



ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
Water Quality Compliance Section
1110 W. Washington Street, MO5415B-1
Phoenix, Arizona 85007
602-771-4612 (voicemail) 602-771-4505 (fax)

**BIOSOLIDS LAND APPLICATION AND SUPPLEMENTAL REQUEST FORM
 FOR REGISTRATION ****

APPLICATOR INFORMATION

Name of Company or Individuals:	Telephone: Fax:
Address:	
City:	State: Zip:
Contact Person:	****Email:
NPDES Permit # (if applicable)	Other Permits: Specify #
Are you an: Individual or Corporation/Association/Labor Union/Other Legal Entity	

GENERATOR/PREPARER OF BIOSOLIDS

FACILITY TYPE:	WWTP	COMPOSTER	BIOSOLIDS PROCESSING	PUBLIC/PRIVATE
Name of Company/Individuals:			Telephone:	
Address:				
City:		State:		Zip:
Contact Person:		Telephone:		
NPDES #: (if applicable)		State Equivalent Specify #:		
Pathogen Treatment Alternative : Class A - Alternative #_____ Class B - Alternative #_____				
Vector Treatment Method: Option _____			Check here if you produce EQB. EQB	

BIOSOLIDS METAL CONTENT IN SEWAGE SLUDGE in Mg/Kg ON DRY WEIGHT BASIS (attach analytical report)

As=	Cd=	Cr=	Cu=	Pb=
Hg=	Mo=	Ni=	Se=	Zn=

NAME OF LABORATORY UTILIZED:
DATE AND NUMBER OF MOST RECENT SAMPLES:

**ADEQ review of your application is subject to Licensing time frames (LTF) statute under A.R.S. 41-1072 through 41-1079 and the licensing time frames rules under A.A.C. R18-1-501 through R18-1-525. The review time is 15 days.

NOTE TO APPLICATORS:

- A person shall not apply bulk biosolids to the land if the biosolids are likely to adversely affect a threatened or endangered species as listed under section 4 of the Endangered Species Act (16 U.S.C. 1533), or its designated critical habitat defined in 16 U.S.C. 1532. ADEQ encourages applicators to inquire with the U.S. Fish and Wildlife Service to determine if the proposed application may have an adverse affect.
- Applicators should contact the Arizona State Parks Board to confirm that biosolids land application activities at a specific site do not adversely effect "historic properties."

SITE SPECIFIC INFORMATION FOR APPLICATION SITE (complete for each site)			
Name of Company or Individuals:		Telephone:	
Address:			
City:	State:	Zip:	
Contact Person:		Telephone:	
Site Location Cross streets/landmarks:			
Directions to Site:			
Nearest City or Town:		County:	
Description of Site: Reclamation Site Farm Other: _____ includes composting site or biosolids processing site			
Township	Range	Section	
Total Acres:		Depth to Groundwater: _____ ft	
Field ID:	Latitude:	Longitude:	No. of Acres:
Field ID:	Latitude:	Longitude:	No. of Acres:
Field ID:	Latitude:	Longitude:	No. of Acres:
Field ID:	Latitude:	Longitude:	No. of Acres:
Field ID:	Latitude:	Longitude:	No. of Acres:
SOIL METAL CONTENT IN Mg/Kg ON DRY WEIGHT BASIS *Soil analysis is only required if site had previously received biosolids and sludge application records are not available.			
*Attach soil analysis, if required above	As =	Cd =	Cu = Pb =
	Hg =	Ni =	Se = Zn =
SLOPE: Check the applicable condition:	None of the fields have a slope greater than 6%.		
	The slope is greater than 6% on part of the site, biosolids will not be applied to that portion.		
	The slope is greater than 6% and NPDES Permit No. _____ applies to the site.		
PUBLIC NOTICE: 2 weeks required Proof of Public Notice with the Request for Registration is attached.			
I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE.			
SIGNATURE		TITLE	DATE