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: __________________________________________________________

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<th>Quantity Received</th>
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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: (______)______________________________________________