



ANNUAL SEWAGE SLUDGE TRANSPORTER REPORTING FORM

Please fill out this form completely. Submit the original and one copy of this form to:

Louisiana Department of Environmental Quality
Office of Environmental Services
Water Permits Division
Post Office Box 4313
Baton Rouge, Louisiana 70821-4313
225-219-3213

Note: This form must be received by LDEQ on or before February 19th of each year.

1. **Company/Transporter Name:** _____ **Transporter No.:** H-
Contact Name: _____ **AI No.:** _____

2. **Reporting Period: From** _____ **To** _____
Reporting period is a calendar year (January 1 to December 31 of the previous year).

3. **Indicate the type of site(s) receiving the material:**
Permitted Landfill Permitted Domestic Sewage Treatment Works Land Application Site

4. **Indicate the type of material and amount (including units) received for transport during the reporting period. (Check all that apply):**

Sewage Sludge Amount Received: _____ Units (gallons or tons): _____
Domestic Septage Amount Received: _____ Units (gallons or tons): _____
Portable Toilet Waste Amount Received: _____ Units (gallons or tons): _____
**Grease Waste Amount Received: _____ Units (gallons or tons): _____
Biosolids Amount Received: _____ Units (gallons or tons): _____

****ONLY GREASE WASTE MIXED WITH SEWAGE SLUDGE IS PERMITTED.**

5. **If the material was disposed in a permitted landfill, indicate the results for the following analytical tests:**

Toxicity Characteristics Leaching Procedure (TCLP) Pass Fail N/A
Total PCBs Pass Fail N/A
Paint Filter Liquids Test Pass Fail N/A

6. **Identify the site(s) the material was DISPOSED at during the reporting period.**

Receiving Site Name	Receiving Site Address	Site Phone No.	Amount	Units (gal or tons)

7. **Certification Statement:**

"I certify, under penalty of law, that the information that will be used to determine compliance with the requirements of LAC 33:IX.Subpart 3, Chapter 73 was prepared under my direction and supervision in accordance with the system designed to ensure that qualified personnel properly gather and evaluate this information. I am aware that there are significant penalties for false certification including the possibility of fine and imprisonment."

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and imprisonment for knowing violations."

Signature: _____ Date signed: _____
Printed Name: _____ Phone Number: _____
Title: _____ Email: _____

Note: This form will not be processed without an original signature.