



**DEPARTMENT OF ENVIRONMENTAL QUALITY  
WASTE MANAGEMENT AND RADIOLOGICAL PROTECTION  
DIVISION**

**COMPOSTING FACILITY REGISTRATION  
RENEWAL FORM**

*Registration is required under authority of Section 11521(4) of Part 115, Solid Waste Management, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended. Failure to comply with the provisions of Part 115 may result in fines and/or imprisonment.*

*FOR ADDITIONAL INFORMATION, CONTACT THE DEPARTMENT OF ENVIRONMENTAL QUALITY, WASTE MANAGEMENT AND RADIOLOGICAL PROTECTION DIVISION, SOLID WASTE SECTION, AT 517-284-6588*

YEAR 2018 **FOR DEQ USE ONLY**

Date Received by DEQ:

Received by:

Site Map: Yes  No

Fee: Yes  No

WDS#

<b>COMPOSTING FACILITY PROPERTY OWNER</b> <i>(do not leave any field blank)</i>	
1. Legal Company Name or Municipality:	2. Area Code and Telephone Number:
3. Property owner name:	4. County
5. Michigan Corporate ID Number (required):	6. Property owner email (required):
7. Property Owner Mailing Address (Address, Street, City, State, Zip):	

<b>COMPOSTING FACILITY DESCRIPTION AND OPERATOR</b> <i>(do not leave any field blank)</i>	
8. Specific Site Name (include a name of the facility):	
9. Operator of the Composting Facility:	
10. Mailing Address (Address, Street, City, State, Zip):	11. Web site (if none write "none"):
12. Area Code and Telephone Number:	13. Operator email Address (required):
14. Site Address (Address, Street, City, State, Zip, if no site street address, write "None" and include a plat map):	
15. Describe how to find the site:	

<b>SITE MAP</b>	
16. Attach a detailed site map of the composting facility. The site map must include dimensions and boundaries of existing compost piles, storage areas, surface water including retention ponds, and structures.	Site map attached:  Yes <input type="checkbox"/> No <input type="checkbox"/>  (new site map required for each registration submission)

**DATE COMPOSTING FACILITY BEGAN OPERATION**

17. Date the composting facility began accepting yard clippings:

Date: \_\_\_\_\_

**REGISTRATION STATUS**

18. Check one of these boxes,

Is your composting facility currently :

Accepting yard clippings from the public: NOT accepting yard clippings from the public: NOT accepting yard clippings: **OWNER/OPERATOR (both locations must be signed, do not write "same")**

I, the undersigned owner or operator, swear and affirm, UNDER PENALTY OF LAW, that the statements contained herein are true and correct and that the composting of yard clippings is done in accordance with the requirements of Act 451. I certify under penalty of law that the information contained on this form, to the best of my knowledge and belief, is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment.

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**PROPERTY OWNER (both locations must be signed, do not write "same")**

I, the undersigned property owner, swear and affirm, UNDER PENALTY OF LAW, that the statements contained herein are true and correct and that the composting of yard clippings is done in accordance with the requirements of Act 451. I certify under penalty of law that the information contained on this form, to the best of my knowledge and belief, is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment.

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**PLEASE MAIL FORM, SITE MAP AND \$600 REGISTRATION FEE TO:****REGULAR DELIVERY:**

DEPARTMENT OF ENVIRONMENTAL QUALITY  
OFFICE OF FINANCIAL MANAGEMENT  
REVENUE CONTROL/CASHIER'S OFFICE  
P.O. BOX 30657  
LANSING, MICHIGAN 48909-8157

**OVERNIGHT DELIVERY:**

DEPARTMENT OF ENVIRONMENTAL QUALITY  
OFFICE OF FINANCIAL MANAGEMENT  
REVENUE CONTROL/CASHIER'S OFFICE  
CONSTITUTION HALL  
525 WEST ALLEGAN STREET  
LANSING, MICHIGAN 48933

## INSTRUCTIONS FOR COMPLETING THE REGISTERED COMPOSTING FACILITY FORM

**PLEASE NOTE: ALL FIELDS MUST BE COMPLETED. IF A FIELD DOES NOT APPLY, PLEASE PUT "0," "N/A," or "NONE".**

**IN ADDITION TO THE SUBMITTAL OF THIS FORM AND REGISTRATION FEE, YOU MUST COMPLY WITH REPORTING, LOCATION, AND OPERATING REQUIREMENTS ACCORDING TO SECTION 11521(4) OF PART 115 TO QUALIFY AS A REGISTERED COMPOSTING FACILITY. THE DEQ WILL RESPOND IN WRITING TO NOTIFY YOU OF RECEIPT OF YOUR FORM. YOUR COMPOSTING FACILITY WILL BE INCLUDED IN A REGISTERED COMPOSTING FACILITY LIST THAT CAN BE FOUND BY VISITING <http://www.michigan.gov/deqrecycling> AND CLICKING ON COMPOSTING.**

