

- An Operations Plan (OP) for handling and transportation of the by-product materials which shall include best management practices for minimizing the following:
 - Time in Transit/Transport;
 - Odors;
 - Vectors;
 - Birds; and,
 - Spills.

SECTION 4: CERTIFICATION OF COMPLIANCE

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry 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 of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Please list all relevant credentials and/or professional seal and signature of the author(s) who prepared/submitted this application packet:

- _____
- _____
- _____
- _____

Signature of Responsible Corporate Official of Registration Applicant:

Signature _____
Title

Print or Type Name _____
Date

SECTION 5: APPLICATION FEES

Registration Application Fees Included: *(please refer to ADEM Admin Code 335-1 for applicable fees.)*

Generator: \$ _____	Distributor: \$ _____	FPRTF: \$ _____	Modification App.: \$ _____
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SECTION 6: SUBMITTAL OF APPLICATION

PREFERRED METHOD:

An electronic version of this application 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.

The application may be submitted in paper form to:

ADEM – Solid Waste Branch
P.O. BOX 301463, Montgomery, AL 36130-1463



SECTION 1: GENERAL INFORMATION

Registrant/Facility Name:

Registrant / Facility BU Registration Number (circle prefix): BUG / BUD / BUF 0000-0__-__-__-__-2__

Generator

Distributor

FPR Treatment Facility

Annual Reporting Year (previous calendar year):

Address (physical):

Contact:

Phone: () --

Email:

County:

SECTION 2: ACTIVITY INFORMATION

**Type of Material
(check all that apply):**

Class A or B Biosolids

FPR

Gypsum/Industrial Non-Hazardous

Other (*please identify*):

Amount of Material handled for Annual Reporting Year in DRY SHORT TONS:

All Alabama Counties By-Product Material was Land Applied In:

-
-
-
-

-
-
-
-

Please list all Distributors or Generators and contact information for each (or attach to report):

-
-
-

SECTION 3: REPORTING ATTACHMENTS

For Biosolids Generators: *Please attach or submit copies of reports required under 40 C.F.R § 503.*

For Distributors or FPRTFs:

- Crop Yield Descriptions (or number of animals raised/grazed or production destruction event, if applicable):
 - _____
 - _____
 - _____
- By-Product Material Testing Results – NOTE: Please see ADEM Admin. Code r. 335-13-16-.08 and -.09 for a full description of required items.
 - Nitrogen content and recommended application rates;
 - Phosphorus content;
 - Fecal Coliform content;
 - Appendix-I Constituents; and,
 - Updates to the approved NMP/OP, as applicable.

For All Registrants:

- Generator Certification(s) – Please attach copies to this report the following statement, undersigned by each unique Generator, and documentation of any inconsistencies, if applicable:
 - “ _____ (Generator Name) certifies that the physical and chemical characteristics of the by-product materials applied were consistent with the information submitted in the approved application together with documentation of any inconsistencies.”



SECTION 4: COMPLIANCE CHECKLISTS

Generator Compliance Checklist:

Please attach documentation of any inconsistencies, if applicable.

Compliance Item (In ADEM Admin. Code ch. 335-13-16)	Continuous Compliance	Intermittent Compliance	Not Applicable
.03(1)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.03(1)(b)1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.03(1)(b)2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.03(1)(b)3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.03(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.03(4)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.03(4)(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.03(4)(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.03(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.03(6)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.03(6)(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.03(6)(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.04(1)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.04(1)(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.04(1)(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.04(5)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.04(7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.04(8)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.04(8)(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.04(8)(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.04(8)(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.04(8)(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.09(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.09(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.09(3)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.09(3)(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.09(3)(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.09(3)(f)1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.09(3)(f)2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.09(3)(f)3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.09(4)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Generator Signature

_____	_____
Signature	Title
_____	_____
Print or Type Name	Date



Distributor or *FPRTF Compliance Checklist:

Please attach documentation of any inconsistencies, if applicable.

Compliance Item (In ADEM Admin. Code ch. 335-13-16)	Continuous Compliance	Intermittent Compliance	N/A
.03(1)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.03(1)(b)1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.03(1)(b)2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.03(1)(b)3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.03(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.03(4)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.03(4)(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.03(4)(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.03(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.03(6)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.03(6)(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.03(6)(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.04(2)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.04(2)(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.04(2)(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.04(2)(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.04(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.04(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.04(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.04(7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.04(8)(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.04(8)(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.04(8)(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.05(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.05(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.05(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.05(4)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.05(4)(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.05(4)(c)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.05(4)(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.05(4)(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.05(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.07(1)(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.07(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.07(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.07(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.07(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.07(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Alabama Department of Environmental Management
Beneficial Use Annual Reporting Form 570

ADEM Only – Date Received

.07(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*.08(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*.08(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*.08(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*.08(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*.08(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*.08(6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*.08(7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*.08(8)a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*.08(8)b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*.08(8)c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*.08(9)a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*.08(9)b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.09(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.09(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.09(3)a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.09(3)b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.09(3)c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.09(3)d	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.09(3)e	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.09(3)f	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.09(4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appendix I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Distributor or FPRTF Signature

_____ Signature	_____ Title
_____ Print or Type Name	_____ Date



SECTION 5: SUBMITTAL OF ANNUAL REPORT

Certification of Compliance:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry 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 of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Please list all relevant credentials and/or professional seal and signature of the author(s) who prepared/submitted this report:

- _____
- _____
- _____
- _____

Signature of Responsible Corporate Official of Registrant:

_____	_____
Signature	Title
_____	_____
Print or Type Name	Date

PREFERRED METHOD:

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