

Annual Biosolids Report 2011

READ THIS PAGE BEFORE COMPLETING THIS REPORT.

About this report

- The due date for this annual report is **March 1, 2012**. Failure to submit your report by this date is a violation of the state biosolids rule ([Chapter 173-308 WAC](#)) and may result in enforcement actions.
- This report is required for all facilities in Washington that treat, store, use, or dispose of biosolids, sewage sludge, or septage **and** that require a biosolids permit. This includes wastewater treatment plants, composters, septage management facilities, and biosolids beneficial use facilities (BUFs).
- You must complete a report for **each** permitted facility.
- This report form is also available online at: <http://www.ecy.wa.gov/biblio/ecy070125.html>.

Completing this report

- All amounts must be reported in **dry tons** unless another unit is requested. To convert to dry tons, use the following **conversion factors** if your information is in **wet tons** or **gallons**.
 - Dry tons = wet tons x percent solids
 - Dry tons = gallons x 8.34 ÷ 2000 x percent solids (*for septage, you can assume 2% solids*)
- **Expand a section or provide attachments if you need additional space** anywhere on the form.
- You must **submit copies of all relevant analytical results and monitoring data** with this report.
- Do not leave whole sections blank. If a question does not apply to you enter "**N/A**". If an answer is zero enter "**0**". If a response is an estimate enter "**EST.**".
- Contact your regional Biosolids Coordinator if you need assistance in completing this report.

Signing this report

- The certification statement in Section E **must be signed by the Responsible Official** listed in Section A or by a duly authorized representative (*usually this not the operator*).
- This is a **legally binding document**—you must read the certification statement before signing.
- The person signing this report **must verify information** provided by others before signing.

Submitting this report

- You must **submit your report to the following persons**:
 - **Original**, in **hardcopy** form, to **Ecology headquarters**.
 - **Copy** to any **Ecology region** where your biosolids, sewage sludge, or septage will be treated, stored, disposed, or applied to the land. Please submit this copy **electronically** if possible.
 - **Copy** to any **local health jurisdiction** where your biosolids, sewage sludge, or septage will be treated, stored, disposed, or applied to the land. This is not required if the local health jurisdiction has stated that they do not want to receive the report. Ask the local health jurisdiction if an electronic copy is acceptable.
 - **Copy** to **EPA Region 10** by **February 19, 2012**, if your facility is a "Major" or "Class I" facility. Ask EPA if an electronic copy is acceptable.
- **Mailing addresses** can be found at the end of this form or online at: <http://www.ecy.wa.gov/programs/swfa/biosolids/contacts.html>.

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SECTION A: FACILITY INFORMATION

Name of facility _____ Owner _____

Physical address _____

Mailing address _____

Primary contact name _____ Primary contact title _____

Primary contact phone _____ Primary contact email _____

Responsible official name _____ Responsible official title _____

Responsible official phone _____ Responsible official email _____

Facility type (check all that apply)

- Major sewage treatment facility (design flow of ≥ 1 mgd or serving a population of $\geq 10,000$)
- Minor sewage treatment facility (design flow of < 1 mgd and serving a population of $< 10,000$)
- Class I sewage treatment facility (have a pretreatment program or designated as Class I)
- Composting facility (receive biosolids or sewage sludge for composting)
- Septage management facility (land apply or prepare septage for land application)
- Beneficial use facility (receive biosolids from others for direct land application)
- Other—describe _____

SECTION B: BIOSOLIDS/SEPTAGE/SEWAGE SLUDGE MANAGEMENT

Sent to a facility for further treatment _____ dry tons Facility names and subtotals _____

Received from a facility for further treatment _____ dry tons Facility names and subtotals _____

Sent to a biosolids beneficial use facility (BUF) _____ dry tons BUF names and subtotals _____

Received by a biosolids beneficial use facility (BUF) _____ dry tons Facility names and subtotals _____

