Instructions for completing US EPA Region 9 biosolids report format. Please contact Lauren Fondahl, Region 9

Biosolids Coordinator, at fondahl.lauren@epa.gov or 415 972-3514 for questions regarding these.

General Facility Information: general information on your POTW and biosolids production. California facilities please spe

Description of processes: provide a short narrative description of your POTW's solids handling processes, any unique pro

Biosolids Treatment Provided: Indicate those processes used at your POTW for biosolids treatment

Digester performance: if your POTW has digesters and you are certifying Class B or Class A pathogen reduction by meet

Drying bed chart: if you a certifying Class B pathogen reduction by drying biosolids for a minimum of three months in dryi

Pathogen and VAR: if your biosolids are land applied or placed in a surface disposal site, specify on this page what metho

Pollutant analytical results: Report analytical results for pollutants for which you were required to monitor for, depending o

Monitoring Data Summary: Summarize results of monitoring, specify which laboratories were used, and analytical metho

Contract Appliers, Haulers, Treatment Facilities: Report companies that you contracted with for biosolids treatment, use, a

Final Use or Disposal: Specify the dry metric tons of biosolids produced during the year, and tonnage going to each use o

Land Application Site Information: fill this out if your biosolids are applied on city-owned property through a direct contract

BioGas: This is an optional page for POTWs with anaerobic digesters to fill out if you want to share information on biogas

Annual Report Status						
Generator Facility Information Data						
	Active					
Annual ID. (CEDEN permit if applicable)	CA-00 [illegible]					
Facility Name	Elk Grove Wastewater Treatment Plant					
Authority Name	City of Elk Grove					
Regional Board Number (California only)	5Sacramento (Central Valley)					
Facility Physical Address:						
Street	8401 Pinkerton Lane					
City	Elk Grove					
County	Sacramento					
State or Tribal Nation	California					
Zip Code	95624					
Phone	916-714-5150					
Facility Mailing Address:						
Street	10 E Street					
City	Davis					
State	CA					
Zip Code	95616					
Responsible Official						
Name	Daniel Denton					
Title	Utilities Operations Manager					
Data Mgt. Contact Person						
Name						
Title						
Email	[illegible]					
Phone	916-714-5150					
Fax	916-714-5150					
Average Daily Inflow Flow in gallons million (Gallons per day (MGD) Million, i.e. a measure of treatment plant	4.75					
Annual Biosolids production, in dry metric tons per year (DMT), MT/dry weight basis.	1217					
Does this facility have a design capacity equal to or greater than 5 million gallons per day (MGD)? (Y/N)	T					
Is Inventory Required? (Y/N)	T					
Does this facility use chlorine disinfection to treat effluent? If so, enter name of chlorine supplier, indicate the chlorine form (liquid, solid, or gas), and enter max. dosage (lbs/day/year).	N	Plant 1 Bulkwater Site Name 1	Chlorine form Liquid	Chlorine form Plant 1 Bulkwater Site Name 1	Chlorine form Liquid	Plant
Is this a "chlorine-only" facility (no measure of toxicity)? (Y/N)	N					
Does this facility use biosolids, sludge or other? (Y/N). If so, complete sludge and/or other provisions, and enclose (DMT) info.	T	County 1	County 2	County 3	County 4	
Volume, dry metric tons/year, and tonnage	1217					
Name of Entity	Sacramento, Sacramento County					
Name of Contact Person Name	Calleen Sisk					
Specify the pollutant (check all boxes that pertain to facility Biosolids Data)	N/YN/					
Multi-jurisdictional Multi-jurisdictional	N/YN/					
Indirect Indirect	N/YN/					
Non Indirect N/YN/						
Non multi-jurisdictional Non multi-jurisdictional	N/YN/					
Copper quantity Copper						
Arsenic Arsenic quantity Arsenic						
Boron Boron quantity Boron						
Lead Lead quantity Lead						
Other (Other)						

LLUTANT ANALYTICAL RESULTS Monitoring Year ___	Use/Disposal Practic	Sample Date	Pollutant/Units Amount Qualifier Amount Qualifier Amount Qualifier Amount Qualifier	Arsenic (As) mg/kg	Beryllium (Be) mg/kg	Cadmium (Cd) mg/kg	Chromium (Cr) mg/kg	Copper (Cu) mg/kg	Lead (Pb) mg/kg	Mercury (Hg) mg/kg	Molybdenum mg/kg	Nickel (Ni) mg/kg	Selenium (Se) mg/kg	Zinc (Zn) mg/kg	Ammonia (Nh3) %	Total Phosphorus %	Total Solids %	Total K Nitrogen %	Nitrite & Nitrate %	Fecal Coliform MPN/g	Salmonella #/4g	Helminth OVA #/g	Enteric Virus PFU/g	BDL = "Below Detection Limit" (use this qualifier instead of "<". Report the detection limit as the measured amount.)	DNP = "Data Not Provided" (Report "0" for the amount when using this qualifier. Required to report for land application: As, Cd, Cu, Pb, Hg, Mo, Ni, Se, Zn.)	THOGENS AND VECTOR ATTRACTION REDUCTI	PATHOGEN REDUCTI	VECTOR ATTRACTION REDUC	Class A	Method Pass	___	1. 38% Volatile Solids Reducti	___	1. Time/Temperature (T&T...	Class B	1. Prior testing for Fecal colifor	___	Class Undetermin	___	Geometric Mean? (Y/	___
																			24. Mixing of Biosolids							(method # or 999 as default)		14. ___________	___		___	2. BENCH - Anaerobic Digestio	___	2. Alkaline Treatment (PH&T&T)		2. PSRP Method	___				
																			25. Oxidation Ditch							___					___	3. BENCH - Aerobic Digestion	___	3. Prior Testing (EV or VHO)		1) aerobic digestion					
																			26. Incineration							___					___	4. Aerobic Digestion (SOUR)	___	4. No Prior Testing (EV or VHO)		2) air drying					

