**COMPOST FACILITY REGISTRATION FORM**

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

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 registration **at least 30 days before** 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 Not Applicable (**NA**) 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.

**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, [Ground Water Quality Bureau Forms](https://www.env.nm.gov/gwqb/forms/)
* **Surface runoff**: National Pollutant Discharge Elimination System, 40 CFR Part 121, includes the Stormwater Pollution Prevention Plan (SWPPP) requirements. Contact NMED Surface Water Quality Bureau, (505) 827-0187, [Surface Water Quality State Permitting Program](https://www.env.nm.gov/surface-water-quality/spp/)
* **Biosolids and septage**: 40 CFR Part 503 and 20.6.2 NMAC. For more information, [Biosolids Laws and Regulations | US EPA](https://www.epa.gov/biosolids/biosolids-laws-and-regulations)
* **Compost sales**: NM Fertilizer Act, 76-11-1 to 76-11-20 NMSA, includes fertilizer/soil conditioner registration requirements. Contact NM Department of Agriculture, (575) 646-3007, [Fertilizer and Soil Conditioners](https://nmdeptag.nmsu.edu/aps/fsf/fertilizer-and-soil-conditioners.html)
* **Storage of combustible materials**: International Fire Code (IFC), Chapter 28 (2018)

[Lumber Yards & Agro-Industrial Solid Biomass & Woodworking Facilities - 2018 IFC](https://codes.iccsafe.org/content/IFC2018P6/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) of 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.

For technical assistance, please contact (AA) at (505) 000-0000. For questions regarding registration requirements, please contact (AA) at (505) 000- 0000.

**Return the completed form with all attachments to:**

Permit Section Manager, Solid Waste Bureau

New Mexico Environment Department, Resource Recovery Bureau

[Saralouise.Martinez@env.nm.gov](mailto:Saralouise.Martinez@env.nm.gov)

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| --- | --- | --- | --- | --- | --- | --- |
| **I. GENERAL INFORMATION** | | | | | | |
|  | | | | | | |
| **Facility Name** | | | | | | |
| Click or tap here to enter text. | | | | | | |
| **Facility Location (Physical)** | | | | | | |
| **Street Address or Location/ Description** | | Click or tap here to enter text. | | | | |
| **Mailing Address** | | | | | | |
| **City** | | **State** | | | **County** | |
| Click or tap here to enter text. | | Click or tap here to enter text. | | | Click or tap here to enter text. | |
| **GPS Coordinates** | | Click or tap here to enter text. | | | | |
| **Legal Description** | | Click or tap here to enter text. | | | | |
| **Land Use & Zoning** | | Click or tap here to enter text. | | | | |
| **Facility Owner/Contact** | | **Telephone** | | **Email** | | |
| Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | | |
| **Mailing address:** | Click or tap here to enter text. | | | | | |
| **Facility Operator/Contact** | | **Telephone** | | **Email** | | |
| Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | | |
| **Mailing address** | Click or tap here to enter text. | | | | | |
| **Emergency Coordinator** | Click or tap here to enter text. | | **Telephone (24 hours)** | | | Click or tap here to enter text. |