Sent to a landfill for disposal _____ dry tons Landfill names and subtotals _____

Sent to an incinerator (include your incinerator) _____ dry tons Incinerator names and subtotals _____

Stored for less than 2 years _____ dry tons—describe _____

Stored or accumulated for more than 2 years (this includes lagoon facilities) _____ dry tons

When was the last time you surveyed solids accumulation? _____

When was the last time you tested your solids for the pollutants in [WAC 173-308-160](#)? _____

How much capacity remains for solids accumulation (remaining feet of space)? _____ feet

When do you plan to remove solids? _____

Septage received _____ gallons

Land applied or sold/given away (do not complete for biosolids you sent to a BUF) _____ dry tons

Subtotal applied to an agricultural site _____ dry tons

Subtotal applied to a forest site _____ dry tons

Subtotal applied to a reclamation site _____ dry tons

Subtotal applied to a public contact site _____ dry tons

Subtotal applied to a lawn or home garden _____ dry tons

Subtotal sold/given away in bulk, bag/other container, compost, or blended product _____ dry tons

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Land application site information (do not complete for biosolids you sent to a BUF)

Location (unit, field name, address, or latitude/longitude) _____

Amount applied _____ dry tons Acres applied to _____ acres Vegetation grown _____

If you composted biosolids, complete the following table (check all that apply)

Feedstock	Amount (cite units – e.g. dry tons, wet tons, cubic yards)	County of Origin (specify if from another state or country)
<input type="checkbox"/> Biosolids/Sewage Sludge/Septage	_____	_____
<input type="checkbox"/> Carcasses	_____	_____
<input type="checkbox"/> Crop Residues (specify): _____	_____	_____
<input type="checkbox"/> Food Processing Waste	_____	_____
<input type="checkbox"/> Food Waste (pre-consumer vegetative)	_____	_____
<input type="checkbox"/> Food Waste (all other)	_____	_____
<input type="checkbox"/> Industrial Waste (specify): _____	_____	_____
<input type="checkbox"/> Land-clearing Debris	_____	_____
<input type="checkbox"/> Manure (specify type): _____	_____	_____
<input type="checkbox"/> Mixed Food and Yard Debris (residential)	_____	_____
<input type="checkbox"/> Sawdust/Shavings	_____	_____
<input type="checkbox"/> Other Wood Debris	_____	_____
<input type="checkbox"/> Yard Debris	_____	_____
<input type="checkbox"/> Other (specify): _____	_____	_____

SECTION C: BIOSOLIDS/SEPTAGE QUALITY

Pollutants (see [WAC 173-308-160](#); not applicable to septage unless required by permit)

Number of pollutant monitoring events in the past year _____

List pollutants exceeding the Table 3 values and explain _____

List pollutants exceeding the Table 1 values and explain _____

Pathogen reduction (check all that apply; see [WAC 173-308-170](#) or [WAC 173-308-270\(3\)](#))

<input type="checkbox"/> Class A—Alternative 1 (time/temperature)	<input type="checkbox"/> Class A—Alternative 2 (pH/time/temperature/% solids)
<input type="checkbox"/> Class A—Alternative 3 (process to further reduce pathogens [PFRP]) <input type="checkbox"/> Composting <input type="checkbox"/> Heat drying <input type="checkbox"/> Heat treatment <input type="checkbox"/> Thermophilic aerobic digestion <input type="checkbox"/> Beta ray irradiation <input type="checkbox"/> Gamma ray irradiation <input type="checkbox"/> Pasteurization	
<input type="checkbox"/> Class A—Alternative 4 (PFRP equivalent)	<input type="checkbox"/> Class B—Alternative 1 (7 samples)
<input type="checkbox"/> Class B—Alternative 2 (process to significantly reduce pathogens [PSRP]) <input type="checkbox"/> Aerobic digestion <input type="checkbox"/> Air drying <input type="checkbox"/> Anaerobic digestion <input type="checkbox"/> Composting <input type="checkbox"/> Liming	
<input type="checkbox"/> Class B—Alternative 3 (PSRP equivalent)	<input type="checkbox"/> Septage injection
<input type="checkbox"/> Septage incorporation	<input type="checkbox"/> Septage pH stabilization
<input type="checkbox"/> Did not meet requirements—explain _____	