7. Drug (NEXITO)		8. Dose (mg)		9. Route (oral/iv/im)
10. Is a repeat dose		11. Dose every (hours)		12. Duration (days)
13. Refer a Diagnostic Drug Card		14. Is a dose every (hours)		
15. Generic Name (Name		16. Type (tablet/vial/		

Description of processes

Give a brief description of your sewage sludge treatment and use/disposal practices

Primary clarification followed by anaerobic digestion. Digested sludge is stored in facultative sludge lagoons. Thickened lagoon sludge is removed via a dredge t
disposed of by land application and contract disposal company.

4

Describe any changes to your operations, any unique features or operational issues encountered during past year

Contract agricultural land application by Greenway Partners at a newly permitted site owned by Eric Almquist.

Describe any instances of non-compliance and measures taken to correct it.

Two samples analyized. Two additional samples taken from stockpiled 2015 biosolids and sent for analysis. Results of analysis will be available and submitted the first week in March 2(

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BIOSOLIDS TREATMENT PROVIDED		
For each treatment type, please indicate which method(s) your facility uses to treat its solids. For example, if three anaerobic digesters are used, enter the code for anaerobic digesters followed by the number three in parentheses. The number entered will look like 6(3). If more than one method is used for each process, please separate the codes with commas. For example, if 3 digesters, 2 centrifuges, and 10 drying beds are being used, enter 6(3), 18(10), 21(2).		
	Type the thickening code(s) into the box below:	
THICKENING		
Codes to use for thickening:	4	Facultative Sludge Lagoons
1. Gravity	Facultative Sludge Lagoons	
2. Dissolved-Air Flotation (DAF)		
3. Centrifuge (enter number of centrifuges in use)		
4. Other (briefly describe in the cell to the right of the "Thickening" code box)		
	Type the stabilization code(s) into the box below:	
Stabilization/Pathogen Reduction		
Codes to use for stabilization:	7	
5. Aerobic Digestion		
6. Thermophilic aerobic digestion		
7. Anaerobic Digestion		
8. Thermophilic anaerobic digestion		
9. Pasteurization		
10. Chemical (Alkali) Stabilization		
11. Composting		
12. Other (briefly describe in the cell to the right of the "Stabilization" code box)		
	Type the conditioning code(s) into the box below:	
CONDITIONING		Polyacylimide Emulsion
Codes to use for conditioning:	13	
13. Chemical Conditioning (add type of polymer to right of code box)	Polyacylimide Emulsion	
14. Other (briefly describe in the cell to the right of the "Conditioning" code box)		
	Type dewatering code(s) into the box below:	
DEWATERING		
Codes to use for dewatering:	21	
15. Vacuum Filter		
16. Pressure Filter		
17. Belt Filter		
18. Drying Beds		
19. Drying Lagoon		
20. Heat Drying Units		
21. Centrifuge		
22. Other (briefly describe in the cell to the right of the "Dewatering" code box)		
	Type other applicable code(s) into the box below:	
OTHER		
Codes to use for "other":		
23. Wastewater Lagoon		
24. Oxidation Ditch		
25. Incineration		
26. Fuel (briefly describe in cell to the right of the "other" code box)		
27. Septage		
28. Other (briefly describe in the cell to the right of the "Other" code box)		

Digester Performance

If the facility used digestion to demonstrate pathogen reduction during the reporting year, please fill in this table.

