



SEWAGE SLUDGE & BIOSOLIDS REPORTING FORM for CLASS B BIOSOLIDS

Please fill out the 10 page form completely and mail the completed 10 page form to:

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

Name of Facility:		Contact Person:	
Agency Interest#:		Contact Telephone Number:	
Permit#:		E-mail Address:	
TEMPO Identification#:		Transporter/Hauler Registration#:	
Physical Address of Sewage Sludge Treatment Facility:			
Physical Address of Class B Biosolids Land Application Site:			

(1) **DATE OF REPORT:** _____

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

(3) **TYPE OF MATERIAL:** Indicate the Type of Material, annual amount received (prior to the material being prepared) and the annual amount prepared that was accepted and prepared at your facility for the Reporting Period indicated in Number (2) above (Check all that applies):

Sewage Sludge	<input type="checkbox"/>	Amount Generated/Received: _____	Units: _____
		Amount Prepared: _____	Units: _____
		Amount Land Applied: _____	Units: _____
Domestic Septage	<input type="checkbox"/>	Amount Generated/Received: _____	Units: _____
		Amount Prepared: _____	Units: _____
		Amount Land Applied: _____	Units: _____
Portable Toilet Waste	<input type="checkbox"/>	Amount Generated/Received: _____	Units: _____
		Amount Prepared: _____	Units: _____
		Amount Land Applied: _____	Units: _____
Grease Waste	<input type="checkbox"/>	Amount Generated/Received: _____	Units: _____
		Amount Prepared: _____	Units: _____
		Amount Land Applied: _____	Units: _____

(4) **TOXICITY CHARACTERISTIC LEACHING PROCEDURE (TCLP):** PASS FAIL

(NOTE: Records of the Results of Laboratory Analysis for TCLP 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.)

(5) **POLYCHLORINATED BIPHENYLS (PCB):** (NOTE: Check all the boxes that apply.)

The results of the PCB Laboratory Analysis are less than 50 mg/kg of Total Solids (dry weight basis)?

The results of the PCB Laboratory Analysis are less than 10 mg/kg of Total Solids (dry weight basis)?

(NOTE: Results of Laboratory Analysis for Total PCB shall be kept on file at a protective and easily accessed location at the sewage sludge or sanitary wastewater treatment facility.)

(6) MONITORING FREQUENCY:

Indicate the Monitoring Frequency as stated in the Permit:

- Once/Year Once/Quarter Once/Sixty Days Once/Month

(7) POLLUTANTS:

Indicate the treatment level for the pollutants in the Class B Biosolids and furnish the information required after each selection:

- Table 1: POLLUTANTS - Ceiling Concentrations and Table 2: POLLUTANTS- Cumulative Pollutant Loading Rates**

Furnish the information in Tables 1 & 2 below.

Furnish the information in LAC 33:IX.7303.J.2.d.ii if ninety (90) percent or more of any of the Cumulative Pollutant Loading Rates are reached at a land application site (Calculate the Cumulative Pollutant Loading Rate for the Land Application Site utilizing **Appendix A: Worksheet for the Tracking of “Cumulative Pollutant Loading Rate”** that is provided at the end of this form.).

- Table 1: POLLUTANTS - Ceiling Concentrations and Table 3: POLLUTANTS - Pollutant Concentrations**

Furnish the information in Table 3 below.

- Table 1: POLLUTANTS - Ceiling Concentrations and Table 4: POLLUTANTS - Annual Pollutant Loading Rate**

Furnish the information in Tables 1 & 4 below. NOTE: Table 4 of LAC 33:IX.7303.E must only be utilized if the Biosolids are sold or given away in a bag or other container for land application purposes. Additionally, the “Annual Whole Biosolids Application Rate” must be submitted with this Form. The procedure used to determine the “Annual Whole Biosolids Application Rate” is presented in LAC 33:IX.7397 – Appendix K.

