NEW MEXICO
ENVIRONMENT DEPARTMENT

Solid Waste Bureau

Harold Runnels Building
1190 Saint Francis Drive, PO Box 5469Santa Fe, NM 87502-5469
Telephone (505) 827-0197
www.env.nm.gov/solid-waste

Compost Facility Registration Application

The New Mexico Solid Waste Rules, 20.9.3.27 NMAC, require the registration of a composting facility with the New Mexico Environment Department.

A "composting facility" means a facility, other than a transformation facility, that is capable of providing biological stabilization of organic material.

The owner or operator of a composting facility must apply for a registration **at least 30 days prior** to any operations and **every five years thereafter**. A composting facility that fails to file a timely and complete application for registration is deemed an unpermitted solid waste facility, subjecting the owner or operator to penalties, permit requirements and nuisance abatement orders.

Registered composting facilities shall accept only source separated compostable materials.

If a composting facility has or plans to increase its operational rate to more than 25 tons per day annual average, it must additionally comply with 20.9.3.28 NMAC. This is called an "Advanced Registration." Please contact the Permit Section Manager of the Solid Waste Bureau for application and financial assurance requirements.

This registration must be updated whenever operations change. Submit the updated registration to the Solid Waste Bureau within 30 days.

No fee is required for compost facility registration.

Instructions

Please complete the following form, which serves as your application and required operations plan. Write "N/A" if a question does not apply to your facility.

Most questions require only a short answer. A short phrase or one or two sentences may be enough to answer the question fully.

The information on this application and operations plan must describe your actual operations. When operations change, please resubmit a revised version of this form within 30 days. If actual operations differ from that described in this application and operations plan, the facility may be issued a violation.

If necessary, further explanation for any question may be given in the space at the end of the form.

Return the completed form with all attachments to:

Permit Section Manager
Solid Waste Bureau
New Mexico Environment Department
1190 St. Francis Dr.
PO Box 5469
Santa Fe, NM 87502-5469

For technical assistance, please contact Genevieve Morgan at (505) 827-0129. For questions regarding registration requirements, please contact John Offersen at (505) 827-2385.

Other Regulatory Requirements

Composting facilities may also be regulated by other agencies in addition to the Solid Waste Bureau. You should be aware of the requirements of the following statutes, programs and agencies. This list is provided for your convenience and is not intended to be comprehensive.

- **Groundwater discharge**: Notice of Intent to Discharge or Groundwater Discharge Permit. Contact NMED Groundwater Quality Bureau, (505) 827-2900, www.env.nm.gov/gwb/
- **Surface runoff**: National Pollutant Discharge Elimination System, 40 CFR Part 121, includes requirements for Stormwater Pollution Prevention Plan (SWPPP). Contact NMED Surface Water Quality Bureau, (505) 827-0187, www.env.nm.gov/swqb/
- **Biosolids and septage**: 40 CFR Part 503 and 20.6.2 NMAC. For more information, www.epa.gov/biosolids/biosolids-laws-and-regulations
- **Compost sales**: NM Fertilizer Act, 76-11-1 to 76-11-20 NMSA, includes requirements for fertilizer / soil conditioner registration. Contact NM Department of Agriculture, (575) 646-3007, www.nmda.nmsu.edu/fsf/fertilizer-and-soil-conditioners/fertilizersoil-conditioner-registration-and-tonnage/
- **Storage of combustible materials**: International Fire Code, Chapter 28 (2018)

  https://codes.iccsafe.org/content/IFC2018/CHAPTER-28-LUMBER-YARDS-AND-AGRO-INDUSTRIAL-SOLID-BIOMASS-AND-WOODWORKING-FACILITIES

Large Composting Facilities

Composting facilities that accept greater than 25 tons per day (annual average) compostable material or greater than 5 tons per day (annual average) of material that would otherwise become a special waste (for example, sludge, offal, petroleum contaminated soils) must complete an **Advanced Registration**, in compliance with 20.9.3.28 NMAC. Please contact the Solid Waste Bureau for application requirements.