Please type information in the cells below:

Reporting Period:	2015
Digester Number:	6100

Facultative Sludge Lagoons

		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21	Day 22	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28	Day 29	Day 30	Day 31	AVERAGE
January	HDT	34	39	43	40	40	40	33	34	48	26	28	27	30	26	26	34	29	26	24	23	25	25	25	34	31	32	30	29	31	29	27	31
	Temp	98	99	98	99	98	99	99	100	99	99	99	99	98	98	97	99	99	99	99	97	98	98	98	96	95	98	98	98	98	99	99	98
								75							60							69							66				68
February	HDT	25	31	33	34	28	31	32	28	32	32	30	31	32	30	25	35	30	30	32	47	47	53	42	47	48	43	41	29				35
	Temp	99	99	99	99	98	99	99	99	98	99	98	97	99	98	99	99	98	98	99	99	99	99	101	99	101	101	101	100				99
	VSR				61							61							69							70							65
March		29	33	33	41	33	35	30	28	26	30	26	31	32	34	34	34	39	31	33	32	27	28	33	30	33	30	29	24	22	21	25	31
	7	100	99	97	99	99	99	98	97	97	98	96	96	97	98	99	96	99	98	99	98	98	98	97	98	99	99	99	99	98	97	98	98
	VSR											72							70														71
April	HDT	26	25	22	19	24	22	28	30	55	31	29	28	29	33	39	36	63	54	52	52	56	38	38	39	28	26	33	30	36	35		35
	Temp	98	98	98	98	97	98	97	98	99	99	99	99	99	99	98	100	100	101	101	100	100	102	100	100	99	98	98	98	97	97		99
	VSR	47							58							61								65						63			59
May	HDT	34	25	25	33	34	33	33	34	25	25	34	33	33	33	31	25	28	31	28	24	27	23	19	23	23	25	27	25	26	20	24	28
	Temp	97	97	96	96	96	96	96	97	97	96	96	96	97	97	97	98	97	97	98	99	97	97	97	97	96	97	97	97	97	97	96	97
	VSR						58							58							56							53					56
June	MCRT	27	29	27	29	26	19	19	23	23	23	27	27	26	33	33	33	35	47	50	46	43	36	38	34	36	37	30	30	41	46		32
	Temp	96	97	96	98	98	98	97	98	98	98	98	98	99	99	97	100	100	99	99	99	97	98	98	97	97	97	96	96	97	96		98
	VSR			48							57							63							65								58
July	MCRT	34	29	36	33	39	23	45	51	41	37	34	34	34	34	34	34	34	30	29	30	31	33	29	34	30	32	31	34	31	31	29	34
		96	96	96	96	96	96	96	96	NA	97	97	98	96	97	97	97	97	96	97	98	97	98	97	98	97	97	97	97	96	98	97	97
		64							60							66							64							49			61
August		25	20	25	36	32	29	26	21	28	28	28	24	23	23	19	23	26	23	23	21	26	77	33	23	21	21	22	53	11	44	47	28
	Temp	96	96	97	96	96	96	97	96	96	96	96	96	96	97	96	96	98	96	96	96	96	96	96	96	97	97	96	97	96	96	97	96
	VSR					39							55							58							55						52
September	MCRT	30	27	24	24	23	24	29	22	27	33	32	27	30	26	33	29	29	31	34	30	37	34	27	28	37	34	32	34	34	33		30
		97	97	97	97	94	96	96	96	96	95	96	96	95	95	96	96	96	96	97	97	97	97	96	97	97	97	98	97	98	97		96
	21		57							60							53							60							62		58
October	MCRT	27	32	31	29	30	35	28	31	30	26	30	34	34	33	31	34	48	41	21	45	27	33	34	33	39	35	34	34	35	34	38	33
	Temp	99	98	97	97	98	98	98	98	97	98	98	98	97	96	98	97	97	98	98	98	97	98	97	96	97	98	97	97	97	98	97	97
	VSR							57							69							49							58				58
November	MCRT	28	30	28	30	27	30	30	30	30	28	35	30	32	36	19	36	31	33	35	32	84	37	33	32	33	33	29	30	29	31		33
	Temp	97	97	96	96	95	96	96	96	96	96	95	96	96	96	98	97	98	98	99	100	99	98	101	100	100	98	99	97	96	95		97
	VSR				NR							NR							67							58							63
December	MCRT	31	44	39	31	34	30	35	37	35	35	24	21	26	30	27	29	30	29	49	33	36	34	39	30	34	35	25	28	27	29	26	32
	Temp	97	98	97	96	96	96	96	96	96	96	95	96	94	94	93	92	94	94	94	96	95	96	97	96	96	97	98	96	97	97	97	96
	VSR		67							63							NR							83							62		69