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Vector attraction reduction (check all that apply; see [WAC 173-308-180](#) or [WAC 173-308-270\(3\)](#))

<input type="checkbox"/> Alternative 1 (38% volatile solids reduction)	
<input type="checkbox"/> Alternative 1a (bench test-anaerobic) <input type="checkbox"/> Alternative 1b (bench test-aerobic)	
<input type="checkbox"/> Alternative 2 (specific oxygen uptake rate)	<input type="checkbox"/> Alternative 3 (aerobic process)
<input type="checkbox"/> Alternative 4 (pH stabilization)	<input type="checkbox"/> Alternative 5 ($\geq 75\%$ solids)
<input type="checkbox"/> Alternative 6 ($\geq 90\%$ solids)	<input type="checkbox"/> Alternative 7 (injection)
<input type="checkbox"/> Alternative 8 (incorporation)	<input type="checkbox"/> Septage injection
<input type="checkbox"/> Septage incorporation	<input type="checkbox"/> Septage pH stabilization
<input type="checkbox"/> Did not meet requirements—explain _____	

SECTION D: GENERAL COMMENTS RELATED TO FACILITY OPERATION

Please add any comments or descriptions of activities that you think are important _____

SECTION E: ATTACHMENTS, CERTIFICATION STATEMENT, MAILING ADDRESSES

Attachments (check all that apply; include actual lab reports for analytical data)

- Analytical data for pollutants if testing was required
- Analytical data for pathogen reduction if testing was required
- Analytical data for vector attraction reduction if testing was required
- Other—describe (examples include soil and water sampling results, time and temperature monitoring data, pH monitoring data, and additional land application site information) _____

Certification statement (must be signed by the Responsible Official listed in Section A or a duly authorized representative; see [WAC 173-308-310\(10\)\(b\)](#))

“I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.”

Responsible Official Signature _____ Date _____

Responsible Official Title _____

Mailing addresses

<p>All Facilities Must Send Hardcopy To: Jon Bennett Department of Ecology Waste 2 Resources Program PO Box 47600 Olympia, WA 98504-7600</p>	<p>Central Region Biosolids Facilities Send Copy To: Peter Severtson Department of Ecology Waste 2 Resources Program 303 South Mission Wenatchee, WA 98801 Email: Peter.Severtson@ecy.wa.gov</p>	<p>Central Region Septage Facilities Send Copy To: Wendy Neet Department of Ecology Waste 2 Resources Program 15 West Yakima Ave, Ste 200 Yakima, WA 98902-3452 Email: Wendy.Neet@ecy.wa.gov</p>	<p>Eastern Region Facilities Send Copy To: Betty Ann Bickner Department of Ecology Waste 2 Resources Program N 4601 Monroe, Ste 100 Spokane, WA 99205-1295 Email: bbic461@ecy.wa.gov</p>	<p>Northwest Region Facilities Send Copy To: Marietta Sharp Department of Ecology Waste 2 Resources Program 3190 160th Avenue SE Bellevue, WA 98008-5452 Email: Marietta.Sharp@ecy.wa.gov</p>	<p>Southwest Region Facilities Send Copy To: Kyle Dorsey Department of Ecology Waste 2 Resources Program PO Box 47775 Olympia, WA 98504-7775 Email: Kyle.Dorsey@ecy.wa.gov</p>	<p>Majors & Class 1 Facilities Send Copy To: USEPA Region 10 Attn: Biosolids Annual Report 1200 Sixth Avenue, OCE-133 Seattle WA 98101</p>
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