



**Minnesota Pollution
Control Agency**

520 Lafayette Road North
St. Paul, MN 55155-4194

Water Treatment Plant Residual Solids Annual Report

Reporting Period: September 1, ____, through August 31, ____

This form must be completed and submitted annually by **January 31st** for the previous cropping year. Attach to this form a copy of all laboratory analysis results. In addition, be sure to send any requested information to City, Township, and County officials.

Return completed forms to: Water Quality Submittals Center
Minnesota Pollution Control Agency
520 Lafayette Road North
St. Paul, Minnesota 55155-4194

Part 1 - General Information

Permittee information:

Permit name: _____ Permittee number: _____
Permittee mailing address: _____
City: _____ State: _____ Zip: _____
Facility contact: _____ Telephone number: _____

Information on person preparing this form:

Name: _____ Telephone number: _____
Mailing address: _____
City: _____ State: _____ Zip: _____
Class IV certification number: _____ Expiration date: _____

☐ Check here if no water treatment plant residual solids were disposed during this cropping year.
(Sign in Part 3 and mail to the address above.)

Part 2 - Solids Disposal (List all by-products and the quantities disposed during this cropping year.

By-product disposed: ☐ Lime ☐ Water filter backwash solids

Method of disposal: ☐ Construction fill ☐ Landfilled ☐ Land application ☐ Wastewater Treatment Plant (WWTP)

Total quantity disposed: _____ dry tons

Submit the following, if applicable:

1. Location of disposal.
2. Analytical results.
3. Cumulative amount of arsenic and radium-226 pollutant applied to the application site.

Part 3 - Certification (Please print)

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief the 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.

Principal executive
officer/authorized agent: _____

Type IV
Certified Operator: _____

Title: _____ Date: _____

Title: _____ Date: _____

Signature: _____

Signature: _____