

**VERMONT RESIDUALS MANAGEMENT QUARTERLY REPORT - PART C**

**FINAL WASTE MANAGEMENT**

PERMITTEE: \_\_\_\_\_  
 REPORTING PERIOD: [1<sup>st</sup>] [2<sup>nd</sup>] [3<sup>rd</sup>] [4<sup>th</sup>] quarter, 20 \_\_\_\_

SOLID WASTE ID NUMBER: \_\_\_\_\_

USE A SEPARATE COLUMN FOR EACH SITE/WASTE TYPE

MANAGEMENT SITE IDENTIFICATION		
SITE TYPE: (check as appropriate)	<input type="checkbox"/> WWTF <input type="checkbox"/> LAND APPLICATION  <input type="checkbox"/> LANDFILL <input type="checkbox"/> COMPOST FACILITY or FURTHER TREATMENT  <input type="checkbox"/> INCINERATION  <input type="checkbox"/> OTHER (specify): _____	<input type="checkbox"/> WWTF <input type="checkbox"/> LAND APPLICATION  <input type="checkbox"/> LANDFILL <input type="checkbox"/> COMPOST FACILITY or FURTHER TREATMENT  <input type="checkbox"/> INCINERATION  <input type="checkbox"/> OTHER (specify): _____
SITE IDENTIFICATION:	COMMON NAME: _____  ID NUMBER: _____  LOCATION: _____  CROP (land application only): _____	COMMON NAME: _____  ID NUMBER: _____  LOCATION: _____  CROP (land application only): _____
VOLUME OF WASTE MANAGED OR DISPOSED IN QUARTER		
WASTE MANAGED IN: _____ (month)	VOLUME: _____ UNITS: _____  % SOLIDS: _____	VOLUME: _____ UNITS: _____  % SOLIDS: _____
WASTE MANAGED IN: _____ (month)	VOLUME: _____ UNITS: _____  % SOLIDS: _____	VOLUME: _____ UNITS: _____  % SOLIDS: _____
WASTE MANAGED IN: _____ (month)	VOLUME: _____ UNITS: _____  % SOLIDS: _____	VOLUME: _____ UNITS: _____  % SOLIDS: _____
Complete both PTO and VARO if: <b>Land Application; Distribution and Marketing, Composting or Further Treatment</b>		
PATHOGEN TREATMENT OPTION (PTO)		
<b>Class B</b>	1. [ ] Fecal Coliform Monitoring (Alt. 1) 2. [ ] PSRP Aerobic Digestion (Alt. 2a) 3. [ ] PSRP Air Drying (Alt.2b) 4. [ ] PSRP Anaerobic Digestion (Alt. 2c) 5. [ ] PSRP Composting-low temp (Alt.2d) 6. [ ] PSRP Lime Stabilization (Alt 2e.) 7. [ ] Equivalent Process (Alt.3)	1. [ ] Fecal Coliform Monitoring (Alt. 1) 2. [ ] PSRP Aerobic Digestion (Alt. 2a) 3. [ ] PSRP Air Drying (Alt.2b) 4. [ ] PSRP Anaerobic Digestion (Alt. 2c) 5. [ ] PSRP Composting-low temp (Alt.2d) 6. [ ] PSRP Lime Stabilization (Alt 2e.) 7. [ ] Equivalent Process (Alt.3)
<b>Class A</b>	8. [ ] Thermally Treated (Alt. 1) 9. [ ] High pH, High Temp. (Alt. 2) 10. [ ] Other Processes (Alt. 3) 11. [ ] Unknown Processes (Alt. 4) 12. [ ] PFRP - High Temp. Composting (Alt. 5a) 13. [ ] PFRP - Heat Drying (Alt. 5b) 14. [ ] PFRP - Heat Treatment (Alt. 5c) 15. [ ] PFRP - Thermophilic Aerobic Digestion (Alt 5d.) 16. [ ] PFRP - Beta Ray Irradiation (Alt. 5e) 17. [ ] PFRP - Gamma Ray Irradiation (Alt. 5f) 18. [ ] PFRP - Pasteurization (Alt. 5g) 19. [ ] Equivalent Process (Alt. 6)	8. [ ] Thermally Treated (Alt. 1) 9. [ ] High pH, High Temp. (Alt. 2) 10. [ ] Other Processes (Alt. 3) 11. [ ] Unknown Processes (Alt. 4) 12. [ ] PFRP - High Temp. Composting (Alt. 5a) 13. [ ] PFRP - Heat Drying (Alt. 5b) 14. [ ] PFRP - Heat Treatment (Alt. 5c) 15. [ ] PFRP - Thermophilic Aerobic Digestion (Alt 5d.) 16. [ ] PFRP - Beta Ray Irradiation (Alt. 5e) 17. [ ] PFRP - Gamma Ray Irradiation (Alt. 5f) 18. [ ] PFRP - Pasteurization (Alt. 5g) 19. [ ] Equivalent Process (Alt. 6)
VECTOR ATTRACTION REDUCTION OPTION (VARO)		
	A. [ ] Option 1: Minimum 38% Voliatile Solid Reduction B. [ ] Option 2: Bench Scale Anaerobic Digestion Demo C. [ ] Option 3: Bench Scale Aerobic Digestion Demo D. [ ] Option 4: Specific Oxygen Uptake Rate (Sour) Test E. [ ] Option 5: Aerobic Process Above 40 C for 14 days F. [ ] Option 6: Lime Stabilization G. [ ] Option 7: Digested Sludge at 75% or Greater Solids H. [ ] Option 8: Undigested Sludge at 90% or Greater Solids I. [ ] Option 9: Subsurface Injection J. [ ] Option 10: Incorporation	A. [ ] Option 1: Minimum 38% Voliatile Solid Reduction B. [ ] Option 2: Bench Scale Anaerobic Digestion Demo C. [ ] Option 3: Bench Scale Aerobic Digestion Demo D. [ ] Option 4: Specific Oxygen Uptake Rate (Sour) Test E. [ ] Option 5: Aerobic Process Above 40 C for 14 days F. [ ] Option 6: Lime Stabilization G. [ ] Option 7: Digested Sludge at 75% or Greater Solids H. [ ] Option 8: Undigested Sludge at 90% or Greater Solids I. [ ] Option 9: Subsurface Injection J. [ ] Option 10: Incorporation