Compost Facility Registration Application

Facility Information	
Facility Name	
Facility Owner	
Mailing Address	
City, State, Zip	
Telephone	
E-mail Address	
Contact person	
Facility Operator	
Mailing Address	
City, State, Zip	
Telephone	
E-mail Address	
Contact person	
Emergency Coordinator	
Telephone (24 hours)	
Facility Physical Address	
City, State	
County	

Legal Description of Property (GPS coordinates)	
Land Use and Zoning of Facility	

Please **check one** of the following boxes to indicate whether this is:

☐	Initial application	*Start-up date:*	
	OR		
☐	Renewal of existing registration	*Registration number:*	
		Expiration date:	

This registration application is appropriate for facilities that meet **all** the following criteria. Please **check each box** to indicate that this facility meets each criterion:

☐ This facility accepts **only** source-separated compostable materials. "Source separation" means the separation of compostable materials from solid waste at the point of generation by the generator.

If this facility accepts non-source-separated waste, you will need a solid waste facility permit as described in 20.9.3.14 NMAC. Please contact the Solid Waste Bureau for application requirements.

☐ This facility does **not** accept solid waste, except incidental to collection of source-separated compostable materials (that is, contamination).

If this facility accepts solid waste, you will need a solid waste facility permit as described in 20.9.3 NMAC. Please contact the Solid Waste Bureau for application requirements.

☐ This facility accepts **less than** 25 tons per day (annual average) of compostable material including mortality waste.

If more than 25 tons per day, you must address additional requirements. Please contact the Solid Waste Bureau for information.

☐ This facility does not accept or accepts **less than** 5 tons per day (annual average) of material that would become a special waste if not composted (for example, sludge, offal).

If more than 5 tons per day, you must address additional requirements. Please contact the Solid Waste Bureau for information.

Operations Plan

Facility Management

Days / hours of operation	

Please **check the box** to indicate that the following is true:

☐ This facility has a written contingency plan. *(Required)*

Signs

Indicate where signs with the following information are posted at your facility (for example, at the facility entrance). Please add any additional signs you may have in the spaces provided. All signs must be large enough to be easily read and placed in locations where they can be easily read.

Information on sign(s)	Where is the sign with this information posted at your facility (describe location within facility or indicate on site map)?
Required signs	
Site address / location	
Hours of operation	
Emergency telephone numbers	
Delivery instructions	
Fires and scavenging prohibited	
No smoking	

Additional signs	
Source Separated Compostable Materials Only	

Facility Access

1. How is access to the facility controlled? For example, please describe fencing, gates, locks, directional signs, use of gate attendant and/or spotter, and any other means of controlling access.

2. Who typically comes onto the site? Check all that apply.

☐ Municipal haulers ☐ Private haulers ☐ General public	☐ Other (please describe below):

Solid Waste (Contamination)

3. What do you do with any solid waste that may be brought onto the site (for example, as contamination (trash) in the feedstock material)?

4. What size container do you use to hold solid waste (that is, residue, trash, or garbage) until disposal?

5. Who removes the solid waste from the site, and how often?

6. If the compost process does not work or the compost is unusable for any reason, how will you dispose of this waste?

Training

Please **check each box** to indicate that the following are true:

- ☐ A certified operator or representative will be present at all times while the facility is being operated. *(Required)*
- ☐ Photocopies of Compost Facility Operator certificate(s) are attached.
- ☐ Training records are kept on site and available for inspection.

Reporting

Please **check each box** to indicate that the following are true:

- ☐ This facility will complete and submit annual reports to the Solid Waste Bureau within 45 days of the end of each calendar year (that is, due Feb. 14 each year for the previous calendar year). *(Required)*
- ☐ Copies of the annual reports will be kept on site and available for inspection until the post-closure care period has ended. *(Required)*

Equipment

Please list all heavy equipment, tanks, storage containers, monitoring devices, etc. Include a brief description, as appropriate.

