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| ECOLOGO_W-C | | | |
|  | **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): | |
| 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** | | | |
| **AMOUNT OF FEEDSTOCK DIGESTED PER YEAR (Report in cubic yards (CY) or gallons (Gal)): [201.974 gal = 1 cy]** | | | |
| **PLEASE CHECK IF RECEIVED** | | **AMOUNT (specify 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  Yard waste that includes post consumer food waste | | CY or  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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| **AMOUNT OF FEEDSTOCK DIGESTED PER YEAR (Report in cubic yards (CY) or gallons (Gal)):** | | | | | | |
| Other wastes (specify types) | | | CY or  Gal | | | |
| CY or  Gal | | | |
| CY or  Gal | | | |
| CY or  Gal | | | |
| **Total** | | | CY or  Gal | | | |
| Rejects Disposed (report in cubic yards or gallons): | | | Name of Disposal Facility : | | | |
| 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) | | | | | | |
| **DIGESTATE PRODUCED (Report in cubic yards (CY) or gallons (Gal)):** | | | | | | |
| **Digestate** | | **AMOUNT (specify CY or Gal)** | | | | |
| Solids | | CY or  Gal | | | | |
| Liquids | | 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 or other 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 | |
| Solids distributed offsite | |  | | | CY or  Gal | |
| Other: | |  | | | CY or  Gal | |
|  | | | CY or  Gal | |
|  | | | CY or  Gal | |
| **DID YOU RECEIVE**  **FEEDSTOCK FROM:** | **SPECIFY WHERE FROM** | | | **TYPE OF FEEDSTOCK** | | **AMOUNT (specify CY or Gal)** |
| Out of County? |  | | |  | | CY or  Gal |
| Yes  No |  | | |  | | CY or  Gal |
|  |  | | |  | | CY or  Gal |
| Out of State? |  | | |  | | CY or  Gal |
| Yes  No |  | | |  | | CY or  Gal |
| Out of Country? |  | | |  | | CY or  Gal |
| Yes  No |  | | |  | | CY or  Gal |
| **PREPARED BY:** |  | | | **DATE:** | | **PHONE:**  **EMAIL:** |