Enter the results of the Laboratory Analysis for each pollutant listed in the applicable Tables below for the required month or months of sampling and analysis indicated in the permit:

MONTHS	Table 1: POLLUTANTS - Ceiling Concentrations (TABLE 1 of LAC 33:IX.7303.E) NOTE: Results must be in mg/kg on a dry weight basis								
	Arsenic	Cadmium	Copper	Lead	Mercury	Molybdenum	Nickel	Selenium	Zinc
January									
February									
March									
April									
May									
June									
July									
August									
September									
October									
November									
December									

MONTHS	Table 2: POLLUTANTS - Cumulative Pollutant Loading Rates (TABLE 2 of LAC 33:IX.7303.E) NOTE: Results must be in kg/hectare							
	Arsenic	Cadmium	Copper	Lead	Mercury	Nickel	Selenium	Zinc
	January							
February								
March								
April								
May								
June								
July								
August								
September								
October								
November								
December								

MONTHS	Table 3: POLLUTANTS - Pollutant Concentrations (TABLE 3 of LAC 33:IX.7303.E) NOTE: Results must be in mg/kg on a dry weight basis							
	Arsenic	Cadmium	Copper	Lead	Mercury	Nickel	Selenium	Zinc
	January							
February								
March								
April								
May								
June								
July								
August								
September								
October								
November								
December								

MONTHS	Table 4: POLLUTANTS - Annual Pollutant Loading Rates (TABLE 4 of LAC 33:IX.7303.E) NOTE: Results must be in kg/hectare per 365-day period							
	Arsenic	Cadmium	Copper	Lead	Mercury	Nickel	Selenium	Zinc
	January							
February								
March								
April								
May								
June								
July								
August								
September								
October								
November								
December								

(8) PATHOGENS:

Indicate the Alternative utilized to meet the Class B Pathogen levels and maintain or submit the required information for each Alternative selected:

Alternative 1: Pathogen Testing

a. Indicate the Pathogen Reporting Unit for the results provided in the table entitled “Pathogens” below:

Colony Forming Units Most Probable Number

b. Indicate in Table 5 below entitled “Pathogens”, the Geometric Mean of seven (7) representative samples taken for the required month or months of sampling and analysis indicated in the permit.

MONTHS	Table 5: PATHOGENS (Geometric Mean of seven representative samples)	
	Pathogen Reading (Count)	Reporting Unit (CFU or MPN)
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

Alternative 2: Processes to Significantly Reduce Pathogens (PSRP)

Indicate the PSRP utilized to attain the Class B Pathogen levels by checking all the boxes that apply:

Aerobic Digestion – Records for “Number of Days” of aerobic treatment and for “temperature” during aerobic treatment 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.

Air Drying – Records for the “Number of Months” of air drying and for the “temperature” during these months 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.

Anaerobic Digestion - Records for “Number of Days” of anaerobic treatment and for “temperature” during anaerobic treatment 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.

Composting – Indicate the compost method by checking the appropriate box:

Within-vessel Static aerated pile Windrow

Records for “Number of Days” of composting and for “temperature” during composting 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.

Lime Stabilization

Provide the information requested in **Table 6: Time and pH Information** for the sampling time required in the permit:

MONTHS	Table 6: Time and pH Information		
	Beginning Time of Lime Stabilization	Time of pH Reading	pH Reading (°F)
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

Alternative 3: Sewage Sludge that is treated by a process that is equivalent to a PSRP (A process approved by the EPA Pathogen Equivalency Committee.).

When this option is chosen for permitting purposes, any additional information necessary to demonstrate Class B Pathogen attainment will be indicated here by the Administrative Authority on a case by case basis based upon equivalency requirements and as required as a part of the permit.)

(9) VECTOR ATTRACTION REDUCTION:

Select all of the methods utilized at this facility to demonstrate Vector Attraction Reduction and provide the requested information:

(a) Volatile Solids Reduction

Select One → Aerobic Digestion Anaerobic Digestion

Was Volatile Solids reduced by at least 38%?

YES → If “YES”, provide the information requested in **Table 7: Volatile Solids Reduction** for the sampling periods required in the permit:

MONTHS	Table 7: Volatile Solids Reduction		
	Volatile Solids Reading prior to Treatment	Volatile Solids Reading after Treatment	Volatile Solids Reduction (%)
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

NO → If “NO”, provide the information requested in **Table 8: Volatile Solids Reduction – Sub-sample in Laboratory** for the sampling periods required in the permit:

MONTHS	Table 8: Volatile Solids Reduction – Sub-sample in Laboratory			
	Initial Volatile Solids Reading after Treatment	Number of Days Sampled in Laboratory	Volatile Solids Reading after further reduction of a sample in the Laboratory	Further Volatile Solids Reduction Reading (%)
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

(b) Specific Oxygen Uptake Rate (SOUR)

Provide the information requested in **Table 9: SOUR TEST** for the sampling periods required in the permit:

