



**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 and a 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**

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

(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	<input type="checkbox"/>	Amount Received: _____	Units: _____	Amount Prepared: _____	Units: _____
Domestic Septage	<input type="checkbox"/>	Amount Received: _____	Units: _____	Amount Prepared: _____	Units: _____
Portable Toilet Waste	<input type="checkbox"/>	Amount Received: _____	Units: _____	Amount Prepared: _____	Units: _____
Grease Waste*	<input type="checkbox"/>	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) -----	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
Total PCB -----	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
Paint Filter Liquids Test -----	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL <input type="checkbox"/> N/A



**SEWAGE SLUDGE AND BIOSOLIDS USE OR DISPOSAL ANNUAL REPORTING FORM FOR
DISPOSAL IN A PERMITTED LANDFILL OR INTRODUCTION INTO A PERMITTED DOMESTIC SEWAGE TREATMENT WORKS**

(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.****