ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
Water Quality Utility Field Service Unit
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BIOSOLIDS OR SEWAGE SLUDGE ANNUAL REPORT FORM FOR REPORTING YEAR 2012

All preparers (Generators) and Land Applicators must complete the following

1. General information

Date:	**NPDES Permit # (if applicable):**
Company name (Preparer / Applicator):	
Contact Name:	Title:
Address:	
Phone: ( )	E-mail:

Certification: I certify, under penalty of law, that the information and descriptions, have been made under my direction and supervision and under a system designed to ensure that qualified personnel properly gather and evaluate the information used to determine whether the applicable biosolids requirements have been met. I am aware that there are significant penalties for false certification including the possibility of fine and imprisonment.

Signature:	Title:

2. Who are you? (Check all that apply)

☐ **Prepare**r: ("A Preparer is a generator") The biosolids or sewage sludge prepared at this site are: (select all that apply)
- ☐ Stored onsite
- ☐ Beneficially used for Land Application
- ☐ Sold/ given to composting operation, a sludge drying operation or to another WWTP for further treatment
- ☐ Disposed of in a "biosolids only" surface disposal site, monofill, designated sludge only area
- ☐ Disposed of in a solid waste landfill-do biosolids go directly into the landfill? _____
- ☐ Sent out of state for incineration, landfilling, land application, surface disposal, composting or sludge drying

☐ **Applicator:** One who applies biosolids to the land (farms, parks, forest, reclamation sites)

☐ **Owner or Operator**: of a surface disposal site including wastewater treatment plants with surface disposal (final disposal) sites for sludge

3.	Disposition of Biosolids
	Preparers – wastewater treatment facilities, composting operations and biosolids processing operations. Complete parts 3.A, 3.B, 3.C, 3.D and 3.E of this form (if more room is needed, provide additional sheets) for: • All applicators used to haul and land apply your biosolids and the amount • All surface disposal sites to which you sent or took biosolids and amount • All land application sites (farms, ranches) where biosolids from you facility were applied in 2012 and the amount • All landfills to which you sent biosolids and the amount • All composting operations or biosolids processing facilities including “sludge drying operations” to which you sent biosolids and the amount • All incinerators to which you sent biosolids and the amount
	Applicators- Complete Parts 3.C, 3.D, and 3.E for out of state prepares. Complete parts 3.F and 3.G of this form (If more room is needed, provide additional sheets) for: • All prepares (including composting operations, biosolids processing facilities) from which you obtained biosolids • All application sites (farms, ranches, composting operations) where biosolids were applied in 2012 and the amount • All land applicators that are taking biosolids from California generators are required to complete this form and ensure that the California WWTP or preparer is submitting its Annual Report to ADEQ

Name of Facility_____For Calendar Year_____

DISPOSITION OF BIOSOLIDS
Do All Reporting in Dry Tons

Arizona Generators and Preparers - Complete Sections 3.A, 3.B, 3.C and 3.D
California Generators - Complete Section 3.D only

3.A. Amount of Biosolids Stored on Site

Are biosolids stored in lined lagoons or impoundments? _____
Are Biosolids stored directly on the ground? _____
Are lagoons used in the treatment process of Biosolids? _____

	PATHOGEN TREATMENTS			VAR* Option Used
At the beginning of 2012: How much was stored or left over from the previous years? Include any amount that is being stored ANYWHERE-identify the storage of biosolids	**NONE**	**CLASS B**	**CLASS A**	
	dry tons	dry tons	dry tons	
			(Circle one)	
			Fecal coliform Salmonella	
		METHOD #		
At the end of 2012 how much is still stored on site? Where?	dry tons	dry tons	dry tons	
			(Circle one)	
			Fecal coliform Salmonella	
		METHOD #		

3. B. Amount of Biosolids or sewage sludge received from another facility during the year, such as another wastewater treatment plant or another APP permitted facility, for further processing?

