

VERMONT RESIDUALS MANAGEMENT QUARTERLY REPORTING

- INSTRUCTIONS -

The authority for requiring submittal of these reports is established under §6-702 of the Vermont Solid Waste Management Rules. The Vermont Residuals Management Reports are used to report receipt, stabilization, and final disposal of residual wastes within Vermont. Residual wastes include, but are not limited to, materials such as sewage biosolids and septage, wood ash, paper fiber, and dairy waste managed under the Vermont Solid Waste Management Rules.

**PLEASE READ THESE INSTRUCTIONS CAREFULLY
IMPROPERLY COMPLETED FORMS WILL BE RETURNED FOR CORRECTION**

This guide provides instructions for completing the following Vermont Residuals Quarterly Report Forms:

PART A - GENERAL INFORMATION & REPORT OF "NO ACTIVITY"

PART B - WASTES RECEIVED FROM OTHER WASTE MANAGERS

PART C - FINAL WASTE MANAGEMENT

PART D - COMMENTS

Submit only those forms (Parts A, B, C and D) which are applicable to a given quarter. Be sure to ***attach the corresponding laboratory reports*** to the quarterly report.

Solid Waste ID numbers can be found in the facility's solid waste certification.

SUBMISSION: Email the forms to ANR.WSMDResiduals@vermont.gov or mail the white copy (retain yellow copy for your records) to the following address:

VT DEC – Watershed Management Division
ATTN: Residuals Management Section
One National Life Drive – Main 2
Montpelier VT 05620-3522

Quarterly Reports are due on or before the 15th day of the month following the end of each quarter, i.e.:

First Quarter	due	April 15
Second Quarter	due	July 15
Third Quarter	due	October 15
Fourth Quarter	due	January 15

IF YOU WILL BE LATE IN SUBMITTING THE REPORT, PLEASE EMAIL ANR.WSMDResiduals@vermont.gov AND INFORM THE RESIDUALS MANAGEMENT PROGRAM BEFORE THE DUE DATE.

PART A - GENERAL INFORMATION & REPORT OF "NO ACTIVITY"

All residual waste managers and transporters must complete and submit Part A for each reporting period or indicate to the Department of Environmental Conservation that they are no longer operating as residual waste managers.

Reporting Period: Check **[X]** the box for the **Reporting Period** (Quarter) and enter year during which waste management occurred. Check only one quarter for each report. Do not report multiple quarters on the same form.

Solid Waste I.D. Number: Enter your assigned three-digit Solid Waste ID#. NOTE: This is not your certification number.

Signatures must be provided by the form preparer **and** the facility's authorized representative or owner/operator if those are different persons. If the same person both prepares and approves the report, that person must sign on the "Form Approved By" line under the certification statement. For facilities that manage residual wastes via land application or in an advanced pathogen reduction system (i.e. composting, thermal treatment, ATAD, etc.) the certification statement attesting to proper pathogen and vector attraction reduction treatment must be signed.

The appropriate certification statements must be signed or the report will be considered incomplete

Activities Being Reported: Check **[X]** all waste management activities that took place during the quarter. Complete all other applicable parts of the report forms.

Monitoring Reports: Check **[X]** all management information and monitoring activities for the quarter that are being reported on these forms, and complete and submit the **Monitoring** report form (obtained from the Vermont Residuals Management website: dec.vermont.gov/watershed/wastewater/residuals-management)

*** Be sure to **attach the corresponding laboratory reports** to the quarterly report ***

Do not delay submitting your report(s) if you are still waiting for analysis reports. In such cases, make a note on Part D that the results will be submitted under separate cover as soon as they are received.

Storage: If applicable, enter the total amount of waste contained in all storage tanks, bunkers, etc., as well as the total available capacity remaining at the end of the quarter.

Part B - WASTES RECEIVED FROM OTHER WASTE MANAGERS

Complete **Part B** only if you **RECEIVED** wastes from **other permitted** waste managers or if you accepted septage from a hauler during the quarter. Examples include, but are not limited to, the following cases:

- Wastewater treatment plant receipt of septage from septic services.
- Wastewater treatment plant receipt of sewage treatment biosolids from other treatment plants.
- Septic service that operates a certified land application program or storage facility and:
 - receives septage from other septic services,
 - receives sewage treatment biosolids from municipal treatment plants,
 - receives any regulated waste from another permitted facility
- Regional residual waste processing facility receipt of sewage treatment biosolids from one or more treatment plants, or septage from septic services.
- Residual waste transporter receipt of residual wastes from another permitted facility.
- Residual waste broker receipt of regulated residual wastes.

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- Enter the **Permittee's Name** and Solid Waste I.D. # (if applicable).
 - Check **[X]** the box for the **Reporting Period** (Quarter) and enter the **year** during which the final waste management occurred.
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WASTES RECEIVED FROM OTHER WASTE MANAGERS OR SEPTAGE HAULERS: Use this section to report amounts and sources of wastes received from other waste managers.

For all wastes use a **separate line** for each **different combination of individual sources and waste types.**

- Enter the **months** of the quarter in the three columns.
- Enter the **Name** of the waste generator/hauler and the **Type of Waste**.
- Enter the Volume or **Amounts of Waste**
- Enter the **Units** of the amount received (Example: gallons, cubic yards, wet tons, dry tons)

PART C - FINAL WASTE MANAGEMENT

Complete **Part C** only if you practiced **final management or disposal** of wastes during the quarter, or if you **transported** wastes to another facility for final management or disposal. **DO NOT** report wastes still in **storage** on this form.