Reporting Period:	2015
Digester Number:	6200

		Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10	Day 11	Day 12	Day 13	Day 14	Day 15	Day 16	Day 17	Day 18	Day 19	Day 20	Day 21	Day 22	Day 23	Day 24	Day 25	Day 26	Day 27	Day 28	Day 29	Day 30	Day 31	AVERAGE
January	HDT	34	39	43	40	40	40	33	34	48	26	28	27	30	26	26	34	29	26	24	23	25	25	25	34	31	32	30	29	31	29	27	31
	Temp	99	99	100	99	100	100	100	100	99	99	100	100	99	98	97	99	99	98	98	90	97	96	97	97	97	98	97	98	98	99	98	98
	VSR							71							59							66							67				66
February	HDT	25	31	33	34	28	31	32	28	32	32	30	31	32	30	25	35	30	30	32	47	47	53	42	47	48	43	41	29				35
	Temp	98	99	99	99	99	99	99	99	99	99	99	96	99	98	99	98	96	99	97	99	99	99	97	97	97	97	97	97				98
	VSR				64							61							65							70							65
March	HDT	29	33	33	41	33	35	30	28	26	30	26	31	32	34	34	34	39	31	33	32	27	28	33	30	33	30	29	24	22	21	25	31
	Temp	97	NR	98	98	99	98	98	98	98	90	97	92	98	98	99	93	99	98	100	99	99	99	98	99	100	99	99	99	99	97	99	98
	VSR											73							66														70
April	HDT	26	25	22	19	24	22	28	30	55	31	29	28	29	33	39	36	63	54	52	52	56	38	38	39	28	26	33	30	36	35		35
	Temp	98	98	98	97	97	97	96	97	97	98	99	98	98	98	98	99	99	98	99	99	100	104	100	100	99	99	98	98	97	97		98
	VSR	44							59							65								66						64			60
May	HDT	34	25	25	33	34	33	33	34	25	25	34	33	33	33	31	25	28	31	28	24	27	23	19	23	23	25	27	25	26	20	24	28
	Temp	97	97	97	96	97	98	98	99	99	97	98	100	99	100	99	99	99	99	99	97	98	98	97	97	96	96	96	96	97	96	96	98
	VSR						61							63							74							54					63
June	MCRT	27	29	27	29	26	19	19	23	23	23	27	27	26	33	33	33	35	47	50	46	43	36	38	34	36	37	30	30	41	46		32
	Temp	96	97	96	97	98	98	97	98	98	98	98	98	97	98	98	99	99	99	99	94	99	98	98	97	97	97	96	96	97	95		97
	VSR			52							57							58							64								58
July	MCRT	34	29	36	33	39	23	45	51	41	37	34	34	34	34	34	34	34	30	29	30	31	33	29	34	30	32	31	34	31	31	29	34
	Temp	96	95	95	96	95	96	96	96	NA	96	96	96	96	97	96	96	96	95	96	97	96	97	96	97	96	96	97	97	96	97	98	96
	VSR	61							58							68							63							52			60
August	MCRT	25	20	25	36	32	29	26	21	28	28	28	24	23	23	19	23	26	23	23	21	26	77	33	23	21	21	22	53	11	44	47	28
	Temp	96	96	96	95	95	96	97	96	96	96	96	96	98	97	97	96	96	96	97	96	97	96	96	96	97	97	97	97	96	96	96	96
	VSR					37							59							57							55						52
September	MCRT	30	27	24	24	23	24	29	22	27	33	32	27	30	26	33	29	29	31	34	30	37	34	27	28	37	34	32	34	34	33		30
	Temp	98	97	97	97	96	96	96	98	96	98	98	98	94	96	98	95	98	97	96	97	97	98	95	98	97	97	98	96	NR	96		97
	VSR		56							59							55							58							60		58
October	MCRT	27	32	31	29	30	35	28	31	30	26	30	34	34	33	31	34	48	41	21	45	27	33	34	33	39	35	34	34	35	34	38	33
	Temp	98	98	97	97	98	98	99	98	97	98	98	98	98	96	98	98	98	98	98	99	97	98	97	97	97	98	97	97	97	97	97	98
	VSR							58							66							48							49				55
November	MCRT	28	30	28	30	27	30	30	30	30	28	35	30	32	36	19	36	31	33	35	32	84	37	33	32	33	33	29	30	29	31		33
	Temp	97	97	98	97	96	96	96	96	97	95	96	97	97	96	98	97	97	97	97	97	98	98	99	99	98	97	97	97	96	96		97
	VSR				NR							NR							48							60							54
December	MCRT	31	44	39	31	34	30	35	37	35	35	24	21	26	30	27	29	30	29	49	33	36	34	39	30	34	35	25	28	27	29	26	32
	Temp	97	96	97	98	96	96	96	96	96	96	96	96	94	94	93	93	94	94	94	96	95	96	97	96	97	97	98	97	97	97	97	96
	VSR		64							65							0*							73							52		64

Drying Bed Record: If this facility used drying beds during the reporting year, please fill in this table. Enter dates in mm/dd/yyyy format.

	Drying Bed #	Date start to fill	Date filling completed	Date removal from drying bed started
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12	7			
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31	21			
32				
33				
34				
35				

Pathogen and Vector Attraction Reduction (VAR)
Please note: this page of the spreadsheet must be printed out, signed at the bottom by the responsible official, and mailed to the EPA, as well as being returned with the rest of this spreadsheet (as an electronic file).

