Rhode Island Department of Environmental Management

Registration Form
MEDIUM-SCALE COMPOSTING OPERATIONS

CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Facility Owner</th>
<th>Name ____________________</th>
<th>Title ____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business/Organization Address</td>
<td>________________________________</td>
<td></td>
</tr>
<tr>
<td>Business/Organization Telephone</td>
<td>______________________</td>
<td>Email ______________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Land Owner</th>
<th>Name ____________________</th>
<th>Title ____________________</th>
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</thead>
<tbody>
<tr>
<td>Business/Organization Address</td>
<td>________________________________</td>
<td></td>
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<td>Email ______________________</td>
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<table>
<thead>
<tr>
<th>Primary Contact</th>
<th>Name ____________________</th>
<th>Title ____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>24-Hour Telephone Number for Complaints</td>
<td>______________________</td>
<td>Email ______________________</td>
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SITE PLAN

<table>
<thead>
<tr>
<th>Location of the Facility (Address)</th>
<th>________________________________</th>
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<tbody>
<tr>
<td>Provisions for Limiting Access</td>
<td>________________________________</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leaf and yard</td>
<td>________ %</td>
</tr>
<tr>
<td>Food scraps</td>
<td>________ %</td>
</tr>
<tr>
<td>Manure</td>
<td>________ %</td>
</tr>
<tr>
<td>Clean wood chips/bark, sawdust, hay, straw, hair, or shredded corrugated cardboard</td>
<td>________ %</td>
</tr>
<tr>
<td>Other</td>
<td>________ %</td>
</tr>
</tbody>
</table>

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:
## STORAGE

Time period of storage of finished compost prior to distribution ____________

Provisions for the proper storage of compost:

## DISTRIBUTION

Provisions for compost utilization:

If selling, documented markets for finished compost:

Method for removal of finished compost from the site:

Plan for disposal of finished compost that cannot be used in the expected manner due to poor quality or changes in market conditions and for the disposal of waste received, including disposal in the event that the waste is or becomes contaminated with hazardous materials:

## PREVENTION / CONTINGENCY PLANS

Please describe action that would be taken to (a) prevent and (b) deal with an out-of-spec event for the following:

1. Personnel and user injury

2. Equipment breakdown

3. Non-authorized wastes
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 ____________________________________