## VERMONT RESIDUALS MANAGEMENT QUARTERLY REPORT - PART C

### INSTRUCTIONS - PART C: FINAL WASTE MANAGEMENT

Complete Part C only if you practiced FINAL management or disposal of wastes during the quarter, or if you transported wastes to another facility for final management or disposal. **DO NOT REPORT WASTES STILL IN STORAGE ON THIS FORM.**

**Use a separate column for each disposal site. Use additional copies of Part C if necessary. Disposal site I.D. numbers for facilities that you operate can be found in your facility certification.**

#### MANAGEMENT SITE IDENTIFICATION:

Site Type: Check the appropriate box identifying the type of disposal or management facility.

Site Identification: Common name: Enter the name used to identify the site. Examples: Brown Field, Site #1, XYZ Landfill, XYZ Incineration Facility, etc.

ID#: Enter the identification number of the site if it is permitted to you. This number is found in your solid waste management facility certification. Leave this box blank if the disposal facility is not permitted in your name.

Location: Enter the name of the municipality and state in which the site is located.

**For Land Application:** Crop Grown: Enter the type of crop raised on the site.

#### VOLUME OF WASTE DISPOSED IN QUARTER:

**Waste Managed In:** Enter the name of the month on each of the three lines, as appropriate.

Volume: Enter the volume and units of waste managed or disposed in each month. Examples: 100,000 gallons, 15 dry tons, 10 cubic yards, etc.

% Solids: Enter the approximate percent solids of the waste. Note: it is not necessary to enter this figure for septage.

**Pathogen Treatment Option:** Check **[X]** the appropriate treatment process used to achieve either Class A or Class B treatment levels. For those facilities treating residual wastes to Class A pathogen standards, it is not necessary to indicate the type of treatment (if any) that occurs prior to the Class A process. For example, facilities composting pre-digested biosolids do not need to check the Class B digestion process that was used; only the appropriate Class A should be indicated.

**Vector Attraction Reduction Option:** Check **[X]** the appropriate treatment process used to achieve the vector attraction reduction requirements.