

# RESIDUALS STORAGE - ANNUAL REPORT YEAR \_\_\_\_\_

## FACILITY INFORMATION

Name of Storage Facility: \_\_\_\_\_ DEP License: S- \_\_\_\_\_  
 Address: \_\_\_\_\_ e-mail \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone#: \_\_\_\_\_

## RESIDUALS STORAGE SUMMARY

Complete ALL the following items. If the amount of any item is zero, please write 0.

TYPES OF RESIDUAL STORED (check all that apply):

- ( ) Treatment Plant Sludge. Name of sludge generator(s): \_\_\_\_\_
- ( ) Fish /Food Processing. Specify type and generator(s): \_\_\_\_\_
- ( ) Pulp and Paper Mill Sludge. Name of sludge generator(s): \_\_\_\_\_
- ( ) Ash. Name of generator(s): \_\_\_\_\_
- ( ) Non-ash Liming Agents. Specify type and generator(s): \_\_\_\_\_
- ( ) Other. Specify type and generator(s): \_\_\_\_\_

REPORT AMOUNTS IN	WET TONS,	DRY TONS,	CUBIC YARDS, OR	GALLONS -- PLEASE SPECIFY
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1. Total residual stored at the facility at the beginning of Report Year (from previous year) \_\_\_\_\_
2. Total residual received and stored at facility during Report Year \_\_\_\_\_
3. Total residual distributed from storage during Report Year \_\_\_\_\_
4. Total residual remaining at the facility at the end of Report Year \_\_\_\_\_
5. **Distribution.** Attach a copy of your distribution records for Report Year (qty, distribution date, name/location of recipient).
6. **Residual analysis:** If your license requires that you analyze residuals stored at your facility, attach analyses performed in Report Year that have not previously been submitted to the Department.
7. **Other.** Please provide any other information as required by your residuals storage license.

## CERTIFICATION

*I certify under penalty of law 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.*

Signature \_\_\_\_\_

Date \_\_\_\_\_