Report Year: 2016

## MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY LAND APPLICATION ANNUAL REPORTING FORM

(Two copies of this completed form and the related information should be submitted for each land application site no later than the date required by the approved permit. The form should be completed and submitted even if the facility was inactive during the calendar year. Information should be neatly printed or typewritten.)

| FACILITY INFORMATION                    |   |       |            |   |        |       |      |  |
|---|---|-------|------------|---|--------|-------|------|--|
| Fac                                     | ility Name:   |       |            |   |        |       |      |  |
|   |   |       |            |   |        |       | _    |  |
|   | Permittee Name:Solid Waste Permit #   |       |            |   |        |       |      |  |
| Type of sludge or waste land applied:   |   |       |            |   |        |       |      |  |
| Municipal Wastewater Sludge (biosolids) |   |       |            |   |        |       |      |  |
|   | Non-Municipal Wastewater Sludge   |       |            |   |        |       |      |  |
|   | Wood Ash  |       |            |   |        |       |      |  |
|   | Other Waste (Specify):  |       |            |   |        |       |      |  |
| Physical Address of Facility:           |   |       |            |   |        |       |      |  |
| J                                       |   |       |            |   |        |       |      |  |
| Facility Contact Person:                |   |       |            |   |        |       |      |  |
|   | ility Mailing Address   |       |            |   |        |       |      |  |
|   | ne:   |       |            |   |        |       |      |  |
|   | ail (if available):   |       |            |   |        |       |      |  |
|   | od of Operation duri  |       |            |   |        |       |      |  |
|   | 1   |       | GGREGATE W |   |        |       |      |  |
|   |   |       |            |   |        |       |      |  |
| 1.                                      | Total amounts of biosolids or other sludge/waste land applied in dry tons:  |       |            |   |        |       |      |  |
| _                                       | dry tons of biosolids dry tons of other sludge/waste  |       |            |   |        |       |      |  |
| 2.                                      | 2. Amounts of sludge or waste received, in dry tons, from in-state and out-of-state sources:  |       |            |   |        |       |      |  |
|   | dry tons of in-state dry tons of out-of-state   |       |            |   |        |       |      |  |
|   | 3. In the spaces provided below or on a separate sheet if necessary, list the source of waste by county and state of origin and indicate the total amount of waste received from each county/state in tons. |       |            |   |        |       |      |  |
|   | County  | State | Tons       |   | County | State | Tons |  |
|   |   |       |            |   |        |       |      |  |
|   |   |       |            |   |        |       |      |  |
|   |   |       |            |   |        |       |      |  |
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|   | <continues back="" on=""></continues>   |       |            |   |        |       |      |  |

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|--|--|-------------------|--|--|--|--|--|
| LAND APPLICATION AREA INFORMATION  |  |                   |  |  |  |  |  |
| 4. Total permitted land application area:  |  | acres             |  |  |  |  |  |
|  | Total number of sites or fields within the permitted application area:                                   |                   |  |  |  |  |  |
| 6. Attach a site map showing the sites/fields  | Attach a site map showing the sites/fields within the permitted application area.                        |                   |  |  |  |  |  |
| 7. Total area used for land application durin  | Cotal area used for land application during the calendar year:acres                                      |                   |  |  |  |  |  |
| 8. List the names and/or numbers of sites/fig  | List the names and/or numbers of sites/fields used during the calendar year and the crops grown in each: |                   |  |  |  |  |  |
| Field Name/Nu  | Field Name/Number Crop Grown   |                   |  |  |  |  |  |
|  |  |                   |  |  |  |  |  |
|  |  |                   |  |  |  |  |  |
|  |  |                   |  |  |  |  |  |
|  |  |                   |  |  |  |  |  |
|  |  |                   |  |  |  |  |  |
|  |  |                   |  |  |  |  |  |
|  |  |                   |  |  |  |  |  |
|  |  |                   |  |  |  |  |  |
| DISCLOSURE INFORMATION   |  |                   |  |  |  |  |  |
| 9. If the <b>owner</b> <i>or</i> <b>contract operator</b> of the land application facility is a private concern, an updated disclosure statement is <b>required</b> . The updated disclosure information must be provided on the <u>MDEQ Disclosure Form</u> (available on the solid waste reporting webpage). Only those pages that are modified or added must be submitted. Please check the applicable statement: |  |                   |  |  |  |  |  |
| An updated disclosure form is attack   | ☐ An updated disclosure form is attached with this report for the ☐ owner ☐ contract operator.           |                   |  |  |  |  |  |
| ☐ An updated disclosure form has bee   | ☐ An updated disclosure form has been submitted separately to MDEQ for the ☐ owner ☐ contract operator.  |                   |  |  |  |  |  |
| ☐ I hereby certify that the no changes   | ☐ I hereby certify that the no changes have been made to disclosure statement already on file with MDEQ. |                   |  |  |  |  |  |
| ☐ I hereby certify that no disclosure statement is needed because the owner and operator is a public agency.   |  |                   |  |  |  |  |  |
| 07   | THER INFORMATION   |                   |  |  |  |  |  |
| 10. Attach other information and documentation (e.g. demonstration of compliance with pathogen and vector reduction requirements) if required by the solid waste management permit conditions.   |  |                   |  |  |  |  |  |
| CERTIFICATION  |  |                   |  |  |  |  |  |
| To the best of my knowledge and belief, I certify that the information provided with this report, including attachments, is true, accurate, and correct.   |  |                   |  |  |  |  |  |
| Name (print):  | Date:  |                   |  |  |  |  |  |
| Signature:   |  |                   |  |  |  |  |  |

Mail completed and signed annual report to: MDEQ – Waste Division P.O. Box 2261, Jackson, MS 39225 Phone: (601) 961-5171 Fax: (601) 961-5785