Type of equipment	Description	Quantity

Feedstocks

Please **check each box** to indicate that the following are true:

- ☐ This facility accepts only source-separated compostable materials. *(Required)*
- ☐ The feedstock storage areas are indicated on the attached site plan. *(Required)*

Please list all material types generated on site or brought from elsewhere, including liquids, that become feedstocks for the composting operation. List each type separately. Indicate the amount of water anticipated to be used and indicate the source.

Feedstock	Typical quantity	Maximum quantity
Feedstock means the general type of feedstock used in your compost mix. For example: yard trimmings, food scraps, horse manure, etc. **Source** means the type of operation or generator the feedstock comes from. For example: private residents, landscapers, restaurants, municipal collections, dairies, etc. **Description** means a brief description of any notable characteristics of the feedstock. For example: for sludge, indicate whether it has been dewatered and the resulting percent moisture; for food scraps, indicate whether compostable bags, boxes and serveware are present.	**Typical quantity** means the amount of each feedstock the facility normally expects to receive. Approximate amounts are OK. Please indicate units.	**Maximum quantity** means the largest amount of each feedstock the facility would be able to handle. Estimated amounts are OK. Please indicate units.

Feedstock		Typical quantity	Maximum quantity
Feedstock		☐ ☐	☐ ☐
Source		per ☐ ☐	per ☐ ☐
Description			
Feedstock		☐ ☐	☐ ☐
Source		per ☐ ☐	☐ ☐
Description			

Feedstock		Typical quantity	Maximum quantity
Feedstock			
Source			
Description			
Feedstock			
Source			
Description			
Feedstock			
Source			
Description			
Feedstock	**Water**	gallons	
Source			
Data based on:	existing operation proposed (estimate)		

For each of the feedstocks listed above, please indicate how it is processed and the maximum amount of time that will elapse between receiving the feedstock and incorporating it into the active composting pile.

Feedstock	How is it processed?	Time
		☐ hrs ☐ days ☐ weeks
		☐ hrs ☐ days ☐ weeks
		☐ hrs ☐ days ☐ weeks
		☐ hrs ☐ days ☐ weeks
		☐ hrs ☐ days ☐ weeks

Please **check one box** to indicate which of the following is true *(Required)*:

☐	This facility will process food waste, offal, or mortalities on the same working day they are received.
	OR:
☐	This facility does not receive food waste, offal, or mortalities.

7. Please describe the steps you will take to ensure that food waste, offal or mortalities are processed within that working day. (Please write “Not applicable” if the facility does not accept these materials.)

8. How will you prevent feedstocks from becoming a fire hazard?

Composting Methods

Please **check all that apply**:	Additional description:
☐ Windrow ☐ Modified windrow (describe at right) ☐ Static pile (describe at right) ☐ Modified static pile (describe at right) ☐ In-Vessel ☐ Vermicomposting ☐ Other (describe at right)	

Please fill in values in the following table. "**Typical**" means the amount that you anticipate under normal operations. "**Maximum**" means the amount that would be the largest amount the facility would be able to handle.

		Typical		Maximum	
Number of active composting piles			piles		piles
Dimensions of active composting piles	Length		feet		feet
	Width		feet		feet
	Height		feet		feet
Time spent in active composting phase			☐ days ☐ weeks ☐ months		☐ days ☐ weeks ☐ months
Dimensions of curing piles	Length		feet		feet
	Width		feet		feet
	Height		feet		feet

Time spent in curing phase		days weeks months
Total process time (composting and curing)		days weeks months

Minimum	
Minimum distance between piles	feet

Construction

9. What carbon-to-nitrogen (C:N) ratio will you expect to achieve in your initial mix?

10. Indicate in the following table the quantities or proportions of feedstocks used in initial construction of the composting pile to reach this C:N ratio. Please also indicate the amount of water used in initial construction.

