



2025 Annual Solid Waste Management Report for Licensed Incineration Facilities

Licensed incineration facilities must complete and submit this reporting form to the Maine Department of Environmental Protection (DEP) by **April 30**, annually, to meet the annual reporting requirement in accordance with 38 M.R.S. § 1310-N(6-D). **We prefer that you complete and submit the form electronically**, but you may print a paper copy to fill out by hand. If you fill out a paper copy by hand, **we prefer that you scan and email an electronic copy**, but you can mail the paper copy to the Department if you wish.

Please use the facility name and license number as it appears on your DEP license and include this information with any attachments that are provided separately so that we can match them to the property facility.

- **If filling out the form electronically and emailing, the form *must include an electronic signature*.**
- **If you need additional space, or if you mail or email attachments separately, please include your facility name and license number on all additional paperwork.**
- **Please keep a copy of this report for your own records.**

<p>Please email (or mail) one copy of your signed and completed report to:</p>	<p>Vincent Prescott vincent.prescott@maine.gov Maine Department of Environmental Protection 17 State House Station Augusta, ME 04333</p>
<p>For questions regarding your annual report fee, invoice, or payment, contact:</p> <p><i>(Do not send payments to the Maine DEP)</i></p>	<p>Gerry Travers geraldine.travers@maine.gov</p>
<p>If possible, please make invoice payments via our online payment portal at: https://www.maine.gov/dep/paymentportal</p> <p>You may also send your annual report fee payment and payment stub to the Natural Resources Service Center.</p> <p>If you have more than once invoice, you may submit one payment for the total amount, but please include all invoice stubs with your payment.</p>	<p>Make checks payable to:</p> <p>Treasurer, State of Maine Natural Resources Service Center 155 State House Station Augusta, ME 04333</p>

For help with questions about your license, operations, the annual report form, trouble with the format of this report, or if you are not sure if this is the correct form for your facility, please contact your project manager. If you are not sure who your project manager is, please feel free to contact someone from your nearest regional office or Unit Supervisor Eric Hamlin by phone at (207) 694-9389 or email at eric.p.hamlin@maine.gov

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- All data should be for the previous calendar year (January 1 – December 31).
- Please enter information in the manner most applicable to your facility.
- **Please do not customize or modify the form without specific approval.**
- If the facility receives a waste type from multiple states, use the provided blank rows to enter the amount from each state in a separate row.
- Enter amounts *in tons* whenever possible. If you cannot report in tons, enter the volume or number and the unit of measure, e.g., cubic yards, units, or pieces.

Facility Name: _____ Report Year: _____

DEP License #: _____

Name of Facility: _____

Location: _____

Primary Contact: _____

E-mail: _____ Phone: _____

Secondary Contact: _____

E-mail: _____ Phone _____

Billing Contact: _____

E-mail: _____ Phone: _____

I have examined this report to the best of my knowledge and believe this report is true, accurate and complete.

Signature of person completing this form

Date

Printed name of person completing this form

Name of Company: _____

Address: _____

(name and title of form preparer, if different from above)

(address and business phone of preparer, if different from above)

Facility Name: _____ Report Year: _____

DEP License #: _____

1. Narrative Report on Operations – Please include the following information for the reporting year:

1. A summary of the operational records and any events outside of the normally expected operations of the facility;
2. A summary of changes to the operations manual made during the past year and any known proposed changes to operations;
3. A report of minor changes to the facility site or operations not requiring departmental approval that have occurred during the reporting year. Changes handled in this manner are those that do not require licensing under minor revision or amendment provision of DEP Chapter 400.
4. A summary of the ash characterization results for the year, including detailed information concerning any ash characterization results that exceeded regulatory limits and the actions taken in response;
5. A summary of the amounts and destinations of residues and ash generated by the facility and a demonstration that sufficient disposal capacity is guaranteed for the ash and all residues expected to be generated during the next year;
6. A summary of the wastes accepted for incineration and the characterization results for these wastes;
7. Monitoring records if ground water, surface water, soil, or other monitoring is required by the facility's solid waste license;
8. A summary of operator training conducted during the year; and,

Facility Name: _____ Report Year: _____

DEP License #: _____

9. An annual update on cost and documentation of any changes made to the financial assurance instrument in accordance with DEP chapter 400 § 11.

2. Summary of Waste Handling

Amount (Tons) of Waste Received by Generator Type

Quarter	Municipal MSW	Commercial MSW	Spot Market MSW	Other Waste Types ¹	Total
January - March					
April - June					
July - September					
October - December					
Total					

¹Other Waste Types includes clean wood chips, CDD wood chips, special wastes and other wastes accepted.

Amount (Tons) of Waste Received by Origin

State/Province of Origin Waste type	Tons from ME	Tons from NH	Tons from MA	Tons from _____	Tons from _____
MSW					
Clean wood chips					
CDD wood chips					
Special wastes					
Other waste _____					
Other waste _____					
Total					

Amount (Tons) of Waste Incinerated

Amount of RDF incinerated:	
- or -	
Amount of MSW incinerated	
- and -	
Amount of "Other" incinerated	

Facility Name: _____ Report Year: _____

DEP License #: _____

Material *Disposition* by Destination

Material	Tons	Receiving Facility
FEPR		
Bypass		
Recovered Metal - ferrous		
Recovered Metal – non-ferrous		
Non-Processible/OBW		
Ash		
Other (describe waste stream):		

Facility Name: _____ Report Year: _____

DEP License #: _____

Tipping Fees (\$ Per Ton)

	Low Fee ¹	High fee ²	Average fee ³	Projected fee for next year
Municipal Customers				
Host municipality(ies)				
Charter municipalities				
Contracted municipalities (more than one year)				
Contracted municipalities (one year or less)				
Other (describe)				
Commercial Customers				
Contracted (more than one year)				
Short term contract (one year or less)				
Other (describe)				

¹Please provide the lowest fee charged for each group.

²Please provide the highest fee charged for each group.

³Average is the sum of the tip fees paid by each group, divided by the total tons delivered by each group.

Spot Market - Quarterly Average Tip Fees

	1 st Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
Municipal Spot				
Commercial Spot				

Facility Name: _____ Report Year: _____

DEP License #: _____

3. Revenues Received¹

Quarter	Tipping Fees ² Municipal	Tipping Fees ² Commercial	Sales of Electricity	Other ³	Total
January - March					
April - June					
July - September					
October - December					
Totals					

¹ Please attach a copy of the annual report for the relevant calendar year

² Include spot market revenues in the appropriate column.

³ Itemize other sources of revenues (e.g. oily waste) and attach supporting documentation.

Total number of kilowatt hours of electricity generated in calendar year: _____

4. Expenditures¹

Variable Expenditures

Labor	
Maintenance	
Utilities	
Operations/Maintenance Total	
Wood Chips	
Other (please identify) _____	
Alternative Fuel Purchased Total	
Ash and FEPR Disposal	
Other Variable Costs	

Fixed Expenditures

New Capital Investments	
Debt Service	
Reserve	

¹ Please attach a copy of annual report for the relevant fiscal year.

Total Expenditures: _____