**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.***