MONTHS	Table 9: SOUR TEST [milligrams O ² /hr/gram of total solids (dry weight basis)]	
	SOUR (Reading)	Temperature (°C)
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		

(c) Aerobic Treatment

Provide the information requested in **Table 10: AEROBIC TREATMENT** for the sampling periods required in the permit:

MONTHS	Table 10: AEROBIC TREATMENT			
	Number of Days of Aerobic Treatment	Minimum Temperature Reading (°C)	Maximum Temperature Reading (°C)	Average Temperature Reading (°C)
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

(d) Alkaline Treatment

Provide the information requested in **Table 11: ALKALINE TREATMENT** for the sampling periods required in the permit:

MONTHS	Table 11: ALKALINE TREATMENT				
	Enter the Time and Date at Initial Alkaline Treatment	Enter Time and Date of 1 st pH Reading (At 2 hours after initial treatment)	Enter 1 st pH Reading	Enter Time and Date of 2 nd pH Reading (22 hours after initial treatment)	Enter 2 nd pH Reading
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

(e) Percent Solids

Is the sewage sludge subjected to any type of treatment after removal (wasted) from the sanitary wastewater treatment process? (Check either the Box labeled as “YES” or the Box labeled as “NO” and Provide the information requested.)

YES Indicate the type of treatment process: _____

Provide the information requested in **Table 12: PERCENT SOLIDS – Stabilized Solids** for the sampling periods required in the permit.

MONTHS	Table 12: PERCENT SOLIDS – Stabilized Solids		
	Moisture Content	Total Solids	Percent Solids
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

NO - Provide the information requested in **Table 13: PERCENT SOLIDS – Unstabilized Solids** for the sampling periods required in the permit.

MONTHS	Table 13: PERCENT SOLIDS – Unstabilized Solids		
	Moisture Content	Total Solids	Percent Solids
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

(f) Injection of Biosolids

Records for each Biosolids Land Application Site on “Beginning Time of Injection of the Biosolids into the Soil” and on “Ending Time of Injection of the Biosolids into the Soil” 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.

(g) Incorporation of Biosolids

Records for each Biosolids Land Application Site on “Beginning Time of the Land Application of the Biosolids” and on “Time of Incorporation of the Biosolids into the Soil” 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.

(10) **SOIL TESTING REQUIREMENTS:** If a Soil Testing Program is utilized as a substitution for a Full Nutrient Management Plan as allowed by LAC 33:IX.7303.D.4.b., enter the results for each parameter in **Table 14** for the month the sample or samples were taken for each permitted land application site (Make additional copies of **Table 14** if necessary.):

MONTHS	Table 14: Soil Nutrient Sampling (Sample for each Land Application Site)					
	Name of Site:					
	Total Kjeldahl nitrogen	Total nitrates	Total nitrites	Total phosphorus	Total potassium	pH
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						

(11) CERTIFICATION STATEMENT, SIGNATURE, AND DATE OF SIGNATURE:

Insert the "Certification Statement(s) provided in Part II of your Sewage Sludge and Biosolids Use or Disposal permit and Sign and Date below:

Signature: _____ Date signed: _____

APPENDIX A: Worksheet for the Tracking of “Cumulative Pollutant Loading Rate”

TRACKING CUMULATIVE POLLUTANT LOADING RATES ON LAND APPLICATION SITES											
1. Site Name and Location (Physical Address or Latitude/Longitude)				2. Application Rate (Provide the “Application Rate” in metric tons of Class B Biosolids per hectare) ¹				3. Date of Application of Class B Biosolids			
Pollutant	Regulatory Allowable “Cumulative Pollutant Loading Rates” (kg/ha)		Calculation for Determining Cumulative Loading								
	100%	90%	Concentration in Class B Biosolids (mg/kg) (Dry Weight)	X	Class B Biosolids Application Rates (M.T./ha) (Taken from Item 2 above)	X	0.001 (conversion factor)	+	Amount of Pollutants Applied Since July 20, 1993 (kg/ha)	=	Total Amount of Pollutant Applied to Date (kg/ha)
Arsenic	41	37		X		X		+		=	
Cadmium	39	35		X		X		+		=	
Chromium	3,000	2,700		X		X		+		=	
Copper	1,500	1,350		X		X		+		=	
Lead	300	270		X		X		+		=	
Mercury	17	15		X		X		+		=	
Nickel	420	378		X		X		+		=	
Selenium	100	90		X		X		+		=	
Zinc	2,800	2,520		X		X		+		=	