

VERMONT RESIDUALS MANAGEMENT QUARTERLY REPORT - PART A

GENERAL INFORMATION & REPORT OF "NO ACTIVITY"

PERMITTEE: _____ SOLID WASTE ID NUMBER: _____

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

FORM PREPARED BY:

Print Name: _____ Telephone: _____ Date: _____

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 LAND APPLICATION OR FURTHER TREATMENT (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 [X] all activities below that apply to this quarter.
Complete and submit only the applicable parts of these report forms.

- NO ACTIVITY** No residual wastes were transported, treated, disposed, or otherwise managed in Vermont during the quarter. **Complete and submit this part [Part A] only.**
- WASTES RECEIVED FROM OTHER WASTE MANAGERS** Report wastes received from other waste managers in the quarter. **Complete and submit Part B.**
- FINAL WASTE MANAGEMENT** Report all waste final management and disposal activities in the quarter. **Complete and submit Part C.**
- 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.**

MONITORING REPORTED:

Check [X] all monitoring activities below that apply to this quarter.
Complete and submit VT Residuals **Monitoring** form and *****ATTACH LABORATORY REPORTS*****

- BIOSOLIDS/SEPTAGE**
- PLANT TISSUE**
- SOIL**
- TCLP ANALYSIS RESULTS**
- GROUNDWATER (including WATER TABLE DEPTHS)**
- APPLICATION RATE CALCULATIONS**
- WASTE STABILIZATION LOGS**

STORAGE: Amount of waste in storage at end of quarter: _____
Storage capacity remaining at end of quarter: _____