Pathogen Reduction for Class A Biosolids	If this facility produces Class A biosolids, please enter the appropriate code(s) in the box below. Include fecal coliform/salmonella results with monitoring results.
Code numbers to use for Pathogen Reduction of Class A Biosolids:	4
Alternative 1	Time/Temperature (T&T)
Alternative 2	Alkaline Treatment (pH and T&T)
Alternative 3	Testing for 3 categories of pathogens, operational paramenters
Alternative 4	
PFRP 1	Composting
PFRP 2	Heat drying
PFRP 3	Heat treatment of liquid biosolids
PFRP 4	
PFRP 5	7
PFRP 6	Gamma ray irradiation
PFRP 7	Pasteurization
Alternative 6	Equivalent PFRP

Facultative Sludge Lagoons

Pathogen Reduction for Class B Biosolids	If this facility produces Class B biosolids, please enter the appropriate code(s) in the box below. Include fecal coliform results, if applicable, with monitoring results.
	PSRP 3
Code numbers to use for Pathogen Reduction of Class B Biosolids:	Code Description
Alternative 1	Testing for fecal coliform, geometric mean of seven samples
PSRP 1	PSRP Method: aerobic digestion
PSRP 2	PSRP Method: air drying
PSRP 3	PSRP Method: anaerobic digestion
PSRP 4	
PSRP 5	
Alternative 3	

Vector Attraction Reduction (VAR)	Please enter the appropriate VAR compliance code in the box below:
Codes to use for VAR compliance:	1
1	38.5 % Volatile Solids Reduction
2	BENCH - Anaerobic Digestion
3	BENCH - Aerobic Digestion
4	Aerobic Digestion (SOUR)
5	"Aerobic Process": Composting
6	Alkaline stabilization: pH 12 for 2 hours, 11.5 for 22 hours
7	Drying: digested biosolids to 75%
8	Drying: undigested biosolids to 90%
9	Injection
10	Incorporation
11	Surface Disposal Daily Cover
12	Septage: pH 12 for 30 minutes
999	Not Applicable

Preparer's Certification Statement for Pathogen and Vector Attraction Reduction
40 CFR 503.17, as amended August 4, 1999

Please enter the compliance method number(s) in the statement below:

" I certify, under penalty of law, that the information that will be used to determine compliance with the pathogen requirements in 503.32 _____ [and the vector attraction reduction requirements in 503.33 ____]* was prepared under my direction and supervision in accordance with the system designed to ensure that qualified personnel properly gather and evaluate this information. I am aware that there are significant penalties for false certification including the possibility of fine and imprisonment.

Signature of responsible official: _____

*when vector attraction reduction is achieved during treatment

Pollutant Analytical Results

The top portion of this sheet contains cells to enter data for 6 sample events; please scroll down the page to enter data for additional sampling events.
If results are below the detection limit, enter "<" and the detection limit used
If results are not available for a pollutant, please use "N/A" as the qualifier
For fecal coliform, for Class B report geometric mean for each sampling period; for Class A report individual sample result, or maxamum result if several samples taken during sampling period

Pollutant		Facultative Sludge Lagoons	Sample Event 1	Sample Event 2	Sample Event 3	Sample Event 4	Sample Event 5	Sample Event 6
			Please enter the date of this sample event in the cell to the right: 4/15/2015	Please enter the date of this sample event in the cell to the right: 8/19/2015	Please enter the date of this sample event in the cell to the right:	Please enter the date of this sample event in the cell to the right:	Please enter the date of this sample event in the cell to the right:	Please enter the date of this sample event in the cell to the right:
		Amount, or Qualifer	Amount, or Qualifier	Amount, or Qualifier	Amount, or Qualifier	Amount, or Qualifier	Amount, or Qualifier	Amount, or Qualifier
Arsenic (As)	mg/kg		7.15	<0.565				
Cadmium (Cd)	mg/kg		7.11	7.44				
Chromium (Cr)	mg/kg		44.6	32.7				
Copper (Cu)	mg/kg		1130	944				
Lead(Pb)	mg/kg		65.7	42.6				
Mercury (Hg)	mg/kg		1.79	1.8				
Molybdenum (Mo)	mg/kg		12.6	10.5				
Nickel (Ni)	mg/kg		37.6	27.8				
Selenium (Se)	mg/kg		<0.941	3.18				
Zinc (Zn)	mg/kg		1370	1110				
Total Solids	%		32	46.3				
Total Kjeldahl Nitrogen (TKN)	%		37000	28000				
Organic nitrogen	mg/kg		28200	19200				
Ammonium Nitrogen	mg/kg		8800	8800				
Fecal Coliform geometric mean	MPN/g							
Fecal coliform max(Class A)	MPN/g							
Salmonella	MPN/4g							
Helminth OVA	#/4g							
Enteric Virus								

