

RESIDUALS QUARTERLY REPORTING - INSTRUCTIONS
[revised July 2018]

The authority for requiring submittal of these reports is established under §6-702 of the Vermont Solid Waste Management Rules. The Residuals Management quarterly reports are used to report receipt, treatment process and final management of residual materials managed in Vermont. Residual wastes include, but are not limited to, materials such as wastewater sludge, biosolids, septage, wood ash, and paper fibers.

**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 – SIGNATURES & REPORTING SUMMARY

PART B - WASTES RECEIVED FROM OTHER WASTE MANAGERS

PART C - FINAL 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 #s can be found in the facility's solid waste certification.

SUBMISSION: Email the forms to ANR.WSMDResiduals@vermont.gov or mail to the following address:

VT DEC - Waste Management and Prevention Division
ATTN: Residuals Management & Emerging Contaminants Program
One National Life Drive – Davis 1
Montpelier VT 05620- 3704

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 & EMERGING CONTAMINANTS PROGRAM **BEFORE** THE DUE DATE.

RESIDUALS MANAGEMENT - QUARTERLY REPORTING - INSTRUCTIONS

PART A - SIGNATURES & REPORTING SUMMARY

All residuals managers and transporters operating in Vermont must complete and submit Part A for each reporting period or notify 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 treat sludge to biosolids for management via land application (class B) or distribution (EQ Biosolids), 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 residuals 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: <http://dec.vermont.gov/waste-management/residuals-management/forms>)

*** 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.

RESIDUALS MANAGEMENT - QUARTERLY REPORTING - INSTRUCTIONS

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 waste was received.
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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)

RESIDUALS MANAGEMENT - QUARTERLY REPORTING - INSTRUCTIONS

PART C - FINAL 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.

1. Enter the **Permittee's Name** and **Solid Waste I.D. #** (if applicable).
2. Check the box for the **Reporting Period** (Quarter) and enter year during which the final waste management occurred.
3. Use a separate column for each waste type, management option, and additional copies of Part C, if necessary.
4. Material Type: Check **[X]** the appropriate box identifying the type of material being managed. **Do not report final management of leachate, gray water, or food waste on this form.**
5. Site Type: Check **[X]** the appropriate box identifying how the material was managed. If indicating 'Other', specify the final management option. Does not apply to storage.
6. Facility/Field Site Info: Enter the **Name** used to identify the site, the **Location** (town), and, if land applying, the **Field ID** of the site that is permitted (via Solid Waste Management Facility Certification), the **Acreage** spread and the **Crop** grown on the site.
7. Enter the **month that material was managed** for the quarter reported.
8. Enter the **volume** and **percent solids** (if known) of the material.
9. Check **[X]** the appropriate box identifying and **units** (gallons, wet tons, cubic yards). **Do not report in dry tons.**
10. If the facility treated sludge to biosolids for land application (Class B Biosolids) or distribution (EQ Biosolids) complete the section pertaining to pathogen and vector attraction reduction options:
 - a. Check **[X]** the appropriate box identifying the biosolids pathogen treatment process. Refer to tables below for additional guidance.
 - b. Check **[X]** the appropriate box identifying the biosolids vector attraction reduction process. Refer to tables below for additional guidance.

<u>Processes to Significantly Reduce Pathogens (Class B)</u>	<u>Processes to Further Reduce Pathogens (EQ Biosolids)</u>
<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)

<u>Vector Attraction Reduction Options</u>
<ol style="list-style-type: none"> 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

RESIDUAL MANAGEMENT - QUARTERLY REPORTING - INSTRUCTIONS

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):

- 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.
- Explanations of discrepancies in reported data.
- Explanations of unusual circumstances or events.
- Communicating any other information about past, present, or future events of which the Vermont Residuals Management Program should be aware.
- Comparison of analytical results to **regulatory standards** shown below:

Solid Waste Standards for Biosolids:

Parameter	Concentration (mg/kg, dry wt.)
Arsenic	15
Cadmium	21
Chromium	1200
Copper	1500
Lead	300
Mercury	10
Molybdate	75
Nickel	420
Selenium	100
Zinc	2800
PCBs	10

Groundwater Quality Standards (Primary) Preventative Action Level:

Parameter	Concentration (µg/L)
Arsenic	1.0
Barium	1000.0
Cadmium	2.5
Chromium	50.0
Copper	650.0
Lead	1.5
Manganese	420.0
Mercury	0.5
Molybdenum	20.0
Nickel	50.0
Nitrate	5000.0
Selenium	25.0
PCBs	0.25

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 Toilet	<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 Toilet	
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):	

VERMONT RESIDUALS MANAGEMENT QUARTERLY REPORT

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)