



Composting Facility Inspection Report

Facility Name:		Hours of Operation:	
Composting Feedstock Storage Area (ft):	Length:	Width:	Height: Volume (gal):
Composting Area (ft):	Length:	Width:	Height: Volume (gal):
Composting Product Storage Area (ft):	Length:	Width:	Height: Volume (gal):

Notification Requirements and Other Approvals

ARS § 49-762.07 ET. AL.

1	Has the Facility filed notification to the Department?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
2	<ul style="list-style-type: none"> • Was the notification filed on or after September 1, 1996? 	Y: <input type="checkbox"/> N: <input type="checkbox"/>
3	Has the Facility received any other approvals or permits from the Department or local authorities?	Y: <input type="checkbox"/> N: <input type="checkbox"/>

Facility Operations:

ARS § 49-762.07 ET. AL.

4	Are skilled personnel provided to assure the proper operation and maintenance of the facilities in a nuisance-free manner?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
5	Does the facility conduct anaerobic digestion of liquid solid wastes?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
6	Does the facility operate in a manner that controls wind dispersion of solid waste?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
7	Does the facility have on-site windblown litter?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
8	Does the facility have off-site windblown litter?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
9	Does the facility operator conduct regular collection of solid waste dispersed beyond the facility boundaries?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
10	Does the facility operator properly dispose of all refuse not considered suitable for composting?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
11	Does the facility operate in a manner that controls surface dispersion of solid waste?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
12	<ul style="list-style-type: none"> • Is run-on drainage directed away from the composting and composting feedstock storage areas? 	Y: <input type="checkbox"/> N: <input type="checkbox"/>
13	<ul style="list-style-type: none"> • Does the facility ensure practice of effective measures for spill control? 	Y: <input type="checkbox"/> N: <input type="checkbox"/>
14	Is ponding present?	Y: <input type="checkbox"/> N: <input type="checkbox"/>
15	Does the facility manage only those waste types for composting, as indicated in the notification filed with the Department? <i>(If no, see comment)</i>	Y: <input type="checkbox"/> N: <input type="checkbox"/>
16	<ul style="list-style-type: none"> • Has the facility submitted an amendment to their notification indicating new waste types managed? 	Y: <input type="checkbox"/> N: <input type="checkbox"/>
17	Is the facility operated in a manner that controls for fire hazards? <i>(Select all controls used below)</i>	Y: <input type="checkbox"/> N: <input type="checkbox"/>



Waste Programs Division, Solid and Hazardous Waste Section
 Solid Waste Unit
 1110 West Washington Street, Phoenix, Arizona 85007
 (602) 771-4673 (800) 234-5677 ext. 771-4673

Facility Operations:

ARS § 49-762.07 ET. AL.

18	<ul style="list-style-type: none"> Monitoring of moisture and temperature conditions. 	Y: <input type="checkbox"/> N: <input type="checkbox"/>
19	<ul style="list-style-type: none"> Consultation with local fire department. 	Y: <input type="checkbox"/> N: <input type="checkbox"/>
20	<ul style="list-style-type: none"> Monitoring stockpile and composting pile vents. 	Y: <input type="checkbox"/> N: <input type="checkbox"/>
21	<ul style="list-style-type: none"> Maintain manageable pile heights. 	Y: <input type="checkbox"/> N: <input type="checkbox"/>
22	<ul style="list-style-type: none"> Maintain access routes for emergency responders. 	Y: <input type="checkbox"/> N: <input type="checkbox"/>
23	<ul style="list-style-type: none"> Adequate and strategically placed fire control equipment. 	Y: <input type="checkbox"/> N: <input type="checkbox"/>
24	<ul style="list-style-type: none"> Signage to restrict smoking. 	Y: <input type="checkbox"/> N: <input type="checkbox"/>
25	<ul style="list-style-type: none"> Other (see comment) 	Y: <input type="checkbox"/> N: <input type="checkbox"/>
26	Is there evidence of vectors or vector breeding? (Select all controls used below)	Y: <input type="checkbox"/> N: <input type="checkbox"/>
27	<ul style="list-style-type: none"> Promptly process food waste into windrows or vessels. 	Y: <input type="checkbox"/> N: <input type="checkbox"/>
28	<ul style="list-style-type: none"> Frequent turning and mixing of compost and compost feedstock piles. 	Y: <input type="checkbox"/> N: <input type="checkbox"/>
29	<ul style="list-style-type: none"> Minimize compost feedstock storage times. 	Y: <input type="checkbox"/> N: <input type="checkbox"/>
30	<ul style="list-style-type: none"> Use of insect and/or rodent traps 	Y: <input type="checkbox"/> N: <input type="checkbox"/>
31	<ul style="list-style-type: none"> Minimization of all sources of standing water. 	Y: <input type="checkbox"/> N: <input type="checkbox"/>
32	<ul style="list-style-type: none"> Biological controls of insect larvae. 	Y: <input type="checkbox"/> N: <input type="checkbox"/>
33	<ul style="list-style-type: none"> Other (see comment) 	Y: <input type="checkbox"/> N: <input type="checkbox"/>

Photos: Photographs are available upon request.