

**RESIDUAL DISTRIBUTION – ANNUAL REPORT
REPORT YEAR _____**

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

FACILITY INFORMATION

Name of Licensee:

DEP License: S-

Address:

e-mail:

Contact Person:

Phone#: _

RESIDUAL DISTRIBUTION SUMMARY

Complete ALL the following items. If the amount of any item is zero, please write 0.

TYPE OF RESIDUAL DISTRIBUTED

REPORT AMOUNTS IN WET TONS DRY TONS CUBIC YARDS GALLONS -- PLEASE SPECIFY UNITS

1. Total residual produced in Report Year
2. Total residual distributed in Maine in Report Year
3. **If the description of the facility operation has changed since the previous annual report**, please attach a general summary of the changes. Check here if question 3 is not applicable N/A
4. **Residual analysis summary:** Complete the attached residual analysis summary for all analyses performed in Report Year. Check here if question 4 is not applicable and attach explanation.
5. **Other Analyses:** Attach any analyses obtained by the generator in Report Year but not sent to the Department in Report Year.
Analyses results attached?
Yes
No >>> Attach an explanation
6. **Residual Quality.** Did all your residuals distributed in Maine meet the requirements of your specific program license?
Yes
No >>> Attach an explanation.
7. **Operations Manual.** Does the facility operate under a current, DEP-approved, operations manual?
Yes
No >>> Attach an explanation of why, and a time schedule for filing a manual for DEP approval.
8. **Receipt and Distribution.** Do you maintain records of: the volume of residuals received at your residual facility on a daily basis; the volume and type of residual distributed from your facility on a daily basis; individuals or businesses to which you distributed residual?
Yes
No >>> Attach an explanation of why, and a time schedule for when you will begin maintaining records.

CERTIFICATION:

By checking this box and entering 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:

RESIDUAL SAMPLE ANALYSES TABULATION

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	AVG.
pH													
T.S. %													
TVS %													
TKN													
NH ₄ N %													
NO ₃ N %													
Org. N													
Al (mg/kg dry wt.)													
As (mg/kg dry wt.)													
As (mg/kg dry wt.)													
B (mg/kg dry wt.)													
Ba (mg/kg dry wt.)													
Be (mg/kg dry wt.)													
Ca (mg/kg dry wt.)													
Cd (mg/kg dry wt.)													
Cl (mg/kg dry wt.)													
CN (mg/kg dry wt.)													
Co (mg/kg dry wt.)													
Cr (mg/kg dry wt.)													
Cu (mg/kg dry wt.)													
Fe (mg/kg dry wt.)													
Hg (mg/kg dry wt.)													
K (mg/kg dry wt.)													
Mg (mg/kg dry wt.)													
Mo (mg/kg dry wt.)													
Na (mg/kg dry wt.)													
Ni (mg/kg dry wt.)													
P (mg/kg dry wt.)													
Pb (mg/kg dry wt.)													
Sb (mg/kg dry wt.)													
Se (mg/kg dry wt.)													
Tl (mg/kg dry wt.)													
V (mg/kg dry wt.)													
Zn (mg/kg dry wt.)													
C : N													
Salmonella													
Stability Class*													

* DeWars Stability Class, or other stability class measurement, specify