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| Please **check one** of the following boxes to indicate whether this is | | | | | | | |
| Initial application **(new facilities only)** | | | Start-up date: Click or tap here to enter text. | | | | |
| Renewal of existing registration | | | Registration number: Click or tap here to enter text. | | | | |
| Expiration date: Click or tap here to enter text. | | | | |
| 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 separating compostable materials from solid waste at the generator's point of generation.  *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 the collection of source-separated compostable materials (i.e., 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* ***New Mexico Environment Department*** *-* ***Solid Waste Bureau (NMED-SWB)*** *for more information.* | | | | | | | |
| This facility accepts only source-separated compostable materials. "Source separation" means separating compostable materials from solid waste at the generator's point of generation.  *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.* | | | | | | | |
| **II. OPERATIONS PLAN**   1. **Facility Management** | | | | | | | |
|  | | | | | | | |
| **Days of Operation** | | | | | **Hours of Operation** | | |
| Click or tap here to enter text. | | | | | Click or tap here to enter text. | | |
| Please **check the box** to indicate that the following is true: | | | | | | | |
| This facility has a written contingency plan. (Required) | | | | | | | |
| **Facility Signs** | | | | | | | |
| Indicate where signs with the following information are posted at your facility (for example, at the facility entrance, near the scale house, (visible) near the drop-off area, or the tipping floor area). 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. | | | | | | | |
| **Required information on the sign(s)** | | | | **Describe the location within the facility** | | | |
| Site address/location | | | | Click or tap here to enter text. | | | |
| Hours of operation | | | | Click or tap here to enter text. | | | |
| Emergency telephone numbers | | | | Click or tap here to enter text. | | | |
| Delivery instructions | | | | Click or tap here to enter text. | | | |
| Children and pets must remain in the vehicle | | | | Click or tap here to enter text. | | | |
| Fires and scavenging prohibited | | | | Click or tap here to enter text. | | | |
| No smoking | | | | Click or tap here to enter text. | | | |
| Source-separated compostable materials only | | | | Click or tap here to enter text. | | | |
| **Facility Access** | | | |  | | | |
| How is access to the facility controlled? For example, please describe fencing, gates, locks, directional signs, use of gate attendants and/or spotters, and any other means of controlling access. | | | | | | | |
| Click or tap here to enter text. | | | | | | | |
| Who typically comes onto the site? Check all that apply. | | | | | | | |
| Municipal haulers  Private haulers  General public  Others (please describe below) | | | | | | | |
| Click or tap here to enter text. | | | | | | | |
| **Solid Waste (Contamination)** | | | | | | | |
| What do you do with any solid waste that may be brought onto the site (for example, as contamination (trash) in the feedstock material)? | | | | | | | |
| Click or tap here to enter text. | | | | | | | |
| What size container do you use to hold solid waste (that is, residue, trash, or garbage) until disposal? | | | | | | | |
| Click or tap here to enter text. | | | | | | | |
| Who removes the solid waste from the site, and how often? | | | | | | | |
| Click or tap here to enter text. | | | | | | | |
| If the compost process does not work or the compost is unusable for any reason, how will you dispose of this waste? | | | | | | | |
| Click or tap here to enter text. | | | | | | | |
| **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 on-site heavy equipment, tanks, storage containers, monitoring devices, etc. Include a brief description, as appropriate (**attach additional sheet, if necessary**) | | | | | | | |
| **Type of equipment** | | **Description** | | | | **Quantity** | |
| Click or tap here to enter text. | | Click or tap here to enter text. | | | | Click or tap here to enter text. | |
| Click or tap here to enter text. | | Click or tap here to enter text. | | | | Click or tap here to enter text. | |
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| Click or tap here to enter text. | | Click or tap here to enter text. | | | | Click or tap here to enter text. | |
| **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** refers to 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 serve ware are present. | | | | | | | |
| **Feedstock** | | **Typical quantity** | | | | **Maximum quantity** | |
| **Feedstock** | Click or tap here to enter text. | Click or tap here to enter text. | | yd3  tons | | Click or tap here to enter text. | yd3  tons |
| **Source** | Click or tap here to enter text. |
| **Description** | Click or tap here to enter text. | per day  per week  per month  per year | | per day  per week  per month  per year |
|  | | | | | | | |
| **Feedstock** | Click or tap here to enter text. | Click or tap here to enter text. | | yd3  tons | | Click or tap here to enter text. | yd3  tons |
| **Source** | Click or tap here to enter text. |
| **Description** | Click or tap here to enter text. | Click or tap here to enter text. | | per day  per week  per month  per year | | Click or tap here to enter text. | per day  per week  per month  per year |
|  | | | | | | | |
| **Feedstock** | Click or tap here to enter text. | Click or tap here to enter text. | | yd3  tons | | Click or tap here to enter text. | Yd3  Tons |
| **Source** | Click or tap here to enter text. |
| **Description** | Click or tap here to enter text. | Click or tap here to enter text. | | per day  per week  per month  per year | | Click or tap here to enter text. | per day  per week  per month  per year |
|  | | | | | | | |
| **Feedstock** | Click or tap here to enter text. | Click or tap here to enter text. | | yd3  tons | | Click or tap here to enter text. | yd3  tons |
| **Source** | Click or tap here to enter text. |
| **Description** | Click or tap here to enter text. | Click or tap here to enter text. | | per day  per week  per month  per year | | Click or tap here to enter text. | per day  per week  per month  per year |
|  | | | | | | | |
| **Feedstock** | Click or tap here to enter text. | Click or tap here to enter text. | | yd3  tons | | Click or tap here to enter text. | yd3  tons |
| **Source** | Click or tap here to enter text. |
| **Description** | Click or tap here to enter text. | Click or tap here to enter text. | | per day  per week  per month  per year | | Click or tap here to enter text. | per day  per week  per month  per year |
|  | | | | | | | |
| **Feedstock** | Click or tap here to enter text. | Click or tap here to enter text. | | | | gallons per day  gallons per week  gallons per month  gallons per year | |
| **Source** | Click or tap here to enter text. |
| **Description** | Click or tap here to enter text. |
|  | | | | | | | |
| **Data based on:** | existing operation  proposed (estimate) | | | | | | |
| For each feedstock listed above, please indicate how it is processed and the maximum time between receiving and incorporating it into the active composting pile. | | | | | | | |
| **Feedstock** | | **How is it processed?** | | | | **Time** | |
| Click or tap here to enter text. | | Click or tap here to enter text. | | | | Click or tap here to enter text. | per day  per week  per month |
| Click or tap here to enter text. | | Click or tap here to enter text. | | | | Click or tap here to enter text. | per day  per week  per month |
| Click or tap here to enter text. | | Click or tap here to enter text. | | | | Click or tap here to enter text. | per day  per week  per month |
| Click or tap here to enter text. | | Click or tap here to enter text. | | | | Click or tap here to enter text. | per day  per week  per month |
| Click or tap here to enter text. | | Click or tap here to enter text. | | | | Click or tap here to enter text. | per day  per week  per month |
| 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. | | | | | | | |
| 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.) | | | | | | | |
| Click or tap here to enter text. | | | | | | | |
| How will you prevent feedstocks from becoming a fire hazard? | | | | | | | |
| Click or tap here to enter text. | | | | | | | |

