

Sewage Sludge Analysis Report

1. Name & Physical Address of the Facility: _____					County: _____	
2. Sampling Date: _____			3. Sewage Sludge Treatment: <input type="checkbox"/> PFRP <input type="checkbox"/> PSRP <input type="checkbox"/> N/A			
4. Analysis Results (Must Attach a Copy of Laboratory Report)						
Constituents Analyzed	Sample Type				Detection Limit	*** Units
	Grab <input type="checkbox"/>	<input type="checkbox"/> 8-hr	<input type="checkbox"/> 24-hr	<input type="checkbox"/> Other		
pH						
Solids content						%
Total kjeldahl nitrogen	TKN					%
Ammonium nitrogen	NH ₄					%
Total phosphorus	TP					mg/kg
Total potassium	TK					mg/kg
Nitrate nitrogen	NO ₃					mg/kg
Total cadmium	Cd					mg/kg
Total copper	Cu					mg/kg
Total nickel	Ni					mg/kg
Total lead	Pb					mg/kg
Total zinc	Zn					mg/kg
Total mercury	Hg					mg/kg
*Total arsenic	As					mg/kg
*Total molybdenum	Mo					mg/kg
*Total selenium	Se					mg/kg
Polychlorinated Biphenyls	PCBs					mg/kg
**Calcium Carbonate Equivt. CaCO ₃						%

* Optional ** Lime Amended Sewage Sludge *** Please use exact units

5. *Are Constituents Within Class I Concentration? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, include a discussion or explanation.) <small>*Cadmium at 25, Copper at 1000, Mercury at 10, Nickel at 200, Lead at 1000, Zinc at 2500, and PCBs at 10. (parts per million or mg/kg)</small>	
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6. Sample Medium: <input type="checkbox"/> Liquid <input type="checkbox"/> Cake <input type="checkbox"/> Dried <input type="checkbox"/> Particulate <input type="checkbox"/> Pellets <input type="checkbox"/> Other (Describe): _____	7. Treatment Method: <input type="checkbox"/> Raw-Unstabilized <input type="checkbox"/> Aerobically Digested <input type="checkbox"/> Anaerobically Digested <input type="checkbox"/> Lime Stabilized <input type="checkbox"/> Composted <input type="checkbox"/> Heat Dried <input type="checkbox"/> Other (Describe): _____
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Comments: _____

TESTING FREQUENCY

Utilization Category	A Includes Utilization Methods in Categories C and D	B Land Application and Distribution						C Disposal or Transportation		D Incineration
		Plant Capacity (MGD)	<0.05	0.00-.999	1.0 - 4.99	5.0 - 9.99	10.0-49.9	50.0-99.9	≥ 100.0	0.05-4.99
All Parameters Except PCBs	Once Every 3 Years	Once per Year	Every 6 Months	Once per Month	Every 2 Weeks	Once a Week	Daily	Once per Year	Every 6 Months	Once per Year
PCBs	Once Every 3 Years	Once per Year	Once per Year	Every 6 Months	Once per Month	Once per Month	Once per Month	Once per Year	Once per Year	Once per Year

REPORTING SCHEDULE

WWTP Design Flow: **Avg. Daily Flow:** **Peak Flow:** **mgd.**

Sampling Frequency Required (Check a box)	Submittal Deadline
<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Every 6 months <input type="checkbox"/> Once per year <input type="checkbox"/> Once per three years <input type="checkbox"/> Other sampling frequency approved by the Department	<input type="checkbox"/> At end of each month <input type="checkbox"/> March 1 and August 31 <input type="checkbox"/> June 1 of each year <input type="checkbox"/> June 1 of the sampling year <input type="checkbox"/> June 1 of the sampling year

Report Due Date: March 1 August 31 June 1 **Is Plant in Operation?** Yes No

Certification: As an authorized representative of the named sewage sludge generator, I certify that the information provided in this report is correct and complete to the best of my knowledge.

Name: _____	Title: _____
Signature: _____	Phone: _____
Email: _____	Date: _____