

VERMONT RESIDUALS MANAGEMENT QUARTERLY REPORT - PART C

FINAL WASTE MANAGEMENT

PERMITTEE: _____

SOLID WASTE ID NUMBER: _____

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

USE A SEPARATE COLUMN FOR EACH SITE/WASTE TYPE

MANAGEMENT SITE IDENTIFICATION

SITE TYPE: (check as appropriate)	<input type="checkbox"/> WWTF	<input type="checkbox"/> LAND APPLICATION	<input type="checkbox"/> WWTF	<input type="checkbox"/> LAND APPLICATION
	<input type="checkbox"/> LANDFILL	<input type="checkbox"/> COMPOST FACILITY or FURTHER TREATMENT	<input type="checkbox"/> LANDFILL	<input type="checkbox"/> COMPOST FACILITY or FURTHER TREATMENT
	<input type="checkbox"/> INCINERATION		<input type="checkbox"/> INCINERATION	
	<input type="checkbox"/> OTHER (specify): _____		<input type="checkbox"/> OTHER (specify): _____	
SITE IDENTIFICATION:	COMMON NAME: _____		COMMON NAME: _____	
	ID NUMBER: _____		ID NUMBER: _____	
	LOCATION: _____		LOCATION: _____	
	CROP (land application only): _____		CROP (land application only): _____	

VOLUME OF WASTE MANAGED OR DISPOSED IN QUARTER

_____ (month)	VOLUME: _____ UNITS: _____	VOLUME: _____ UNITS: _____
	% SOLIDS: _____	% SOLIDS: _____
_____ (month)	VOLUME: _____ UNITS: _____	VOLUME: _____ UNITS: _____
	% SOLIDS: _____	% SOLIDS: _____
_____ (month)	VOLUME: _____ UNITS: _____	VOLUME: _____ UNITS: _____
	% SOLIDS: _____	% SOLIDS: _____

COMPLETE BOTH SECTIONS (PTO & VARO) BELOW IF PERFORMED LAND APPLICATION, DISTRIBUTION & MARKETING, COMPOSTING OR FURTHER TREATMENT.

SEE INSTRUCTIONS ON REVERSE SIDE FOR LIST OF PTO AND VARO PROCESSES.

PATHOGEN TREATMENT OPTION (PTO)

<u>Class B</u>	Treatment Process: _____	Treatment Process: _____
<u>Class A</u>	Treatment Process: _____	Treatment Process: _____

VECTOR ATTRACTION REDUCTION OPTION (VARO)

	Treatment Process: _____	Treatment Process: _____
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