



SEWAGE SLUDGE & BIOSOLIDS REPORTING FORM FOR OUT-OF-STATE LAND APPLICATION

Please fill out the form completely and mail to:

Office of Environmental Services
Water Permits Division
P.O. Box 4313
Baton Rouge, Louisiana 70821-4313

Table with 4 rows and 4 columns for facility information: Name of Facility, Agency Interest#, Permit#, TEMPO Activity #, Contact Person, Contact Telephone Number, E-mail Address, Transporter/Hauler Registration#, Physical Address of Sewage Sludge Treatment Facility.

(1) DATE OF REPORT: _____

(2) REPORTING PERIOD: From: _____ To: _____

(3) ANNUAL AMOUNT GENERATED: Indicate the annual amount generated (prior to the material being prepared) and the annual amount prepared at your facility for the Reporting Period indicated in Number (2) above:

Amount of Sewage Sludge Generated: _____ Units: _____

Amount of Sewage Sludge Provided for Land Application: _____ Units: _____

(4) OUT-OF-STATE LAND APPLIER AND LAND APPLICATION SITE:

Name and Mailing Address of the Out-of-State Land Applier:

Physical Location of the Out-of-State Land Application Site (either by street address or latitude and longitude):

(5) MATERIALS BLENDED, COMPOSTED, MIXED, PREPARED, OR UTILIZED AS PART OF THE TREATMENT OF SEWAGE SLUDGE:

List all of the materials, except agricultural grade lime, that is blended, composted, mixed, prepared, or utilized as part of the treatment of sewage sludge (use additional sheets if necessary):

(6) ADDITIONAL INFORMATION:

- a. Any additional information required to be submitted to the land applier for compliance with the permit issued to the land applier shall be provided as Attachment 1 and submitted with this report.
b. If the permittee monitors any pollutant more frequently than required by the permit, the results of this monitoring shall be provided as Attachment 2 and submitted with this report.

THE FOLLOWING INFORMATION (NUMBERS 7-9 BELOW) SHALL BE PROVIDED NO LATER THAN 15 MONTHS FOLLOWING THE EFFECTIVE DATE OF THE PERMIT:

(NOTE: Records of the results of laboratory analysis shall be kept on file at a protective and easily accessed location at the sewage sludge or sanitary wastewater treatment facility. The records shall be furnished and/or made readily available to the Administrative Authority or DEQ personnel upon request.)

(7) TOXICITY CHARACTERISTIC LEACHING PROCEDURE (TCLP): Indicate the “Pass/Fail” TCLP Laboratory Results for each category.

- a. Untreated/Raw Sewage Sludge ----- PASS FAIL
 - Metals ----- PASS FAIL
 - Volatile Organics----- PASS FAIL
 - Semi-Volatile Organics----- PASS FAIL
 - Pesticides----- PASS FAIL
 - Herbicides ----- PASS FAIL

- b. Materials, except agricultural grade lime, that are blended, composted, mixed, prepared or utilized as part of the treatment of sewage sludge (Indicate the Pass/Fail result for each material that is listed in Number (5) above. Use additional sheets if necessary.) ----- PASS FAIL

Not Applicable. No materials, except agricultural grade lime, that are blended, composted, mixed, prepared or utilized as part of the treatment of sewage sludge.

(8) TOTAL PCBs: Report the results of the laboratory analysis for PCBs (on a dry weight basis).

Total PCBs : _____ mg/kg

(9) ANALYSIS OF NUTRIENTS: Report the results of the laboratory analysis of each parameter below (on a dry weight basis).

NUTRIENTS	
Parameter	Result (mg/kg)
Total Nitrogen	
Ammonia (as N)	
Nitrates	
Potassium	
Phosphorus	

(10) 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: _____