- Enter the **Permittee's Name** and **Solid Waste I.D. #** (if applicable).
- Check the box for the **Reporting Period** (Quarter) and enter year during which the final waste management occurred.

MANAGEMENT SITE I.D.: Use a separate column for each disposal site and additional copies of Part C, if necessary.

Site Type: Check **[X]** the appropriate box identifying the type of disposal or management facility.

Site Identification: Enter the **Common Name** used to identify the site, the **Identification Number** of the site that is permitted to you (found in your Solid Waste Management facility certification), the **Location** (town, state), and **Crop Grown** (for Land App only).

VOLUME OF WASTE DISPOSED IN QUARTER: Enter the name of the **month that waste was managed** in on each of the three lines, as appropriate, the amount (**volume** and **units** – gallons, dry tons, cubic yards, etc – and **percent solids** of waste managed or disposed in each month).

Complete **both** the PTO and VARO sections for Land Application, Distribution & Marketing, Composting or Further Treatment

PATHOGEN TREATMENT OPTION (PTO): Select the appropriate treatment process from the list below used to achieve either Class A or Class B treatment levels and enter in the appropriate field. For those facilities treating residual wastes to Class A pathogen standards, it is not necessary to indicate the type of treatment (if any) that occurs prior to the Class A process. For example, facilities composting pre-digested biosolids do not need to check the Class B digestion process that was used; only the appropriate Class A should be indicated.

CLASS B	CLASS A
<ol style="list-style-type: none"> 1. Fecal Coliform Monitoring (Alt. 1) 2. PSRP Aerobic Digestion (Alt. 2a) 3. PSRP Air Drying (Alt.2b) 4. PSRP Anaerobic Digestion (Alt. 2c) 5. PSRP Composting-low temp (Alt.2d) 6. PSRP Lime Stabilization (Alt 2e.) 7. Equivalent Process (Alt.3) 	<ol style="list-style-type: none"> 8. Thermally Treated (Alt. 1) 9. High pH, High Temp. (Alt. 2) 10. Other Processes (Alt. 3) 11. Unknown Processes (Alt. 4) 12. PFRP - High Temp. Composting (Alt. 5a) 13. PFRP - Heat Drying (Alt. 5b) 14. PFRP - Heat Treatment (Alt. 5c) 15. PFRP - Thermophilic Aerobic Digestion (Alt 5d.) 16. PFRP - Beta Ray Irradiation (Alt. 5e) 17. PFRP - Gamma Ray Irradiation (Alt. 5f) 18. PFRP - Pasteurization (Alt. 5g) 19. Equivalent Process (Alt. 6)

VECTOR ATTRACTION REDUCTION OPTION (VARO): Select the appropriate treatment process used to achieve the vector attraction reduction requirements from the following list and enter in the appropriate field:

- A. Option 1: Minimum 38% Volatile Solid Reduction
- B. Option 2: Bench Scale Anaerobic Digestion Demo
- C. Option 3: Bench Scale Aerobic Digestion Demo
- D. Option 4: Specific Oxygen Uptake Rate (Sour) Test
- E. Option 5: Aerobic Process Above 40°C for 14 days
- F. Option 6: Lime Stabilization
- G. Option 7: Digested Sludge at 75% or Greater Solids
- H. Option 8: Undigested Sludge at 90% or Greater Solids
- I. Option 9: Subsurface Injection
- J. Option 10: Incorporation

PART D - COMMENTS

Complete **Part D** to explain, or comment upon any submitted or missing information. Also, this part should be used to discuss cases where the results of any monitoring data being submitted exceed the applicable regulatory standard.

Examples of uses for this form include (but are not limited to):

- Noting that results of required monitoring have not yet been received from the lab and that the results will be submitted under separate cover upon receipt.
- Explanations of discrepancies in reported data.
- Mention of cases where an analytical parameter exceeds a regulatory standard and an explanation of the suspected (or documented) cause of the exceedance, steps taken to mitigate the exceedance, etc.
- Explanations of unusual circumstances or events.
- Communicating any other information about past, present, or future events of which the Vermont Residuals Management Section should be aware.
- Explanation of suspected or known cause(s) of an analytical result exceeding a regulatory standard, and a description of actions taken to mitigate the exceedance.
- Comparison of analytical results to **regulatory standards** shown below:

Class B (land application) and Class A Biosolids:

Biosolids Pollutant	Concentration (mg/kg, dry wt.)
Arsenic	15
Cadmium	21
Chromium	1200
Copper	1500
Lead	300
Mercury	10
Molybdate	75
Nickel	420
Selenium	100
Zinc	280
PCBs	10

Groundwater Response Trigger Values:

Groundwater Pollutant	Concentration (µg/L)
Arsenic	5.0
Barium	1000
Cadmium	2.5
Chloride	125
Chromium	50
Copper	650
Lead	5.0
Mercury	1.0
Molybdenum	20
Nickel	50
Selenium	25
Silver	50
Sulfate	125
Zinc	5.0
PCBs	0.25
Nitrate	5000