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| **Composting Methods** | | | | | | |
| Please **check all that apply:** | | | | | | |
| Windrow  Modified windrow (please describe at right)  Static pile (please describe at right)  Modified static pile (please describe at right)  In-Vessel  Vermicomposting  Others (please describe at right) | | Additional description:  Click or tap here to enter text. | | | | |
| Please fill in the values in the following table. “Typical” means the amount that you anticipate under normal operations and “Maximum” means the amount that would be the largest amount the facility would be able to handle. | | | | | | |
| **Description** | **Typical** | | | **Maximum** | | |
| Number of active composting piles | Click or tap here to enter text. | | | Click or tap here to enter text. | | |
| Dimensions of active composting piles | Length | Click or tap here to enter text.  feet | | Click or tap here to enter text.  feet | | |
| Width | Click or tap here to enter text.  feet | | Click or tap here to enter text.  feet | | |
| Height | Click or tap here to enter text.  feet | | Click or tap here to enter text.  feet | | |
| Time spent in the active composting phase | Click or tap here to enter text. | days  weeks  months | | Click or tap here to enter text. | | days  weeks  months |
| Dimensions of curing piles | Length | Click or tap here to enter text.  feet | | Click or tap here to enter text.  feet | | |
| Width | Click or tap here to enter text.  feet | | Click or tap here to enter text.  feet | | |
| Height | Click or tap here to enter text.  feet | | Click or tap here to enter text.  feet | | |
| Time spent in the curing phase | Click or tap here to enter text. | | days  weeks  months | Click or tap here to enter text. | days  weeks  months | |
| Total process time (composting and curing) | Click or tap here to enter text. | | days  weeks  months | Click or tap here to enter text. | days  weeks  months | |
| Minimum distance between piles | Click or tap here to enter text.  feet | | | | | |

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| **Construction** | | |
| What carbon-to-nitrogen (C:N) ratio will you expect to achieve in your initial mix? | | |
| Indicate in the following table the quantities or proportions of feedstocks used in the initial construction of the composting pile to reach this C:N ratio. Please also indicate the amount of water used in the initial construction. | | |
| **Feedstock** | **Quantity** | |
| Click or tap here to enter text. | Click or tap here to enter text. | yd3  tons |
| Click or tap here to enter text. | Click or tap here to enter text. | yd3  tons |
| Click or tap here to enter text. | Click or tap here to enter text. | yd3  tons |
| Click or tap here to enter text. | Click or tap here to enter text. | yd3  tons |
| Click or tap here to enter text. | Click or tap here to enter text. | yd3  tons |
| **Water** | Click or tap here to enter text. gallons | |
| How is sufficient mixing of feedstock materials ensured during pile construction? | | |
| Click or tap here to enter text. | | |
| **Active Composting** | | |
| How often and when is a typical pile turned? | | |
| Click or tap here to enter text. | | |
| Please describe your monitoring and recording procedure. | | |
| Click or tap here to enter text. | | |
| How will you determine if water needs to be added? | | |
| Click or tap here to enter text. | | |
| How is the water added, if necessary? | | |
| Click or tap here to enter text. | | |
| How do you determine when the composting phase is complete? | | |
| Click or tap here to enter text. | | |
| **Curing** | | |
| When and how do you test for stability or maturity? | | |
| Click or tap here to enter text. | | |
| **Disposition and Finished Compost** | | |
| What are your markets for the finished compost? | | |
| Click or tap here to enter text. | | |

