**sewage sludge and biosolids use or disposal reporting form for disposal in a permitted landfill or introduction into a permitted domestic sewage treatment works**

**Please fill out this form completely. Submit the original form to:**

**Louisiana Department of Environmental Quality**

**Office of Environmental Services**

**Water Permits Division**

**Post Office Box 4313**

**Baton Rouge, Louisiana 70821-4313**

|  |  |  |  |
| --- | --- | --- | --- |
| **Legal Name of Company/Facility:** |  | | |
| **Contact Person:** |  | **Agency Interest (AI) #:** |  |
| **Contact Phone #:** |  | | |

**(1) Reporting Period: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(NOTE: The Reporting Period is from **January 1st to December 31st** of the Previous Year.)

**(2) Select the type of disposal (Check all that apply.):**

Disposal in a Permitted Landfill  Introduction into a Permitted Domestic Sewage Treatment Works

**(3) Indicate the Type of Material, annual amount received (prior to the material being prepared) and the annual amount prepared at your facility for the Reporting Period indicated in Number (1) above (Check all that apply.):** *NOTE: Units shall be reported in either gallons or tons.*

Sewage Sludge  Amount Received: \_\_\_\_\_\_\_\_ Units: \_\_\_\_\_\_\_\_\_\_ Amount Prepared: \_\_\_\_\_\_\_\_ Units: \_\_\_\_\_\_\_\_\_\_

Domestic Septage  Amount Received: \_\_\_\_\_\_\_\_ Units: \_\_\_\_\_\_\_\_\_\_ Amount Prepared: \_\_\_\_\_\_\_\_ Units: \_\_\_\_\_\_\_\_\_\_

Portable Toilet Waste  Amount Received: \_\_\_\_\_\_\_\_ Units: \_\_\_\_\_\_\_\_\_\_ Amount Prepared: \_\_\_\_\_\_\_\_ Units: \_\_\_\_\_\_\_\_\_\_

Grease Waste\*  Amount Received: \_\_\_\_\_\_\_\_ Units: \_\_\_\_\_\_\_\_\_\_ Amount Prepared: \_\_\_\_\_\_\_\_ Units: \_\_\_\_\_\_\_\_\_\_

**\* PLEASE NOTE THAT GREASE WASTE MUST BE MIXED WITH SEWAGE SLUDGE.**

**(4) Total Annual Amount Disposed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check One:  Gallons/Year  Tons/Year**

**(5) If the disposal of the material indicated in Number 4 above is in a landfill, provide the results for the following:**

Toxicity Characteristic Leaching Procedure (TCLP) -------------------------------------------------------------------------  PASS  FAIL

Total PCBs ---------------------------------------------------------------------------------------------------------------------------  PASS  FAIL

Paint Filter Liquids Test ----------------------------------------------------------------------------------------------------------  PASS  FAIL  N/A

**(6) Material Transported for Disposal or Treatment at:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Disposal Facility Name** | **Address** | **Contact Phone Number** | **Gallons/Year** | **Tons/Year** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**(7) Certification Statement:**

"I certify, under penalty of law, that the information that will be used to determine compliance with the preparation of sewage sludge and ultimate disposal in a landfill permitted to accept sewage sludge or introduction into an approved permitted domestic sewage treatment works was prepared under my direction and supervision in accordance with the system as described in the permit application, 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*THIS FORM WILL NOT BE ACCEPTED WITHOUT AN ORIGINAL SIGNATURE (NO COPY OR ELECTRONIC SIGNATURE)\*\***