

FACILITY NAME: _____ NPDES PERMIT NUMBER: _____	EPA ID NUMBER: _____ (for official use only)	<div style="text-align: right;"> Form Approved OMB Number Approval Expires XX-XX-XX </div>
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6. Sewage Sludge Sent to Other Facilities. Is sewage sludge from your facility provided to another facility for treatment, distribution, use, or disposal?

Yes _____ No _____

If yes, provide the following information for the facility receiving the sewage sludge:

a. Name of facility: _____

b. Facility contact: Name: _____ Title: _____ Phone: (____) _____

c. Facility mailing address: _____
 Street or P.O. Box: _____ State: _____ Zip: _____
 City or Town: _____

d. Which activities does the receiving facility provide? (Check all that apply):

_____ Treatment or blending

_____ Sale or giveaway in bag or other container

_____ Land application _____ Surface disposal

_____ Other (describe): _____

7. Use and Disposal Sites. Provide the following information for each site on which sewage sludge from your facility is used or disposed.

a. Site name or number: _____

b. Site contact: Name: _____ Title: _____ Phone: (____) _____

c. Site location. (Complete 1 or 2)

1. Street or Route #: _____
 County: _____ City or Town: _____ State: _____ Zip: _____

2. Latitude _____ Longitude _____

7. Use and Disposal Sites. (cont'd)

d. Site type:

_____ Agricultural _____ Lawn or home garden

_____ Forest _____ Surface disposal

_____ Public contact _____ Incineration

_____ Reclamation _____ Municipal Solid Waste Landfill

_____ Other (describe): _____

8. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction and supervision in accordance with the system designed to assure that qualified personnel properly gather and evaluate the information submitted, based on my inquiry of the persons or persons who manage the system or those persons directly responsible for gathering the information, the information is true to the best of my knowledge and belief, and accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Officer: _____

Name of Officer: _____

(typed or printed)

Official Title of Officer: _____

Telephone Number: _____

Date Signed: _____

Send the completed application form to: