

APPENDIX 1

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
OFFICE OF WATER RESOURCES



**APPLICATION FOR ORDER OF APPROVAL**

THIS SECTION TO BE COMPLETED BY THE PREPARER

Name of Preparer \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Type of Material \_\_\_\_\_

Amount \_\_\_\_\_ Frequency of Disposal \_\_\_\_\_

Specific Method and Routing of Material \_\_\_\_\_

Material Analysis Performed By: \_\_\_\_\_

I, \_\_\_\_\_, hereby state that I have been authorized by the above-mentioned preparer or agent of the preparer to sign this document and declare that the information in this section is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

THIS SECTION TO BE COMPLETED BY THE TRANSPORTER

Name of Transporter \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

I, \_\_\_\_\_, hereby state that I have been authorized by the above-mentioned transporter or agent of the transporter to sign this document and declare that the material described above by the preparer will be transported in the method and routing described above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

THIS SECTION TO BE COMPLETED BY THE OWNER OF THE FACILITY OR SITE

Name of Owner \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

I, \_\_\_\_\_, hereby state that I have been authorized by the owner of the above-mentioned facility or site or the agent of the facility or site to sign this document and declare that the material described above will be disposed, distributed or utilized in the manner set forward in the application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

APPENDIX 2

SITE INFORMATION SHEET

APPLICATION INFORMATION

Name of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_

SITE INFORMATION

Owner of Site \_\_\_\_\_

Location of Site \_\_\_\_\_

Size of Site \_\_\_\_\_

Proximity of Site to: Surface Water \_\_\_\_\_ Buildings \_\_\_\_\_ Drinking Water Wells \_\_\_\_\_

Average Depth to Groundwater on Site \_\_\_\_\_

Average Slope of Land on Site \_\_\_\_\_

Name of Publicly or Privately Owned Treatment Works  
Furnishing Sludge, Composted Sludge or Treated Sludge \_\_\_\_\_

Describe Use(s) of Sludge, Composted Sludge or Treated Sludge (e.g. Agriculture, Landfill Cover, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ADDITIONAL INFORMATION

(Please Attach the Following)

- TCLP Results for Sludge, Composted Sludge or Treated Sludge, if applicable (see Appendix 6)

- Sludge, Composted Sludge or Treated Sludge Analysis (see Appendix 7 and Appendix 8)
- USGS Map of Site Indicating Storage Areas, if applying to distribute Class A Biosolids