



Annual Composting Facility Report

July 1st, _____ (Year) – June 30th, _____ (Year)
Due July 31st

County: _____ Permit #: _____

Responsible Official: _____

Facility Name: _____

Address: _____

City, State, Zip: _____

Please make address corrections as necessary

Send completed form to:
Becky.Jolly@dnr.iowa.gov, or:
Land Quality Bureau
c/o Theresa Stiner
6200 Park Ave Ste200
Des Moines IA 50321

REGISTERED FACILITIES ONLY: check the box that describes 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 types of materials accepted and provide tonnage

- | | |
|---|----------------|
| <input type="checkbox"/> Yard Waste | tonnage: _____ |
| <input type="checkbox"/> Wood (other than yard waste) | tonnage: _____ |
| <input type="checkbox"/> Agricultural waste | tonnage: _____ |
| <input type="checkbox"/> Animal mortalities | tonnage: _____ |
| <input type="checkbox"/> Sewage Sludge | tonnage: _____ |
| <input type="checkbox"/> Industrial sludge | tonnage: _____ |
| <input type="checkbox"/> Food residuals | tonnage: _____ |
| <input type="checkbox"/> Paper | tonnage: _____ |
| <input type="checkbox"/> Other (specify): _____ | tonnage: _____ |

Total tonnage of material composted _____ tonnage: _____

Total capacity of the facility (maximum tons that can be composted per year): tonnage: _____

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 REMOVED from the Facility: _____ Tons/year

Is the finished Compost: (check all that apply)

- ☐ Sold _____ tons/year ☐ Given away _____ tons/year
- ☐ Used by your organization _____ tons/year

Is your product registered with the Iowa Department of Agriculture & Land Stewardship? ☐ Yes ☐ No

Questions? Call or email:

Theresa Stiner, Project Officer, theresa.stiner@dnr.iowa.gov, 515-721-7979

COMPOST FACILITY OPERATION INFORMATION. In this section provide information as to how the composting facility operates.

What method/s of composting is employed at the facility

☐ Turned piles/windrows

☐ Aerated static piles/windrows

☐ Vermicompost

☐ In-vessel

☐ Other (please describe) _____

☐ Facility is enclosed

Has the facility operator taken and passed an approved composting course?

☐ Yes, has taken and passed a composting operator training course

☐ No, has **not** taken a composting operator training course

PERMITTED COMPOSTING FACILITIES ONLY. Each composting facility is required by IAC [Chapter 105.9\(4\)](#) to test its compost to make sure that the concentrations of all metals and fecal coliform or Salmonella sp. do not exceed regulated levels. Please attach a copy of the test results to this form, making sure that the applicable units (reference 105) are clearly recorded. All composting facilities are required to take biweekly temperature readings of compost piles, and weekly readings of moisture levels. Facilities are not required to report these readings on this annual form, but should keep this information on file to be referenced if necessary.

How often is the finished compost product analyzed?

☐ Never

☐ Monthly

☐ Twice a year

☐ Annually

☐ Other (please describe) _____

CERTIFICATION

I certify under penalty of law that I am the owner, operator, or authorized representative of the owner or operator and that I have examined and am familiar with the information reported above, and that I believe the information is true, accurate and complete.

Signature: _____

Date: _____

Name & agency of Person Certifying: _____

Email: _____

Phone Number: _____

Additional Comments:

Questions? Call or email:

Theresa Stiner, Project Officer, theresa.stiner@dnr.iowa.gov, 515-721-7979

04/2024 cmc