NAME OF FACILITY	LOCATION	PATHOGEN TREATMENT of the <u>incoming</u> biosolids			VAR* Option Used
1.		**NONE**	**CLASS B**	**CLASS A**	
		dry tons	dry tons	dry tons	
				(Circle one)	
				Fecal coliform Salmonella	
			METHOD #		
2.		dry tons	dry tons	dry tons	
				(Circle one)	
				Fecal coliform Salmonella	
			METHOD #		

3.C. Total Amount of Biosolids "Prepared at the facility during the year based on daily flow	PATHOGEN TREATMENT			VAR* Option Used
	NONE	CLASS B	CLASS A	
	dry tons	dry tons	dry tons	
			(Circle one)	
			Fecal coliform Salmonella	
		METHOD #		

3.D. Amount of Biosolids removed from the facility Name all recipients, include haulers name and phone number, land applicators, composters, landfills drying facilities, EQB bagging, facilities, bulk composting, etc.

NAME OF RECEIPIENT	LOCATION	DISPOSITION **	PATHOGEN TREATMENT			VAR* Option Used
			NONE	CLASS B	CLASS A	
1.			tons	dry tons	dry tons	
					(Circle one)	
					Fecal coliform Salmonella	
				METHOD #		
2.			tons	dry tons	dry tons	
					(Circle one)	
					Fecal coliform Salmonella	
				METHOD #		
3.			tons	dry tons	dry tons	
					(Circle one)	
					Fecal coliform Salmonella	
				METHOD #		
4.			tons	dry tons	dry tons	
					(Circle one)	
					Fecal coliform Salmonella	
				METHOD #		
5.			tons	dry tons	dry tons	
					(Circle one)	
					Fecal coliform Salmonella	
				METHOD #		

6.			tons	dry tons	dry tons	
					(Circle one)	
					Fecal coliform Salmonella	
				METHOD #		

***VAR = Vector Attraction Reduction - Which option was used from A.A.C. R18-9-1010 (If preparer did not perform VAR treatment, then specify "none")**

****Disposition: Name the land application, surface disposal, incineration, composting operation, EQB (Exceptional Quality Biosolids) bagging operation, landfill, Biosolids processing facility or sludge drying operation site.**

3. E. Preparers must attach analytical results for (metals) pollutants according to A.A.C.R18-9-1012 (Self Monitoring), pathogen reduction results according to A.A.C.R18-9-1006 (Class A and Class B Pathogen Reduction Requirements) and Vector Attraction Reduction results according to A.A.C. 18-9-1010. This reporting is required under A.A.C. 18-9-1014(F) for biosolids produced or further treated at site during the year. Report all pollutant and pathogen results on a 100% dry weight basis.

If Biosolids are going to a landfill –attach Paint Filter Test and Toxicity Characteristic Leaching Procedure test (TCLP test) per 40CFR261.24

All Arizona Generators, submit additional testing data/ see requirements under Biosolids Requirements in your AZPDES permit (example: Dioxins / dibenzofurans) with this Annual Report.

3.F. Specific information on Arizona Land Application Events: To be complete by land Applicators only

Application Site / Location	Field ID	Amount of Biosolids Applied (in dry tons)	Preparer	Pathogen Treatment Method	Vector Attraction Reduction Method	Loading Rate	Nitrogen Conc. (Organic + ammonium)	Type of Crop Grown After Application	Agronomic Rate of Crop Grown	The Cumulative Concentration of Pollutants (kilograms per hectare) in Soil				
Example: ABC Farms, Aztec AZ		350 tons	Public WWTP	Class B Alt. 2	Option 9			Corn						
1.										As=	Cd=	Cr=	Cu=	Pb=
										Hg=	Mo=	Ni-	Se=	Zn=
2.										As=	Cd=	Cr=	Cu=	Pb=
										Hg=	Mo=	Ni-	Se=	Zn=
3.										As=	Cd=	Cr=	Cu=	Pb=
										Hg=	Mo=	Ni-	Se=	Zn=
4.										As=	Cd=	Cr=	Cu=	Pb=
										Hg=	Mo=	Ni-	Se=	Zn=
5.										As=	Cd=	Cr=	Cu=	Pb=
										Hg=	Mo=	Ni-	Se=	Zn=
6.										As=	Cd=	Cr=	Cu=	Pb=
										Hg=	Mo=	Ni-	Se=	Zn=
7.										As=	Cd=	Cr=	Cu=	Pb=
										Hg=	Mo=	Ni-	Se=	Zn=

3.G. Land applicators must attach soils analysis for 2012 if using R18-9-1005(D)(2)),Pathogen Reduction results and VAR results.