

SECTION 1: APPLICATION INFORMATION				
Registrant/Facility Name:				
Registrant / Facility BU Registration Number (circle prefix): BUG / BUD / BUF 0000-0		'BUD / BUF 0000- <u>0</u> 2		
☐ Generator	☐ Distributor		☐ FPR Treatment Facility	
Annual Reporting Year (previ	ous calendar year):			
Address (physical):				
Contact:	Phone: ()			
Email:		Cour	nty:	
SECTION 2: ACTIVITY INFORMATION			rion	
Type of Material	☐ Class A or B Biosolids	☐ FPR	☐ Gypsum/Industrial Non-Hazardous	
(check all that apply):	\square Other (please identify):			
Amount of Material handled	for Annual Reporting Year in	DRY SHOR	T TONS:	
All Alabama Counties By-Prod	duct Material was Land Appli	ed In:		
•		•		
•		•		
•		•		
•		•		
Please list all Distributors or 0	Generators and contact infor	nation for	each (or attach to application):	
•				
•				
•				
	SECTION 3: REPORTING	ATTACHN	MENTS	
For Biosolids Generators: Ple	ase attach or submit copies (of reports r	required under 40 C.F.R § 503.	
For Distributors or FPRTFs:				
	scriptions (or number of anii	nals raised	grazed or production destruction	
event, if applicable):				
0				
for a full description of Nitroge Phosph Fecal Co		applicatio		



SECTION 4: COMPLIANCE CERTIFICATIONS					
Generator Certification: NOTE- Must be unique to each generator. Please attach documentation of any inconsistencies, if applicable. (Generator Name) certifies that the physical and chemical					
characteristics of the by-product materials		·			
approved application together with docume					
Signature	Tit	le			
Print or Type Name	Da	te			
		nce Checklist:			
Please attach document	-		applicable.		
Compliance Item	Continuo				
(In ADEM Admin. Code ch. 335-13-16)	Compliand				
.03(1)(a)					
.03(1)(b)1.					
.03(1)(b)2.					
.03(1)(b)3.					
.03(3)					
.03(4)(a)					
.03(4)(b)					
.03(4)(e)					
.03(5)					
.03(6)(a)					
.03(6)(b)					
.03(6)(c)					
.04(1)(a)					
.04(1)(b)					
.04(1)(c)					
.04(5)(a)					
.04(7)					
.04(8)(a)					
.04(8)(b)					
.04(8)(c)					
.04(8)(d)					
.04(8)(e)					
.09(1)					
.09(2)					
.09(3)(a)					
.09(3)(b)					



ADEM Only – Date Received

.09(3)(e)			
.09(3)(f)1.			
.09(3)(f)2.			
.09(3)(f)3.			
.09(4)(a)			
Generator Signature	'	1	
3			
Signature	Title		
Print or Type Name	Date	2	
Distributor or	*FPRTF Com	pliance Checklist:	
Please attach document	ation of any i	nconsistencies, if applicable	e.
Compliance Item	Continuous	Intermittent	
(In ADEM Admin. Code ch. 335-13-16)	Compliance	Compliance	N/A
.03(1)(a)			
.03(1)(b)1.			
.03(1)(b)2.			
.03(1)(b)3.			
.03(3)			
.03(4)(a)			
.03(4)(b)			
.03(4)(e)			
.03(5)			
.03(6)(a)			
.03(6)(b)			
.03(6)(c)			
.04(2)(a)			
.04(2)(b)			
.04(2)(c)			
.04(2)(d)			
.04(3)			
.04(4)			
.04(5)			
.04(7)			
.04(8)(c)			
.04(8)(d)			
.04(8)(e)			
.05(1)			

.05(2)



.05(3)		
.05(4)(a)		
.05(4)(b)		
.05(4)(c)		
.05(4)(d)		
.05(4)(e)		
.05(5)		
.07(1)(a)		
.07(2)		
.07(a)		
.07(b)		
.07(3)		
.07(4)		
.07(5)		
*.08(1)		
*.08(2)		
*.08(3)		
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*.08(5)		
*.08(6)		
*.08(7)		
*.08(8)a		
*.08(8)b		
*.08(8)c		
*.08(9)a		
*.08(9)b		
.09(1)		
.09(2)		
.09(3)a		
.09(3)b		
.09(3)c		
.09(3)d		
.09(3)e		
.09(3)f		
.09(4)		
.10		
Appendix I		



Distributor or FPRTF Signature		
Signature	Title	
Print or Type Name	Date	
· · · · · · · · · · · · · · · · · · ·	340	
Certification of Compliance		
	all attachments were prepared under my direction or	
	assure that qualified personnel properly gather and	
,	uiry of the person or persons who manage the system,	
or those persons directly responsible for gathering the	information, the information submitted is, to the best	
, , , , , , , , , , , , , , , , , , , ,	lete. I am aware that there are significant penalties for	
submitting false information, including the possibility of		
	ssional seal and signature of the author(s) who	
prepared/submitted this report:		
•		
•		
•		
•		
Signature of Responsible Corporate Official of Registr	ration Applicant:	
Signature of Responsible Corporate Official of Registr	истоп Аррпсинс.	
Signature	Title	
Print or Type Name	Date	
SECTION 5: SUBMITTAL OF ANNUAL REPORT		
PREFFERED METHOD:		
An electronic version of this report may be submitted to ADEM at: beneficialuse@adem.alabama.gov .		
If submitting the application electronically, all attachments to this application must also be submitted in an		
electronic version. Contact ADEM at 334-274-4201 for additional information about this application form.		
This was and was the authoritated in was an farmenta.		
This report may be submitted in paper form to:		
ADEM – Solid Waste Branch		
P.O. BOX 301463, Montgomery, AL 36130-1463		
F.O. BOA 301403, Montgomery, At 30130-1403		