

**MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
BENEFICIAL USE DETERMINATION ANNUAL REPORTING FORM**

(This completed form and the related information should be submitted for each Beneficial Use Determination held no later than February 28th each year. The form should be completed and submitted even if no material was distributed during the calendar year. The form should be neatly printed or typewritten.)

DETERMINATION HOLDER INFORMATION

Company Name: _____

Company Contact Person: _____ Title: _____

Company Mailing Address: _____

Phone: _____ Fax: _____

Email (if available): _____

By-Product Generator's Name(s) (if different from above): _____

Physical Address of By-Product Generation Point: _____

_____ County: _____

Use Type: Construction Soil Amendment Other BUD # _____

Period of Distribution during the Calendar Year: _____ to _____

BY-PRODUCT INFORMATION

1. Did the process generating the by-product significantly change or the raw material feedstock change during the preceding calendar year? (Please check one)

Yes (If yes, attach a separate sheet providing a detailed explanation of the change)

No

2. Attach an updated analysis of the by-product, if required by your BUD #, for the calendar year reported. An updated analysis is attached: Yes No

3. On an attached sheet, provide a general description of the manner of distribution and the end-uses of the by-product (ex. bulk land application, packaged retail sale) for the calendar year.

4. In the space below, indicate the total amount of by-product, in units of tons, that was beneficially used or distributed for beneficial use in Mississippi during the calendar year:

_____ **Total tons of by-product beneficially used or distributed**

5. Attach any other information that may be required by the conditions of the individual BUD. (e.g. If applicable, submit a copy of the EPA 40 CFR 503 annual report for exceptional quality biosolids).

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: _____ Title: _____

Mail completed annual report to:

MDEQ – Waste Division

P.O. Box 2261, Jackson, MS 39225

Phone: (601) 961-5171 Fax: (601) 961-5785 Email: tjones@mdeq.ms.gov