Pollutant		Sample event 7	Sample event 8	Sample event 9	Sample event 10	Sample event 11	Sample event 12
		Please enter the date of this sample event in the cell to the right:	Please enter the date of this sample event in the cell to the right:	Please enter the date of this sample event in the cell to the right:	Please enter the date of this sample event in the cell to the right:	Please enter the date of this sample event in the cell to the right:	Please enter the date of this sample event in the cell to the right:
		Amount, or Qualifier	Amount, or Qualifier	Amount, or Qualifier	Amount, or Qualifier	Amount, or Qualifier	Amount, or Qualifier
Arsenic (As)	mg/kg						
Cadmium (Cd)	mg/kg						
Chromium (Cr)	mg/kg						
Copper (Cu)	mg/kg						
Lead(Pb)	mg/kg						
Mercury (Hg)	mg/kg						
Molybdenum (Mo)	mg/kg						
Nickel (Ni)	mg/kg						
Selenium (Se)	mg/kg						
Zinc (Zn)	mg/kg						
Total Solids	%						
Total Kjeldahl Nitrogen (TKN)	%						
Organic nitrogen	mg/kg						
Ammonium Nitrogen	mg/kg						
Fecal Coliform	MPN/g						
Salmonella	MPN/4g						
Helminth OVA	#/4g						
Enteric Virus	PFU/4g						

MONITORING DATA SUMMARY

Final Use/Disposal Practice	Please enter information into this column.
How many biosolids analyses is this facility required to perform per monitoring year? (Please refer to the "Required Monitoring Frequency" table at right)	4
Are reported results represented on a 100% dry weight basis? (Y/N)	4
Are fecal coliform results the geometric mean of 7 samples, if used for demonstratrating Class B pathogen reduction (Y/N)	
If biosolids were land applied, were all the following metals sampled: As, Cd, Cu, Pb, Hg, Mo, Ni, Se, Zn? (Y/N/NA)	Y
If biosolids were surface disposed, were all the following metals sampled: As, Cr, and Ni? (Y/N/NA)	

Facultative Sludge Lagoons

Required Monitoring Frequency (Source: 40 CFR, Part 503)

Biosolids Production (DMT/yr)	Required Monitoring Frequency
>0 to <290	Once per year (1/yr)
290 to <1500	Once per quarter (4 samples/stockpile)
1500 to <15,000	Once per 60 days (6 samples /stockpile)
greater than or equal to 15,000	Once per month (12 samples/stockpile)

Pollutants: Please enter data in the cells to the right of each sampled pollutant type. Please use the indicated units for each pollutant type, in dry weight only. Report on 100% dry weight basis.	Units	Yearly Average	Yearly Maximum	Analyses per Year	Analytical Method Used
Arsenic (As)	mg/Kg	3.858	7.15	2	EPA 6010B
Cadmium (Cd)	mg/Kg	7.28	7.44	2	EPA 6010B
Chromium (Cr)	mg/Kg	38.7	44.6	2	EPA 6010B
Copper (Cu)	mg/Kg	1037	1130	2	EPA 6010B
Lead(Pb)	mg/Kg	54.2	65.7	2	EPA 6010B
Mercury (Hg)	mg/Kg	1.8	1.8	2	EPA 6010B
Molybdenum (Mo)	mg/Kg	11.6	12.7	2	EPA 6010B
Nickel (Ni)	mg/Kg	32.7	37.6	2	EPA 6010B
Selenium (Se)	mg/Kg	2.061	3.18	2	EPA 6010B
Zinc (Zn)	mg/Kg	1240	1370	2	EPA 6010B
Fecal Coliform	MPN/g				
Salmonella	MPN/4g				
Helminth OVA	#/4g				
Enteric Virus	PFU/4g				
Nitrite & Nitrate (NO2 & NO3)	%				
TKN	mg/Kg	32500	37000	2	SM 4500
Ammonia (NH3)	mg/Kg	8800	8800	2	SM 4500
Total Solids					
Phosphorus (P)	mg/Kg				

	Please enter data in the cells below.
If biosolids were disposed of in a municipal solid waste landfill, please indicate whether the biosolids passed a Paint Filter Test (enter Pass, Fail, or NA)	
If biosolids were disposed of in a municipal solid waste landfill, and a toxicity characteristic leaching procedure (TCLP) was done, please indicate whether the biosolids passed (enter Pass, Fail, or NA)	

Laboratories used (list each lab below; one row per lab):	Name of Laboratory	City and State where located	Did laboratory specify results to be on a 100% dry weight basis?	Dates used (i.e. "January - August")
	Calscience	Garden Grove, CA	Y	April, August

Contractors	
Please include all contractors used for biosolids land application, treatment, disposal, and hauling this year. (Add ac	
	Please type information into this column.
Contractor 1	
Name	Wininger Farms
Street	1815 Eel River Drive
City	Fortuna
State	CA
County of Operations	Humboldt
Zip Code	95540
Contact Name	Keith Wininger
Contact Phone	707-725-3498
Contact e-mail	winingerfarms@yahoo.com
Type of operation(s)	Transport and land apply
Dry metric tons handled	158
Contractor 2	
Name	SynagroWest
Street	3845 Bithell Lane
City	Suisun City;
State	CA
County of Operations	Solano
Zip Code	94585
Contact Name	John Pugliaresi
Contact Phone	650-652-6531
Contact e-mail	jpugliaresi@synagro.com
Type of operation(s)	Transport and land apply
Dry metric tons handled	362.7
Contractor 3	
Name	
Street	
City	
State	
County of Operations	
Zip Code	
Contact Name	
Contact Phone	
Contact e-mail	
Type of operation(s)	
Dry metric tons handled	

Final Use and Disposal Practices

Total Annual Production	Please type amount in the cell below. Weight units must be Dry Metric Tons (DMT), 100% dry weight basis. Composters specify biosolids received in this column	Total compost produced: composters report total volume of compost produced.
	520.7	

Land application is spreading or injection of Class A or Class B biosolids, or materials derived from biosolids, for the purpose of growing crops or vegetation.

