Florida Department of Environmental Protection
Division of Water Resource Management

Treatment Facility Biosolids Plan

Part I. Facility Information

Facility Name			
Facility ID			
Contact Person		**Title**	
Phone		**Cell**	
Fax		**Email**	

Part II. Summary of Permitted Biosolids Application Sites to be Used by the Facility

Site ID	Site Name	Site County

Part III – Biosolids Application Site Certification (attach a separate sheet for each permitted site)

This form is not a contract between the facility and the site. This form serves to identify, certify, and provide information to the Department regarding the intended use of the facility's biosolids at the land application site.

This facility intends to send biosolids treated by the facility to the following biosolids application site for the purpose of land application.

Facility Name		Facility ID	

The identified site permittee intends to accept biosolids from this facility. The biosolids will be land applied at the following land application site.

Site Name		Site ID	
Site Address			
Site Permittee		Phone	
Site Manager		Phone	
Site County			

Estimated annual quantity of biosolids to be sent by this facility to the application site (dry tons per year)	
Class(es) of biosolids to be sent to the site (check all that apply)	☐ AA ☐ A ☐ B
Will the biosolids from this facility be applied via injection or incorporation to meet vector attraction reduction (VAR) requirements? (check one)	☐ Yes ☐ No
Nitrogen Mineralization Factor, K_{min}, for the biosolids from this facility, as applicable:	

Comments or Additional Information:

CERTIFICATION STATEMENT

Land application of biosolids from this facility at the land application site shall be consistent with Chapter 62-640, Florida Administrative Code (F.A.C.), the facility permit, the site permit, and the site Nutrient Management Plan. The site permittee shall notify the Department and the facility permittee in writing at least sixty days before voluntarily ceasing operation of the site.

SITE CERTIFICATION SIGNATURES
NAME/TITLE OF SITE PERMITTEE OR AUTHORIZED AGENT (Type or Print)

SIGNATURE OF SITE PERMITTEE OR AUTHORIZED AGENT	DATE (MM/DD/YY)

FACILITY CERTIFICATION
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	DATE (MM/DD/YY)

INSTRUCTIONS FOR TREATMENT FACILITY BIOSOLIDS PLAN FORM

This form shall be submitted with the facility's permit application to the appropriate Department District Office or delegated local program. For any additional sites added between permit applications, the facility permittee shall submit an updated Page 1 with the appropriate Page 2(s).

Part I - Facility Information
Facility Name: Enter the facility name as shown on the facility wastewater permit.
Facility ID: Enter the DEP identification number of the facility/facility permit as it appears on the facility wastewater permit.
Contact Person: Enter the name, title, telephone number, cell phone number, fax number, and email address, as appropriate, for the facility representative who should be contacted regarding the information in this form.

Part II - Summary of Permitted Biosolids Application Sites to be Used by the Facility
Enter the DEP site identification number, site name, and county where the site is located for each permitted application site the facility intends to use for land application. Contact the site permittee to obtain the DEP site identification number. Attach additional sheets as needed to identify all the permitted application sites to be used by the facility.

Part III - Biosolids Application Site Identification and Certification (Attach a separate sheet for each site)
Facility Name/ID: Enter the facility name and facility identification number.
Site Name/ID: Enter the permitted application site name and identification number.
Site Permittee/Phone: Enter the site permittee name and telephone number.
Site Manager/Phone: Enter the site manager name and telephone number if different from the site permittee.
Site County: Enter the name of the county where the permitted application site is located.
Estimated quantity of biosolids to be sent by this facility to the site: Enter the estimated annual quantity of biosolids that is expected to be sent to the permitted land application site from this facility. Enter the quantity in the units of "dry tons per year" or "dtpy."
Class(es) of biosolids to be sent to the site: Check each of the applicable classes of biosolids that will be sent to the site by the facility.
Do the biosolids from this facility need to be injected or incorporated to meet vector attraction reduction (VAR) requirements? Check "Yes" or "No", as applicable.
Nitrogen Mineralization Factor for the biosolids from this facility: Enter the nitrogen mineralization factor applicable to the biosolids from this facility. This factor is used in the EPA nitrogen calculation methods in Chapter 7 of the U.S. Environmental Protection Agency Process Design Manual for Land Application of Sewage Sludge and Domestic Septage.
Comments or Additional Information: Enter any comments deemed appropriate to provide any relevant information to DEP.
Certification: Type or print the name and title of the signing official for the site and the signing official for the facility. Both the site official and the facility official must sign the form. Enter the dates when signed.

Basic Formulas for Calculating Dry Tons

A. Dry tons = Wet tons x Percent Solids (decimal)	Example: 40 wet tons of biosolids at 15% total solids Dry tons = 40 x 0.15 Dry tons = 6
B. Dry tons = gallons of biosolids x 8.34 lb/gallon x ton/2000 lb x Percent Solids (decimal)	Example: 6,000 gallons of biosolids at 4% total solids Dry tons = 6000 gal x 8.34 lb/gal x ton/2000 lb x 0.04 Dry tons = 1
C. Dry tons = cubic yards (wet) of biosolids x Y lb/cubic yard x ton/2000 lb x Percent Solids (Y = site-specific bulk density of biosolids)	Example: 20 cubic yards of biosolids at 15% total solids and 1800 lb/cubic yard Dry tons = 20 cu yds x 1800 lb/cu yds x ton/2000 lb x 0.15 Dry tons = 2.7