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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:** |