Land Application of Class B biosolids:	Please type amounts in the cells below, to the right of each applicable method. Weight units must be Dry Metric Tons for the Year (DMTY).
Agricultural Land	520.7
Range Land	
Forest	
Reclamation Site	
Land Application of Class A biosolids:	
Agricultural Land	
Range Land	
Forest	
Public Contact Site	
Reclamation Site	
Sold or Given Away	

Surface disposal is spreading, injection, or filling for the purpose of disposal. It includes sludge-only units at landfills.

SURFACE DISPOSAL	Please type amounts in the cells below, to the right of each applicable method. Weight units must be Dry Metric Tons for the Year (DMTY).
With Liner & LCS	
Without Liner & LCS	

LANDFILL	Please type amounts in the cells below, to the right of each applicable method. Weight units must be Dry Metric Tons (DMT).
Landfill Disposal	
Landfill Cover (ADC or final)	
Landfill Name	
Does Landfill meet 40CFR258? (Y/N)	

RECEIVED FROM ANOTHER FACILITY	Please type amounts in the cells below, to the right of each applicable method. Weight units must be Dry Metric Tons per year (DMTY).	Facility 1	Facility 2 Facility 3
Amount Received From Other Faciliteis			
Name of facility (fill out a column for each facility)			
Address of facility			
Type of facility (POTW, other)			

TRANSFERRED TO ANOTHER FACILITY	Please type amounts in the cells below, to the right of each applicable method. Weight units must be Dry Metric Tons (DMT).	Facility 1:	Facility 2 Facility 3
Amount Transferred To Other Facilities			
Name of the other facility			
Address of facility			
Type of facility (POTW, composter, other)			

	Please type amounts in the cells below, to the right of each applicable method. Weight units must be Dry Metric Tons (DMT).
Amount Subjected to Other Use or Disposal	
Please specify the other use or disposal METHOD in the cell to the right:	
Amount Stored	
Amount stored from current year	
Amount stored from previous years	
Age of stored sludge	
Amount in Long-Term Treatment in Lagoons	Estimate 3000 DMT stored in facultative lagoons

LAND APPLICATION SITE INFORMATION

If your facility or a contractor applies biosolids to the land, please enter the requested information in this sheet. Please copy this sheet and fill it in for each individual field.

	Please type information in the cells below.
Site Name	Almquist
Site Number (Field Identification Number)	
Hydrologic Unit (if known)	
Owner	Eric Almquist
Grower	Same
Applier	Wininiger Farms
Latitude	40 degree 44' 45.15"
Longitude	123 degree 57' 8.11"
Street Address (if applicable)	
Township	
Range	
Section	
Overall size of the field	40 ac
Applied area of the field	13.5 ac
Crop	Pasture grass
Maximum Rate (MT/HA)	49.4 recommended
Cumulative Load Required? (Y/N)	
Notification Required? (Y/N)	Y

Please enter either English or Metric Units for the items below.	English Units		Metric Units	
	Value	Unit	Value	Unit
Application Rate	40.32	tons/acres		MT/Ha
Recommended N for Crop	250	lbs/acre		Kg/Ha
Plant Available N (PAN)	13.8	lbs/dry ton		Kg/metric ton
Total Biosolids Applied	174	dry tons		dry metric tons
Actual Application Rate	12.9	dry tons/acre		dry metric tons/Ha
Target Application Rate	16.8	dry tons/acre		dry metric tons/Ha
Total Recommended N	232.6	lbs/acre		Kg/Ha
Total Applied N	2401	lbs/field		Kg/field
Percent of Recommended N	75	%		%
P Applied	5237	lbs/field		Kg/field
K Applied	313	lbs/field		Kg/field

Dates of Operation	Start Date	Finish Date
Dates of Application	10/12/2015	10/20/2015
Dates of Seeding		
Dates of Harvesting		

Cumulative Metal Loadings (Kg/Ha):	Enter the Baseline values in the cells below	Enter the year in the cell below, then fill in the column	Enter the year in the cell below, then fill in the column	Enter the year in the cell below, then fill in the column	Enter the year in the cell below, then fill in the column	Enter the year in the cell below, then fill in the column
		2015				
As maximum	0.22	1.13				
Cd average	0.044	1.15				
Cd maximum	0.044	1.17				
Cu average	4.11	164.18				
Cu maximum	4.11	178.9				
Pb average	1.19	8.58				
Pb maximum	1.19	10.4				
Hg average	0.00447	0.28				
Hg maximum	0.00447	0.28				
Mo average	0.1	1.8				
Mo maximum	0.1	2				
Ni average	7.3	5.18				
Ni maximum	7.3	5.95				
Se average	<10.00 mg/Kg	0.33				
Se maximum	<10.00 mg/Kg	0.5				
Zn average	7.93	196.3				
Zn maximum	7.93	216.9				

LAND APPLICATION SITE INFORMATION

If your facility or a contractor applies biosolids to the land, please

Please type information in the cells below.

