

# RESIDUALS STORAGE- ANNUAL REPORT YEAR

Please save this document as,  
"NAME OF FACILITY Annual  
Report YEAR", before  
submitting document.

## 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 residual's storage license.

## CERTIFICATION

*By checking this box and enter your name; 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