

VERMONT RESIDUALS MANAGEMENT QUARTERLY REPORT –

PART A – SIGNATURES & REPORTING SUMMARY

PERMITTEE: R _____

SOLID WASTE ID #: _____

REPORTING PERIOD: 1st 2nd 3rd 4th quarter, 20 _____

FORM PREPARED BY:

Print Name: _____ Email: _____ Date: _____
Phone: _____

FORM APPROVED BY: (THIS SECTION MUST BE SIGNED)

I certify, under penalty of law [10 V.S.A. Chapters 201 and 211], that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Print Name: _____ Signature: _____ Date: _____

FOR BIOSOLIDS LAND APPLICATION OR DISTRIBUTION: (if applicable, THIS SECTION MUST BE SIGNED)

I certify, under penalty of law [10 V.S.A. Chapters 201 and 211], that the pathogen treatment requirements and vector attraction reduction treatment requirements of the Solid Waste Management Certification for this project have been met. This determination has been made under my direction and supervision in accordance with the system designed to ensure that qualified personnel properly gather and evaluate the information used to determine that the pathogen requirement and the vector attraction reduction requirements have been met. I am aware that there are significant penalties for false certification including the possibility of fine and imprisonment.

Print Name: _____ Signature: _____ Date: _____

ACTIVITIES BEING REPORTED: Check all activities below that apply to this quarter, then complete and attach applicable forms.

- NO ACTIVITY** No residual wastes were transported, treated, disposed, or otherwise managed in Vermont during the quarter. **Complete and submit this form [Part A] only.**
- WASTES RECEIVED FROM OTHER WASTE MANAGERS** Report wastes received from other waste managers in the quarter. **Complete and submit Part B form.**
- FINAL WASTE MANAGEMENT** Report all final management and disposal activities in the quarter. **Complete and submit Part C form.**
- COMMENTS** Use to report, explain, or comment upon any submitted or missing information and to compare laboratory analysis results with regulatory standards. **Complete and submit Part D form.**

MONITORING REPORTED: Check all monitoring activities below that apply to this quarter.

- SLUDGE** **SEPTAGE** **BIOSOLIDS**
- GROUNDWATER** **SOIL** **APPLICATION RATES & CALCULATIONS**

Attach Supporting Documents: Laboratory Reports, Application Rate Calculations, etc

STORAGE: Amount of waste in storage at end of quarter: _____

Storage capacity remaining at end of quarter: _____

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PART C - FINAL MANAGEMENT

PERMITTEE: _____

SOLID WASTE ID #: _____

REPORTING PERIOD: 1st 2nd 3rd 4th quarter, 20____.

USE A SEPARATE COLUMN FOR EACH MATERIAL TYPE, MANAGEMENT OPTION or FACILITY/SITE INFO ADD ADDITIONAL SHEETS AS NEEDED DO NOT REPORT STORAGE, ONLY FINAL MANAGEMENT			
Material Type	<input type="checkbox"/> Sludge <input type="checkbox"/> Septage <input type="checkbox"/> Biosolids <input type="checkbox"/> Paper Fiber <input type="checkbox"/> Wood Ash <input type="checkbox"/> Portable Toile	<input type="checkbox"/> Sludge <input type="checkbox"/> Septage <input type="checkbox"/> Biosolids <input type="checkbox"/> Paper Fiber <input type="checkbox"/> Wood Ash <input type="checkbox"/> Portable Toile	
How Managed	<input type="checkbox"/> WWTF Disposal <input type="checkbox"/> Biosolids Land Application <input type="checkbox"/> Landfill Disposal <input type="checkbox"/> EQ Biosolids Distribution <input type="checkbox"/> Incineration <input type="checkbox"/> Transferred to Another Manager <input type="checkbox"/> Other (specify):	<input type="checkbox"/> WWTF Disposal <input type="checkbox"/> Biosolids Land Application <input type="checkbox"/> Landfill Disposal <input type="checkbox"/> EQ Biosolids Distribution <input type="checkbox"/> Incineration <input type="checkbox"/> Transfer to Another Manager <input type="checkbox"/> Other (specify):	
Facility/ Field Site Info	Facility/Field Name: Location (Town): Land Application Field ID: Land Application Acreage: Crop:	Facility/Field Name: Location (Town): Land Application Field ID: Land Application Acreage: Crop:	
_____ (month)	Volume: % Solids: <input type="checkbox"/> Gallons <input type="checkbox"/> Wet Tons <input type="checkbox"/> Cubic Yards	Volume: % Solids: <input type="checkbox"/> Gallons <input type="checkbox"/> Wet Tons <input type="checkbox"/> Cubic Yards	
_____ (month)	Volume: % Solids: <input type="checkbox"/> Gallons <input type="checkbox"/> Wet Tons <input type="checkbox"/> Cubic Yards	Volume: % Solids: <input type="checkbox"/> Gallons <input type="checkbox"/> Wet Tons <input type="checkbox"/> Cubic Yards	
_____ (month)	Volume: % Solids: <input type="checkbox"/> Gallons <input type="checkbox"/> Wet Tons <input type="checkbox"/> Cubic Yards	Volume: % Solids: <input type="checkbox"/> Gallons <input type="checkbox"/> Wet Tons <input type="checkbox"/> Cubic Yards	
Pathogen Reduction Process	<input type="checkbox"/> Fecal Coliform Testing <input type="checkbox"/> Composting <input type="checkbox"/> Aerobic Digestion <input type="checkbox"/> Anaerobic Digestion <input type="checkbox"/> Lime Stabilization <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Fecal Coliform Testing <input type="checkbox"/> Composting <input type="checkbox"/> Aerobic Digestion <input type="checkbox"/> Anaerobic Digestion <input type="checkbox"/> Lime Stabilization <input type="checkbox"/> Other (specify):	
Vector Attraction Reduction Option	<input type="checkbox"/> Volatile Solids Reduction (>38%) <input type="checkbox"/> Lime Stabilization <input type="checkbox"/> Aerobic Process <input type="checkbox"/> Subsurface Injection <input type="checkbox"/> Incorporation into Soil <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Volatile Solids Reduction (>38%) <input type="checkbox"/> Lime Stabilization <input type="checkbox"/> Aerobic Process <input type="checkbox"/> Subsurface Injection <input type="checkbox"/> Incorporation into Soil <input type="checkbox"/> Other (specify):	

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PART D - COMMENTS

PERMITTEE: _____

SOLID WASTE I.D. #: _____

REPORTING PERIOD: 1st 2nd 3rd 4th quarter, 20____.

Use **Part D** to provide additional comments on any submitted or missing information, and to indicate monitoring results that exceed Vermont's regulatory standards for biosolids and for groundwater response trigger values (see quarterly report instructions for standards)