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| How is the compost removed from the site (for example, delivery, self-load)? | | | |
| Click or tap here to enter text. | | | |
| Typical Quantity | | | |
| Amount of compost product removed from the site | Click or tap here to enter text. | yd3  tons | per day  per week  per month  per year |
| Amount of compost product used on-site | Click or tap here to enter text. | yd3  tons | per day  per week  per month  per year |
| **Nuisance and Hazard Prevention** | | | |
| **Litter** | | | |
| How is litter prevented and controlled? | | | |
| Click or tap here to enter text. | | | |
| If litter becomes a problem despite your usual efforts, what will you do? | | | |
| Click or tap here to enter text. | | | |
| **Odor** | | | |
| How are odors controlled and minimized? | | | |
| Click or tap here to enter text. | | | |
| If odors become a problem despite your usual efforts, what will you do? | | | |
| Click or tap here to enter text. | | | |
| If odors become a problem despite your usual efforts, what will you do? | | | |
| Click or tap here to enter text. | | | |
| **Fire** | | | |
| How are fires prevented and extinguished? | | | |
| Click or tap here to enter text. | | | |
| How will you extinguish a fire in a feedstock pile? | | | |
| Click or tap here to enter text. | | | |
| How will you extinguish a fire in an active pile? | | | |
| Click or tap here to enter text. | | | |
| **Noise** | | | |
| What are the potential sources of noise at the facility? | | | |
| Click or tap here to enter text. | | | |

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| When and for how long do they occur? |
| Click or tap here to enter text. |
| How is noise prevented and minimized? |
| Click or tap here to enter text. |
| If noise becomes a problem despite your usual efforts, what will you do? |
| Click or tap here to enter text. |
| **Vectors** |
| How are vectors (rodents, birds, insects and other animals) controlled? |
| Click or tap here to enter text. |
| If vectors become a problem despite your usual efforts, what will you do? |
| Click or tap here to enter text. |
| **Solid Waste** |
| How do you prevent unauthorized waste from entering your site? |
| Click or tap here to enter text. |
| 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.) |
| Click or tap here to enter text. |
| **Feedstock** |
| If more feedstock than you typically handle is received, what will you do? |
| Click or tap here to enter text. |
| **Composting process** |
| If the compost fails to reach the minimum desired temperatures, what will you do? |
| Click or tap here to enter text. |
| If the moisture content needs to be adjusted, what will you do? |
| Click or tap here to enter text. |
| If the porosity needs to be adjusted, what will you do? |
| Click or tap here to enter text. |
| **Equipment** |
| If your primary equipment breaks down, will operations cease? |
| Click or tap here to enter text. |
| If not, how will they continue? |
| Click or tap here to enter text. |

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| **Additional Information** |
| Please use this space to add any comments or further details necessary to fully describe the proposed operations. |
| Click or tap here to enter text. |

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| **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 the surrounding area 5. Setbacks 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 for 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  Letter confirming no discharge permit is needed, **or**  Groundwater Quality Bureau Discharge Permit |
| Compliance plan to meet 40 CFR 503 and 20.6.2 NMAC requirements, **or**  This facility does not accept biosolids or septage |

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| **Acknowledgments** |
| |  |  |  | | --- | --- | --- | | I AM AWARE THAT THE OWNER OR OPERATOR IS REQUIRED TO COMPLY WITH ALL OF THE | | | | TERMS OF THE APPROVED REGISTRATION |  |  | |  | (INITIAL) |  |  |  |  |  | | --- | --- | --- | | I AM AWARE THAT THE OWNER OR OPERATOR MUST UPDATE THIS REGISTRATION TO | | | | REFLECT ANY MATERIAL CHANGES IN OPERATIONS (PRIOR TO IMPLEMENTING SUCH | | | | CHANGES) |  |  | |  | (INITIAL) |  |   **The undersigned attests the information provided is true and accurate:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Signature: |  |  | Date: |  | |