

VERMONT RESIDUALS MANAGEMENT QUARTERLY REPORT - PART A

GENERAL INFORMATION & REPORT OF "NO ACTIVITY"

PERMITTEE: _____ SOLID WASTE ID NUMBER: _____

REPORTING PERIOD: [1st] [2nd] [3rd] [4th] quarter, 20_____

FORM PREPARED BY:

Print name: _____ Signature: _____ Date: _____
Telephone: _____

FORM APPROVED BY:

THIS SECTION MUST BE SIGNED

I certify, under penalty of law [10 V.S.A. Chapters 201 and 211], 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.

Print name: _____ Signature: _____ Date: _____

FOR LAND APPLICATION OR FURTHER TREATMENT (i.e. composting): If applicable, **THIS SECTION MUST BE SIGNED**

I certify, under penalty of law [10 V.S.A. Chapters 201 and 211], that the pathogen treatment requirements and vector attraction reduction treatment requirements of the Solid Waste Management Certification for this project have been met. This determination has been made under my direction and supervision in accordance with the system designed to ensure that qualified personnel properly gather and evaluate the information used to determine that the pathogen requirement and the vector attraction reduction requirements have been met. I am aware that there are significant penalties for false certification including the possibility of fine and imprisonment.

Print name: _____ Signature: _____ Date: _____

ACTIVITIES BEING REPORTED:

Check [X] all activities below that apply to this quarter.
Complete and submit only the applicable parts of these report forms.

- NO ACTIVITY.** No residual wastes were transported, treated, disposed, or otherwise managed in Vermont in the quarter. Complete and submit this part [Part A] only.
NOTE: ALL REPORTS MUST INCLUDE THIS PART.
- WASTES RECEIVED FROM OTHER WASTE MANAGERS.** Report wastes received from other waste managers in the quarter. Complete and submit Part B.
- FINAL WASTE MANAGEMENT.** Report all waste final management and disposal activities in the quarter. Complete and submit Part C.
- COMMENTS.** Use to report, explain, or comment upon any submitted or missing information, and to discuss monitoring results. Complete and submit Part D.

MONITORING REPORTS:

Check [X] all monitoring activities below that apply to this quarter.
Complete and submit only the applicable parts of these report forms.

- GROUNDWATER MONITORING ANALYSIS RESULTS and WATER TABLE DEPTHS (Attach Laboratory Sheets)**
- BIOSOLIDS ANALYSIS RESULTS (Attach Laboratory Sheets)**
- SOIL and PLANT TISSUE ANALYSIS RESULTS (Attach Laboratory Sheets)**
- TOXICITY CHARACTERISTIC LEACHING PROCEDURE (TCLP) ANALYSIS RESULTS (Attach Laboratory Sheets)**

Management information:

- Application Rate Calculations
- Waste Stabilization Logs

STORAGE: Amount of waste in storage at end of quarter: _____

Storage capacity remaining at end of quarter: _____

NOTE: A comparison of analytical results with the applicable regulatory standards must be conducted and discussed on Part D of these forms.

VERMONT RESIDUALS MANAGEMENT QUARTERLY REPORT

The authority for requiring submittal of these reports is established under '6-702 of the Vermont Solid Waste Management Rules. The Vermont Residuals Management Report, RMS-4, is used to report receipt, stabilization, and final disposal of residual wastes within Vermont. Residual wastes include, but are not limited to, materials such as sewage biosolids and septage, wood ash, paper fiber, and dairy waste managed under the Vermont Solid Waste Management Rules.

INSTRUCTIONS - PART A: GENERAL INFORMATION & REPORT OF "NO ACTIVITY"

All residual waste managers and transporters must complete and submit Part A for each reporting period or indicate to the Department of Environmental Conservation that they are no longer operating as residual waste managers.

Reporting Period: Indicate the year and quarter of the year (first, second, third or fourth) that is covered by the report. Check only one quarter for each report. Do not report multiple quarters on the same form.

Solid Waste I.D. Number: Enter your assigned three digit Solid Waste ID Number. NOTE: This is not your certification number.

Signatures must be provided by the form preparer **and** the facility's authorized representative or owner/operator if those are different persons. If the same person both prepares and approves the report, that person must sign on the lower (Form Approved By:) line under the certification statement. For facilities that manage residual wastes via land application or in an advanced pathogen reduction system (i.e. composting, thermal treatment, ATAD, etc.) the certification statement attesting to proper pathogen and vector attraction reduction treatment must be signed. **NOTE: The appropriate certification statements must be signed or the report will be considered incomplete and will be returned for signature.**

Activities Being Reported: Check **[X]** all waste management activities that took place during the quarter. Complete all other applicable parts of the report forms. See instructions on the back of the other report form parts for clarification.

Monitoring Reports: Check **[X]** all management information and monitoring activities for the quarter that are being reported on these forms, and complete and submit the appropriate monitoring report form(s). **Be sure to attach the corresponding laboratory reports to the monitoring report form.**

Be sure to include all checked **attachments** (test reports, etc) in your mailing, but do not delay submitting your report(s) if you are still waiting for analysis reports. In such cases, make a note on Part D that the results will be submitted under separate cover as soon as they are received.

Storage: If applicable, enter the total amount of waste contained in all storage tanks, bunkers, etc., as well as the total available capacity remaining at the end of the quarter. **NOTE: This is the only place on the report forms where waste still in storage is reported.**

Retain the **yellow copy** for your records.

Submit the **white copy only** to the following address: VT DEC - Wastewater Management Division
ATTN: Residuals Management Section
103 South Main Street, Sewing Building
Waterbury VT 05671-0405

Quarterly Reports are due on or before the 15th day of the month following the end of each quarter.

i.e.	First Quarter	due	April 15
	Second Quarter	due	July 15
	Third Quarter	due	October 15
	Fourth Quarter	due	January 15

IF YOU WILL BE LATE IN SUBMITTING THE REPORT, PLEASE CALL 241-3822 AND INFORM THE RESIDUALS MANAGEMENT PROGRAM BEFORE THE DUE DATE.

Submit **only** those parts which are applicable to a given quarter.

PLEASE READ THESE INSTRUCTIONS CAREFULLY.
IMPROPERLY COMPLETED FORMS WILL BE RETURNED FOR CORRECTION.