SEWAGE SLUDGE & BIOSOLIDS USE OR DISPOSAL REPORTING FORM
FOR
SLUDGE PUMPED OUT OR REMOVED FROM A SANITARY WASTEWATER TREATMENT WORKS AND SOLD, GIVEN AWAY, AND/OR HAULED OFF-SITE FOR A FEE OR OTHER CONSIDERATION

[NOTE: **A separate form must be filled out if your Use or Disposal Option is: (1) Disposers of Sewage Sludge (2) Land Application (3) Receivers of Sewage Sludge From Outside Sources or (4) Incineration]**

NOTE: **The reporting requirement is on an Annual Basis. The form must be filled out with information to completely cover the previous year's activities (January 1st – December 31st) and be on file by January 28th. Only submit to the below address if requested by the Department.**

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

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

(1) Date of Report: _____

(2) Reporting Period: From: _____ **To:** _____

(3) Only use the table below if sewage sludge was removed from your facility by a pumper/hauler/transporter during the above reporting period.

☐ **Check if "No Sewage Sludge Removed"**

Name of Pumper/Hauler/Transporter That Removed the Sewage Sludge	Address	Contact Phone Number	Gallons/Yr Removed	Tons/Yr Removed

(4) Certification Statement:

"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: _____ **Email Address:** _____

THIS REPORT SHOULD BE FILLED OUT COMPLETELY, SIGNED, AND ON FILE BY JANUARY 28TH OF EACH YEAR