Final Product Report  
for Registered or Permitted Composting Facility

Facilities registered or permitted under Title 30 Texas Administrative Code (30 TAC), Chapter 332 are required to test final product and report the information in accordance with 30 TAC §332.71. Copies of all analytical data must be included with this report. Analytical data used to characterize the final product, including laboratory quality assurance/quality control data and chain-of-custody documentation must be maintained at facility for three years after the final product is shipped off site. Complete a separate form for each batch in accordance with 30 TAC §332.71(f). Reports must be submitted to the executive director within two months after the reporting period ends, in accordance with 30 TAC §332.71(j)(2). If you have questions regarding this report, please contact the Texas Commission on Environmental Quality, Municipal Solid Waste Permits Section, at (512) 239-2335.

Mail report to:

Municipal Solid Waste Permits Section, MC 124  
Waste Permits Division  
Texas Commission on Environmental Quality  
P.O. Box 13087  
Austin, Texas 78711-3087

# Reporting Period

Registered Facilities (semiannual):

September 20\_\_\_ through February 20\_\_\_\_

March 20\_\_\_ through August 20\_\_\_\_

Permitted Facilities (monthly):

Month \_\_\_\_\_\_\_\_\_\_\_\_, Year \_\_\_\_\_\_\_\_\_\_\_

# Facility Identification

Registration/Permit Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Facility Information

Facility Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Area Served

City/Cities Served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County/Counties Served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Final Product Detail

Batch Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Feedstock: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| Date Received | Quantity Received | Type | Source |
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**I hereby certify that the information in this report is true and correct to the best of my knowledge and belief.**

Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone Number: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_