

**Texas Commission on Environmental Quality  
Municipal Solid Waste Compost Rebate Program  
Reporting Requirements**

**P/R Number:** \_\_\_\_\_ **Site Name:** \_\_\_\_\_

Fiscal Year  _____	Quarter 1	Billing Period 09/01 – 11/30	Due 12/20
	Quarter 2	Billing Period 12/01 – 02/28	Due 03/20
	Quarter 3	Billing Period 03/01 – 05/31	Due 06/20
	Quarter 4	Billing Period 06/01 – 08/31	Due 09/20

**Completion of parts A. & B. are necessary to assist in the calculation of the composting rebate.**

**Composting Rebate will not exceed the lesser of the allowable composting cost or 15% (20% if approved) of the total disposal fee due for this billing period.**

**A. Permitted Facilities Expenses:**

Equipment Type	Equipment Use	Percentage of time equipment was dedicated to composting	Equipment Costs (detail actual, accrual, lease, etc.)	Labor Costs	Total Costs
<b>Total</b>					

<b>* Permitted facilities total composting cost and expenses for the reporting quarter</b>	
--	--

**Permitted Facilities Volume of Compost:**

**B.** The total volume of the following items for this billing quarter:

1. \_\_\_\_\_ - Volume in cubic yards of finished compost that is ready for beneficial reuse.
  
2. \_\_\_\_\_ - \*Volume in cubic yards of compost material produced by the permitted facility that has been returned to beneficial reuse. (Sold, donated, etc.)

**\*Documentation of composting costs, expenses incurred and records of compost returned to beneficial reuse are to be kept at your facility for four years. All records must be made available to the Texas Commission on Environmental Quality upon request for audit purposes.**

**I certify that this document and all the information submitted is true to the best of my knowledge and belief. All reported cost and expenses are a result of monies expended by the facility to lease, purchase, and operate equipment necessary to compost yard waste. Documentation of these cost and expenses will be made available to TCEQ for audits on request. Failure to comply with either the Health & Safety Code, ' 361.0135, facilities Approved Compost Plan or the inability to substantiate information provided may result in the (retroactive) revocation of the compost rebate.**

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_