**DOCUMENTS TO SUBMIT:** Submit \$600 Site Registration Fee with original, completed, and signed registration form to:

DEPARTMENT OF ENVIRONMENTAL QUALITY  
OFFICE OF FINANCIAL MANAGEMENT  
REVENUE CONTROL/CASHIER'S OFFICE  
P.O. BOX 30657  
LANSING, MICHIGAN 48909-8157

### **FOR OVERNIGHT DELIVERY:**

DEPARTMENT OF ENVIRONMENTAL QUALITY  
OFFICE OF FINANCIAL MANAGEMENT  
REVENUE CONTROL/CASHIER'S OFFICE  
CONSTITUTION HALL  
525 WEST ALLEGAN STREET  
LANSING, MICHIGAN 48933

Send check or money order (no cash) made payable to the **STATE OF MICHIGAN**. Your registration form WILL NOT be accepted if it is missing information or does not include a site map and the registration fee. The registration is for a term of 3 years.

### **COMPOSTING FACILITY PROPERTY OWNER**

- 1. Legal Company Name or Municipality:** Enter the name of the individual, partnership, corporation, association, governmental entity, or other legal entity who owns the property. The owner(s) of the property upon which the composting facility business is located or their registered agent must submit the registration.
- 2. Area Code and Telephone Number:** Enter telephone number of the company/municipality that owns the property.
- 3. Property owner name:** Enter an individual's name.
- 4. County:** Enter the County where the facility is located.
- 5. Michigan Corporate ID Number:** You must enter the six digit corporate ID number (ID) assigned by the Department of Licensing & Regulatory Affairs Corporation Division. This is NOT your tax ID number. If you do not have a corporate ID number, you must register under your own name and write "sole proprietor" in the Michigan Corporate ID Number space. NOTE: Municipally owned facilities do not have a corporate ID number. Please enter n/a or "Municipality" for these.

**6. Property Owner Email:** Enter the email address where correspondence to the property owner can be sent

**7. Property Owner Mailing Address:** Enter the address where correspondence to the property owner should be sent.

### **COMPOSTING FACILITY DESCRIPTION AND OPERATOR**

**8. Specific Site Name:** Enter the business name of the composting facility.

**9. Operator of the Composting Facility:** The name(s) of the person(s) who operate the composting facility even if the same as the property owner(s).

**10. Mailing Address:** Enter the address where correspondence to the operator should be sent.

**11. Web site:** If applicable, enter the Web site where additional information about the composting facility can be obtained. Write "None" if none.

**12. Area Code and Telephone Number:** Enter the telephone number at which the operator can be contacted.

**13. Operator email Address:** Enter the e-mail address where electronic correspondence to the operator could be sent.

**14. Site Address:** The street address of the composting facility even if the same as the mailing address for the property owner. Please submit a plat map if no actual street address has been assigned to the site.

**15. Describe how to find the site:** Include landmarks or other description to help find the location of the composting activity.

#### **SITE MAP**

**16.** Attach a detailed site map that shows acreage of composting facility. The site map must include dimensions and boundaries of existing compost piles, storage areas, surface water including retention ponds, and structures. Check "yes" to indicate you have attached the site map.

#### **DATE COMPOSTING FACILITY BEGAN OPERATION**

**17. Date the composting facility began accepting yard clippings:** Enter the month, day, and year the facility first accepted yard clippings.

#### **REGISTRATION STATUS**

**18.** Check the box to indicate if your facility is currently accepting yard clippings from the public, NOT accepting yard clippings from the public, or NOT accepting yard clippings. This will be used to inform residents if they can contact your facility if they are in search of a location to drop-off their yard clippings.

#### **SIGNATURES:**

Either the **owner or operator** of the composting facility or the registered agent may sign. If the registered agent signs, you must provide authorization to do so.

Either the **property owner** where the composting facility is located or the registered agent may sign. If the registered agent of the property owner signs, you must provide authorization to do so from the property owner. If multiple property owners, all those with any ownership interest or their registered agent must sign the application.

Sign both locations even if the same person signs for both the owner/operator and the property owner.