

Rhode Island Department of Environmental Management

Registration Form MEDIUM-SCALE COMPOSTING OPERATIONS

CONTACT INFORMATION

<i>Facility Owner</i> Name _____	Title _____
Business/Organization Address _____	
Business/Organization Telephone _____	Email _____
<i>Land Owner</i> Name _____	Title _____
Business/Organization Address _____	
Business/Organization Telephone _____	Email _____
<i>Primary Contact</i> Name _____	Title _____
24-Hour Telephone Number for Complaints _____	Email _____

SITE PLAN

Location of the Facility (Address) _____

Provisions for Limiting Access _____

Registrant's must attach to this form, proof of ownership or leasing arrangement of the facility or any other agreements affecting control, use, or operation of the site.

Acreage of:

Property on which the facility is located	_____
Area to be used for wastes processing activities	_____
Area to be used for and storage of compost	_____
Distance to nearest wetland	_____
Distance to nearest surface water	_____
Distance to nearest public well	_____

Volume of waste composted, or expected to be composted, annually _____ yd.³

Types of compostable material to be accepted with percentages of the total

Leaf and yard	_____	%
Food scraps	_____	%
Manure	_____	%
Clean wood chips/bark, sawdust, hay, straw, hair, or shredded corrugated cardboard	_____	%
Other _____	_____	%

Registrant must attach to this form: a site sketch using a tax assessor's map showing the property line, with the major components of the composting facility labeled and dimensioned.

OPERATING PLAN

FACILITY

Operating days and hours _____

Number of vehicles estimated to access facility daily _____

Estimated life of composting facility _____

RECEIVING

Procedures for unloading trucks:

Provisions for the immediate composting of all putrescible wastes:

PROCESSING

Description of the composting method to be used and the proposed sequence of operation:

Windrow systems: Windrow(s) length, width and height: _____ x _____ x _____

Method of aeration of composting materials, including turning frequency or mechanical aeration equipment and aeration capacity:

In-vessel composting systems: Registrants must attach to this form, a process flow diagram of the entire process including major equipment and flow streams.

Composting time duration (time period from initiation of process to completion): _____

MONITORING

Description of any process monitoring during the composting process, including pile temperature, moisture levels, and C:N:

Description of prevailing winds during various seasons of the year with respect to impacts on off-site receptors and procedures to control odors, dust, vectors (including gulls) and litter:

Provisions for daily record keeping of weather conditions, wind direction, ambient temperature, odor, dust, litter, gull, and vector issues, windrow monitoring and corrective actions needed and taken:

PERSONNEL AND EQUIPMENT

Personnel and duties (include attachment if necessary):

Equipment to be used on-site during operating hours:

Substitute equipment available:

Communication equipment available:

4. Releases of hazardous or toxic materials

5. Fire

6. Storm-water Runoff/Leachate Control

7. Odors and Dust

8. Pests

REGISTRANT'S SIGNATURE

I understand that RI DEM can request any additional information relevant to the facility that it deems appropriate.

I understand that I will be required to re-register the facility with the RI DEM if there is a change in the identity of the facility's owner or operator or a change in the site location (approvals are site specific).

I understand that the Department may suspend or revoke a facility's registration due to owner/operator failure to comply with plans set forth in the current registration.

My signature below certifies that all information provided in or attached to this registration form is accurate to the best of my knowledge.

Signature _____ Date _____