Biosolids or Sewage Sludge Annual Report

Mail signed printout to: ADEQ Biosolids Coordinator 1110 W. Washington St., Phoenix, AZ 85007
and email file to: biosolids@azdeq.gov

Date signed =date(mm/dd/ year)	NPDES/AZPDES Permit#	APP #	Facility Name	Contact First Name	Contact Last Name	Contact Email	Title	FTE Residents served	Preparer or Applicator (P/A/AP)	Street or P.O. Box #	Street Name or "P.O. Box"
City	Zip	Phone	Lagoons/Tanks or LINED Drying Beds for ALL Sludge (Y/N)	Dry Tons Stored 01/01/15	Class (A/B/N)	Alternative #	VAR #	Dry Tons stored 12/31/15	Class (A/B/N)	Alternative #	VAR #
Dry Tons stored 01/01/14	Dry Tons in, from Daily Flow	Dry Tons Sludge Received	From Facility (Name)	Dry Tons Sludge sent away	To Facilty (Name)	Mark "S" if reporting Short, NOT Metric Tons	Dry Tons Additions to Sludge	Received / Sent Away Hauler	Hauler Phone		Follow Up

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Disposition	Dry Tons out, weighed	Class (A/B/N)	Alternative #	VAR #	Fecal C/ Salm. (F/S)	To (Recipient Name)	Hauler Name	Hauler Phone	Application Site		
Surface Unit											
Surface Unit											
Landfill											
Landfill											
Landfill											
Composting											
Composting											
Land Apply											
Land Apply											
Land Apply											
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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.

Name: **Title:**