

## **Annual Composting Facility Report**

July 1<sup>st</sup>, 2024 (Year) – June 30<sup>th</sup>, 2025 (Year) Due July 31st

DE WITT CITY OF

23-COM-01-22

MATT PROCTOR

PO Box 407

DE WITT IA 52742-0407

Send completed form to: Theresa.Stiner@dnr.iowa.gov **Land Quality Bureau** c/o Theresa Stiner 6200 Park Ave. Ste 200 Des Moines IA 50321

Please make address corrections as nece	essai y					
REGISTERED FACILITIES ONLY: check the	box that desc	ribes your facility				
Yard waste only (vegetative matter such as grass clippings, leaves, garden waste, brush, and trees)						
Food residuals singly or in combination with yard waste and/or agricultural waste (includes but is not limited to manure, crop residuals, bedding, and other vegetative by-products produced during farm processing. Dead animals are not included). Food waste and yard waste received from off premises is two tons or less per week. (If food waste and yard waste received from off premises is greater than two tons per week complete the Permitted Facilities section.)						
Dead farm animals and bulking agent only. Compost facility owner is owner of at least some of the sites where animals are generated. (If Compost facility owner does not own any of the sites where animals are generated or other materials are also composted complete the Permitted Facilities section.)						
PERMITTED FACILITIES ONLY: check type	s of materials	s accepted and pro	vide tonnage			glacin navigoro especie es
☐ Yard Waste	tonnage:	220				
Wood (other than yard waste)	tonnage:	600	_			
Agricultural waste	tonnage:					
Animal mortalities	tonnage:					
Sewage Sludge	tonnage:					
Industrial sludge	tonnage:					
Food residuals	tonnage:					
Paper	tonnage:					
Other (specify):	tonnage:					
	<del>.</del> . <u> </u>					
Total tonnage of material composted	Ė		tonnage:	320		
Total capacity of the facility (maximum tons that can be composted per year): tonnage: 1500						
FINISHED COMPOST MARKETED OR USED. Provide information about the amount of finished compost REMOVED from the Facility for the following uses. If you answer "yes" to any question, please provide tonnage information for this reporting period.						
Amount of finished composted REM	OVED from th	e Facility:	272	-	Tons/year	
Is the finished Compost: (check all that apply)						
☑\$old 72 to	ns/year	v	Given away	100		tons/ <u>y</u> ear
Used by your organization/		tons/year	•			,
Is your product registered with the lowa Department of Agriculture & Land Stewardship?						

COMPOST FACILITY OPERATION INFORMATION. In t	his section provide information as to how the composting facility operates.
	t the facility  Aerated static piles/windrows
Has the facility operator taken and passed an Yes, has taken and passed a composting operator	pperator training course training course
make sure that the concentrations of all met. Please attach a copy of the test results to this recorded. All composting facilities are require	composting facility is required by IAC <u>Chapter 105.9(4)</u> to test its compost to als and fecal coliform or Salmonella sp. do not exceed regulated levels. It is form, making sure that the applicable units (reference 105) are clearly sed to take biweekly temperature readings of compost piles, and weekly required to report these readings on this annual form, but should keep this sary.
How often is the finished compost product as Never Monthly Twice a year	<u> </u>
	CERTIFICATION  wner, operator, or authorized representative of the owner or operator and
	wner, operator, or authorized representative of the owner or operator and the information reported above, and that I believe the information is true,
	wner, operator, or authorized representative of the owner or operator and the information reported above, and that I believe the information is true, accurate and complete.
that I have examined and am familiar with I	wner, operator, or authorized representative of the owner or operator and the information reported above, and that I believe the information is true, accurate and complete.
that I have examined and am familiar with I	wner, operator, or authorized representative of the owner or operator and the information reported above, and that I believe the information is true, accurate and complete.  Date: 7-8-2025
Signature: MATI	wner, operator, or authorized representative of the owner or operator and the information reported above, and that I believe the information is true, accurate and complete.
Signature:  Name & agency of Person Certifying: MATE  Email: pwd@cityofdewittiowa.org	wner, operator, or authorized representative of the owner or operator and the information reported above, and that I believe the information is true, accurate and complete.
Signature:  Name & agency of Person Certifying: MATE  Email: pwd@cityofdewittiowa.org	wner, operator, or authorized representative of the owner or operator and the information reported above, and that I believe the information is true, accurate and complete.
Signature:  Name & agency of Person Certifying: MATE  Email: pwd@cityofdewittiowa.org	wner, operator, or authorized representative of the owner or operator and the information reported above, and that I believe the information is true, accurate and complete.