



Materials Management Division
**Composting Facility
 Registration Form**

YEAR 2020

FOR EGLE USE ONLY	
Date received by EGLE:	
Received By:	
WDS #:	
Site Map:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fee:	<input type="checkbox"/> Yes <input type="checkbox"/> No

*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 MICHIGAN DEPARTMENT OF ENVIRONMENT, GREAT LAKES, AND ENERGY;
 MATERIALS MANAGEMENT DIVISION, SOLID WASTE SECTION, AT 517-284-6588*

Application Type

New Facility

Facility Renewal

Registration Type

Is the composting facility CURRENTLY:

Accepting yard waste from the public

NOT accepting yard waste from the public

NOT accepting yard waste

Date facility began (or will begin) accepting yard waste: ____ / ____ / ____

Size of Composting Facility

Area of composting facility where active composting activities are occurring.

_____ acres

Total area of composting facility including the area not involved in the composting operation.

_____ acres

Facility Owner and/or Operator Business Information

Business Name is the name of the sole proprietorship, corporation, business or governmental entity that owns and/or operates the facility.

Name: _____ **Check All That Apply**
 Facility Owner Facility Operator

Mailing Address: _____ City: _____ State/Province: _____ Zip: _____

Contact Person: _____ Phone Number: _____

Contact Email: _____ Michigan Corporate ID Number: _____

Website: _____

All Business owners must be included on this application. If additional entries are required, please supply on a separate piece of paper.

Property Owner Information

If different from business owner, Property Owner Name is the name of the sole proprietorship, corporation, business or governmental entity that operates the facility. If the same as business owner, write "same" in relevant fields.

Name: _____ Phone Number: _____

Mailing Address: _____ City: _____ State/Province: _____ Zip: _____

Property Owner Email: _____ Michigan Corporate ID Number: _____

Facility Location Information

Facility/Site Name: _____ Phone Number: _____
Location Address: _____
City: _____ Zip: _____ County: _____
Latitude: _____ Longitude: - _____

Brief description of how to find the site:

Composting Method (Check all that apply):

- Windrow In Vessel Aerated Static Pile Static Pile Vermicomposting
 Other Approved Method (Please specify): _____

If using other methods, please contact the composting program at (517) 282-7546 to obtain approval for the method.

Site Map

The Site Map defines where materials can be placed at the facility. Any changes to the location of the materials placement area or boundary lines of the facility must be documented by submission of an amended composting registration and a revised site map.

The site map must be submitted showing the following items inside the facility boundaries:

- The property lines of all land owned or leased for the composting facility.
- The boundary lines for the composting facility.
- Boundary lines for the materials placement area based on the design capacity, including the area for each of the following: composting and materials processing and storage of compost product.
- Existing public water supply wells, developed springs, or private potable water supply wells.
- The direction of the downward slopes and drainage for the materials placement area.
- Public roads, railroads, and structures.
- A north arrow.
- Existing occupied dwellings.
- The limits of the one-hundred-year floodplain (if relevant).
- Existing agricultural drains and ditches.
- Any leachate management structure.

Owner/Operator Certification

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.

By signing this document, I hereby certify that all statements and all assertions of fact made in the document are true, accurate, include all required information, and comply fully with applicable rules.

Print Name – Property Owner

_____/_____/_____
Date

Signature – Property Owner

Print Name – Facility Owner/Operator

_____/_____/_____
Date

Signature – Facility Owner/Operator

Instructions for Registration

Instructions for completing the composting facility registration form:

PLEASE NOTE: ALL FIELDS MUST BE COMPLETED.

If a field does not apply, please put "0", "N/A", etc.

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. EGLE will respond in writing to notify you of receipt of your registration form. Your composting facility will be included in a registered composting facility list that can be found by visiting <http://www.michigan.gov/eglecompost>.

DOCUMENTS TO SUBMIT:

Submit \$600 Site Registration Fee with original, completed, and signed registration form to the address at the bottom of page 4.

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.

DEFINITIONS

Michigan Corporate ID Number: You must enter the nine-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.

Submission Instructions

Please send the signed, completed application with all required attachments to:

Department of Environment, Great Lakes, and Energy Office of Financial Management
Revenue Control/Cashier's Office
P.O. Box 30657
Lansing, Michigan 48909-81527

If overnight shipping is required, send signed completed applications with attachments to:

Department of Environment, Great Lakes, and Energy Office of Financial Management
Revenue Control/Cashier's Office Constitution Hall
525 West Allegan Street
Lansing, Michigan 48933

For questions, please contact the Compost Program Coordinator at (517) 282-7546 or at HidayA@michigan.gov.