

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 If yes, proceed to next section and complete the form.</p> <p><input type="checkbox"/> No If no, 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>		
ANAEROBIC DIGESTER SYSTEM USED (check all that apply):		
<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>		
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)	
<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)

*To ask about the availability of this document in a version for the visually impaired call the Waste 2 Resources Program at 360-407-6900.
Persons with hearing loss, call 711 for Washington Relay Service. Persons with a speech disability, call 877-833-6341.*

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
Total			<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
Total digestate produced			<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
PREPARED BY:		DATE:	PHONE: EMAIL: