED (check all that apply):</b>		
<input type="checkbox"/> Plug Flow <input type="checkbox"/> Complete Mix <input type="checkbox"/> Fixed Film <input type="checkbox"/> Other (specify) _____		
<p>During the reporting year, were there any changes in your management practices that would impact your operations?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____</p> <p>Are there any new solid waste activities planned at your site for this calendar year? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____</p>		
<b>GENERATOR POWER PRODUCED ANNUALLY _____ kilowatt-hours</b>		
<b>AMOUNT OF FEEDSTOCK DIGESTED PER YEAR (Report in cubic yards (CY) or gallons (Gal)): [201.974 gal = 1 cy]</b>		
<b>PLEASE CHECK IF RECEIVED</b>	<b>AMOUNT (specify CY or Gal)</b>	
<input type="checkbox"/> Livestock Manure	<input type="checkbox"/> CY or <input type="checkbox"/> Gal	
<input type="checkbox"/> Crop/Farm Residues (specify type)	<input type="checkbox"/> CY or <input type="checkbox"/> Gal	
<input type="checkbox"/> Carcasses (specify type)	<input type="checkbox"/> CY or <input type="checkbox"/> Gal	
<input type="checkbox"/> Pre-consumer food waste <input type="checkbox"/> 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	<input type="checkbox"/> CY or <input type="checkbox"/> Gal	
<input type="checkbox"/> Post-consumer food waste (facility has a solid waste permit)	<input type="checkbox"/> CY or <input type="checkbox"/> Gal	
<input type="checkbox"/> Yard and garden waste	<input type="checkbox"/> CY or <input type="checkbox"/> Gal	
<input type="checkbox"/> Yard waste that includes post consumer food waste	<input type="checkbox"/> CY or <input type="checkbox"/> Gal	
<input type="checkbox"/> Municipal or residential solid waste (facility has a solid waste permit)	<input type="checkbox"/> CY or <input type="checkbox"/> Gal	

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

**ADA Accessibility**

The Department of Ecology is committed to providing people with disabilities access to information and services by meeting or exceeding the requirements of the Americans with Disabilities Act (ADA), Section 504 and 508 of the Rehabilitation Act, and Washington State Policy #188. To request an ADA accommodation, contact Ecology by phone at 360-407-6000 or email at [SWMPublications@ecy.wa.gov](mailto:SWMPublications@ecy.wa.gov). For Washington Relay Service or TTY call 711 or 877-833-6341. Visit [Ecology's website](http://ecology.wa.gov) for more information.

AMOUNT OF FEEDSTOCK DIGESTED PER YEAR (Report in cubic yards (CY) or gallons (Gal)):			
<input type="checkbox"/> Other wastes (specify types)			<input type="checkbox"/> CY or <input type="checkbox"/> Gal
			<input type="checkbox"/> CY or <input type="checkbox"/> Gal
			<input type="checkbox"/> CY or <input type="checkbox"/> Gal
			<input type="checkbox"/> CY or <input type="checkbox"/> Gal
<b>Total</b>			<input type="checkbox"/> CY or <input type="checkbox"/> Gal
Rejects Disposed (report in cubic yards or gallons):		Name of Disposal Facility :	
Are you open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No		Tip fees (Attach schedule if available):	
<input type="checkbox"/> Attach laboratory analyses of feedstocks, digested solids, or digested liquids (check if attached)			
DIGESTATE PRODUCED (Report in cubic yards (CY) or gallons (Gal)):			
Digestate	AMOUNT (specify CY or Gal)		
Solids			<input type="checkbox"/> CY or <input type="checkbox"/> Gal
Liquids			<input type="checkbox"/> CY or <input type="checkbox"/> Gal
Slurry (unseparated digestate)			<input type="checkbox"/> CY or <input type="checkbox"/> Gal
<b>Total digestate produced</b>			<input type="checkbox"/> CY or <input type="checkbox"/> Gal
FINAL DISPOSITION OF DIGESTATE	Identify where (name of dairy or compost facility or other facility)	AMOUNT (specify CY or Gal)	
Liquids returned to a dairy		<input type="checkbox"/> CY or <input type="checkbox"/> Gal	
Solids returned to a dairy		<input type="checkbox"/> CY or <input type="checkbox"/> Gal	
Solids shipped to compost facility		<input type="checkbox"/> CY or <input type="checkbox"/> Gal	
Liquids distributed offsite		<input type="checkbox"/> CY or <input type="checkbox"/> Gal	
Solids distributed offsite		<input type="checkbox"/> CY or <input type="checkbox"/> Gal	
Other:		<input type="checkbox"/> CY or <input type="checkbox"/> Gal	
		<input type="checkbox"/> CY or <input type="checkbox"/> Gal	
		<input type="checkbox"/> CY or <input type="checkbox"/> Gal	
DID YOU RECEIVE FEEDSTOCK FROM:	SPECIFY WHERE FROM	TYPE OF FEEDSTOCK	AMOUNT (specify CY or Gal)
Out of County?			<input type="checkbox"/> CY or <input type="checkbox"/> Gal
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> CY or <input type="checkbox"/> Gal
			<input type="checkbox"/> CY or <input type="checkbox"/> Gal
Out of State?			<input type="checkbox"/> CY or <input type="checkbox"/> Gal
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> CY or <input type="checkbox"/> Gal
Out of Country?			<input type="checkbox"/> CY or <input type="checkbox"/> Gal
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> CY or <input type="checkbox"/> Gal
<b>PREPARED BY:</b>		<b>DATE:</b>	<b>PHONE:</b> <b>EMAIL:</b>