Feedstock	Quantity
Water	gallons

11. How is sufficient mixing of feedstock materials ensured during pile construction?

Active Composting

12. How often and when is a typical pile turned?

13. Please describe your monitoring and recording procedure.

14. How will you determine if water needs to be added?

15. How is the water added, if necessary?

16. How do you determine when the composting phase is complete?

Curing

17. When and how do you test for stability or maturity?

Disposition of Finished Compost

18. What are your markets for the finished compost?

19. How is the compost removed from the site (for example, delivery, self-load)?

	Typical quantity
Amount of compost product removed from the site	yd³ / tons per day / week / month / year
Amount of compost product used on site	yd³ / tons per day / week / month / year

Nuisance and Hazard Prevention

Litter

20. How is litter prevented and controlled?

21. If litter becomes a problem despite your usual efforts, what will you do?

Odor

22. How are odors controlled and minimized?

23. If odors become a problem despite your usual efforts, what will you do?

Fire

24. How are fires prevented and extinguished?

25. How will you extinguish a fire in a feedstock pile?

26. How will you extinguish a fire in an active pile?

Noise

27. What are the potential sources of noise at the facility?

28. When and for how long do they occur?

29. How is noise prevented and minimized?

30. If noise becomes a problem despite your usual efforts, what will you do?

Vectors

31. How are vectors (rodents, birds, insects and other animals) controlled?

32. If vectors become a problem despite your usual efforts, what will you do?

Solid Waste

33. How do you prevent unauthorized waste from entering your site?

34. If unauthorized waste is received despite your usual efforts to prevent it, what will you do? (For example, if feedstock is very contaminated with solid waste.)

Feedstock

35. If more feedstock than you typically handle is received, what will you do?

Composting process

36. If the compost fails to reach minimum desired temperatures, what will you do?

37. If the moisture content needs to be adjusted, what will you do?

38. If the porosity needs to be adjusted, what will you do?

Equipment

39. If your primary equipment breaks down, will operations cease?

40. If not, how will they continue?

Additional Information

Please use this space to add any comments or further details necessary to fully describe the proposed operations.

Attachments

The application must be accompanied by at least two maps. Applicants may submit additional maps if needed to clearly show each of the required features. Site plans may be hand-drawn if they clearly show each of the required features.

Area Map

Please attach a map of the area showing the facility location. This map should include enough of the surrounding area to show the following elements. Please indicate the following elements on the attached area map by marking it with the corresponding number.

1 North arrow
2 Scale
3 Parcel size
4 Land use and zoning of surrounding area
5 Set backs
6 Nearest drinking water well (or indicate distance)
7 Nearest arroyo (or indicate distance)
8 Nearest water body (or indicate distance)
9 Nearest occupied residence (or indicate distance)

Site Plan

Please attach a site plan of the composting facility. Please indicate each of the elements below with its corresponding number on the attached site plan.

1 North arrow
2 Scale
3 Name of facility
4 Location of facility
5 Adjacent roads or highways
6 Facility boundaries
7 Facility dimensions
8 Fencing, gates, entrances / exits
9 Internal roads and traffic flow patterns
10 Feedstock storage area (location and dimensions)
11 Active composting area (location and dimensions)
12 Curing area (location and dimensions)
13 Areas accessible to the public (if applicable)
14 Loading and unloading areas
15 Location of buildings, structures, and utilities including overhead power lines
16 Location of water source for composting operation and fire suppression
17 Leachate retention pond (if applicable)
18 Prevailing wind direction

Other Required Documents

Please also attach the following documents:

☐ Groundwater Quality Bureau Notice of Intent to Discharge
or ☐ Letter confirming no discharge permit is needed (if applicable)
or ☐ Groundwater Quality Bureau Permit Number (if applicable): _____

☐ Compliance plan to meet 40 CFR 503 and 20.6.2 NMAC requirements
or ☐ This facility does not accept biosolids or septage

Acknowledgements

	initials
I am aware that the owner or operator is required to comply with all of the terms of the approved registration.	
I am aware that the owner or operator must update this registration to reflect any material changes in operations, prior to implementing such changes.	

Signature	Date
Printed name	
Title	Phone