BENEFICIAL USE DETERMINATION ANNUAL REPORTING FORM
(This completed form and the related information must be submitted by April 1st of each calendar year for each by-product subject to the approved Beneficial Use Determination.)

Report for Calendar Year: ________

BENEFICIAL USE DETERMINATION HOLDER INFORMATION

Company Name: ____________________________________________________________

Company Contact Person: __________________________________________________

Company Mailing Address: __________________________________________________

Phone: ___________________ Fax: ___________________ Email: ___________________

BY-PRODUCT GENERATOR INFORMATION

Type of By-Product Beneficially Used: __________________________________________

Generator/Facility Name: ____________________________________________________

Generator Mailing Address: _________________________________________________

Generator Contact Name: ____________________________________________________

Contact Title: ___________________ Contact E-mail Address: ____________________

Contact Phone Number: _______________ Contact Fax Number: _________________

Generation Point Physical Location: ___________________________________________
("Township, Range, and Section, or Latitude and Longitude, are acceptable forms of location information.")

County: __________________________

Did the process generating the by-product or the raw material feedstock change during the previous calendar year?

☐ No ☐ Yes (If yes, attach a detailed explanation of the change)
BY-PRODUCT USE INFORMATION

Provide a brief description of the approved use(s), and amount of the by-product utilized for each approved use, during the previous calendar year:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Use Location(s): ______________________________________________________________________

________________________________________________________________________

________________________________________________________________________

(Township, Range, and Section, or Latitude and Longitude, are acceptable forms of location information. Please attach a separate document if the space above is not adequate.)

☐ Attach any additional information specified in the approved BUD, including copies of all required analytical reports.

CERTIFICATION

To the best of my knowledge and belief, I certify that the information provided with this report, including attachments, is true, accurate, and correct.

Printed Name: ______________________________________ Title: ____________________________

Signature: ______________________________________ Date: ____________________________