Site Name	
See Synagro Reports; Attached	
Hydrologic Unit (if known)	
Owner	
Grower	
Applier	
Latitude	
Longitude	
Street Address (if applicable)	
Township	
Range	
Section	
Overall size of the field	
Applied area of the field	
Crop	
Maximum Rate (MT/HA)	
Cumulative Load Required? (Y/N)	
Notification Required? (Y/N)	

Please enter either English or Metric Units for the items	English Units		Metric Units	
	Value	Unit	Value	Unit
Application Rate		tons/acres		MT/Ha
Recommended N for Crop		lbs/acre		Kg/Ha
Plant Available N (PAN)		lbs/dry ton		Kg/metric ton
Total Biosolids Applied		dry tons		dry metric tons
Actual Application Rate		dry tons/acre		dry metric tons/Ha
Target Application Rate		dry tons/acre		dry metric tons/Ha
Total Recommended N		lbs/acre		Kg/Ha
Total Applied N		lbs/field		Kg/field
Percent of Recommended N		%		%
P Applied		lbs/field		Kg/field
K Applied		lbs/field		Kg/field

Dates of Operation	Start Date	Finish Date
Dates of Application		
Dates of Seeding		
Dates of Harvesting		

Cumulative Metal Lo	Enter the Baseline values in the cells below	Enter the year in the cell below, then fill in the column	Enter the year in the cell below, then fill in the column	Enter the year in the cell below, then fill in the column	Enter the year in the cell below, then fill in the column
		2015			
As maximum					
Cd average					
Cd maximum					
Cu average					

Enter the year in the cell below, then fill in the column

Cu maximum					
Pb average					
Pb maximum					
Hg average					
Hg maximum					
Mo average					
Mo maximum					
Ni average					
Ni maximum					
Se average					
Se maximum					
Zn average					
Zn maximum					

Biogas

Information on your facility's biogas production, management and use. **Note: entry of information on this page is those wishing to share biogas data, and is not required as part of 40 CFR 503 reporting requirements or being r**

Biogas Production		
	4	Facultative Sludg
Biogas use: *Does you facility use biogas? If not, please explain.*	Y	
	% CH4	% CO2
Biogas content: *What is the chemical composition of the biogas your facility produces?*	64	36
		Cubic Feet Per Year
Biogas volume: *How much biogas did your facility produce last year? On average, how much does the facility produce each day?*	60,000	25,415,976

Biogas Storage	
Storage Type: *What type of infrastructure is used to store biogas (e.g. flexible membrane covers, no storage)*	7
	Cubic Feet
Storage Capacity: *What volume of biogas can be stored on site?*	0
Co-digestion	
	Outside Waste (Y/N)
Co-digestion: *Does you facility receive organic waste to enhance biogas production?*	No
	Waste Type (e.g. FOG, glycerin)
Types of waste: *What types of organic waste does the facility haul in?*	
	Average Quantity Processed
	FOG	Industrial food waste

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e Lagoons

Other (specify)

trace

Other (specify)

Post-consumer food waste	Agricultural Waste	Other

Waste Quantity: *How much organic waste does your facility accept this year? (Specify units, e.g. gallons per day, tons per day)*	0	
Biogas Increase: *Has co-digestion increased biogas production? If so, by how much?*		

Biogas Use		
	Internal Combustion Engine	Turbine
Utilization: *What percentage of the biogas produced is dedicated to each of the following uses?*	100	
Electricity (MWh/year): *If applicable, how much electricity was produced by each of the following uses last year?*		
Heat (therms/year): *If applicable, how much heat was produced by each of the following uses last year?*	163933	
Fuel (DGE/year): *If applicable, How much fuel was produced last year?*	NA	

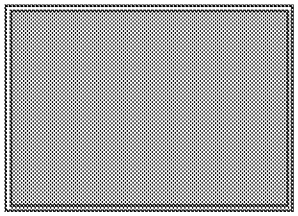
Biogas Treatment		
	Moisture	Siloxane
Pre-treatment: *How does your facility condition biogas before combustion? (Please indicate the treatment technology used.*	Moisture separation	
	VOCs	NOx
Post-combustion: *How does your facility manage the associated emissions?*	NA	

Additional sources of biogas		
	Additional Source	Quantity received (cubic feet per day)

Microturbines	Boiler	Fuel Cell	CNG/LNG	Direct pipeline injection	Flare

CO2	H2S	Other (please specify)
CO	Other (please specify)	

Quantity received (cubic feet per year)

Other? (specify)

Additional Sources: Does your facility also use biogas from other sources (e.g. a nearby landfill). If so, please specify the source and the quantity.	No