



Annual Biosolids Report

Calendar year covered by this report: **2007.**

An annual biosolids report is required for all facilities in Washington that treat, store, use, or dispose of biosolids, sewage sludge, or septage and that require a biosolids permit.

If you have more than one separately permitted facility, you must complete a report for each facility.

This report form is also available on the internet at: <http://www.ecy.wa.gov/biblio/ecy070125.html>.

Complete this form according to the type of facility you have:

- (1) **Wastewater treatment plants, composting facilities, and others who treat biosolids or sewage sludge must complete Sections A, B, and E.**
- (2) **Septage management facilities must complete Sections A, C, and E.**
- (3) **Biosolids beneficial use facilities must complete Sections A, D, and E.**

If you need additional space anywhere on this form, either add it to the form or provide attachments.

The due date for the annual report is **March 1.**

SECTION A: FACILITY INFORMATION

(1) Facility information.

- (a) Name: Yakima Regional Wastewater Treatment Facility. Owner: City of Yakima.
- (b) Physical address: 2220 E. Viola St. Yakima WA 98901. Latitude: 46 degrees 34' 48" N. Longitude: 120 degrees 27' 52" W.
- (c) Mailing address: 2220 E. Viola St. Yakima WA 98901.

(2) Facility operator.

- (a) Name: Joe Schnebly. Title: Process Control Supervisor.
- (b) Phone: (509)249-6824. Email: jschnebly@ci.yakima.wa.us.

(3) Primary contact.

- (a) Name: Daryl Bullard. Title: Wastewater Chief Operator.
- (b) Phone: (509)249-6830. Email: dbullard@ci.yakima.wa.us.

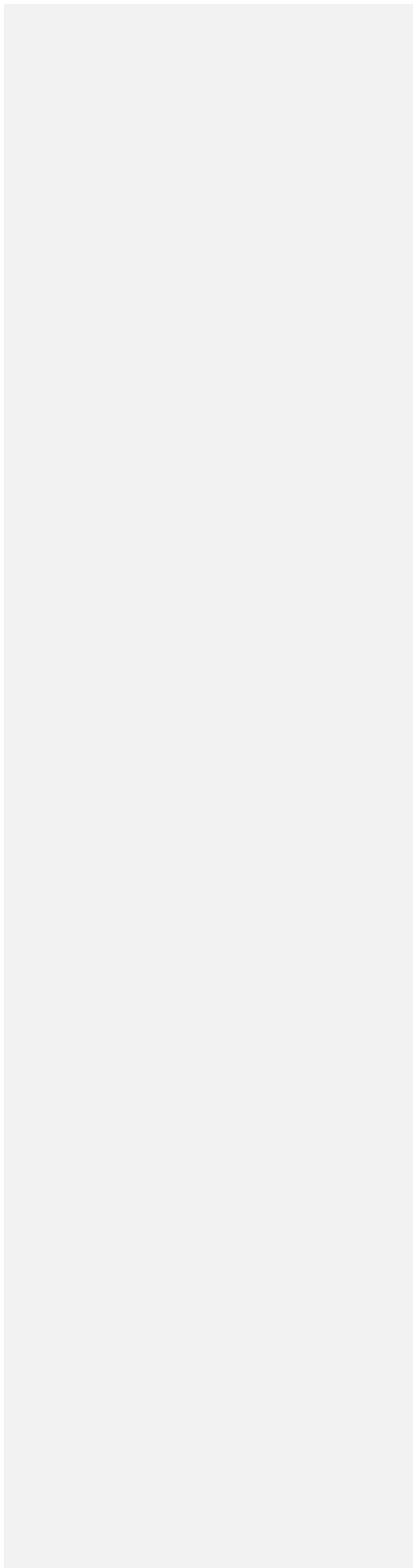
(4) Responsible official.

- (a) Name: Doug Mayo. Title: Wastewater Division Manager.
- (b) Phone: (509) 575-6077. Email: dmayo@ci.yakima.wa.us.

(5) Facility type. Please check all that apply.

- (a) Major sewage treatment facility (*design flow of >1 mgd or serving a population of >10,000*).
- (b) Minor sewage treatment facility (*design flow of <1 mgd and serving a population of <10,000*).
- (c) Class I sewage treatment facility (*have an industrial pretreatment program or designated as Class I*).
- (d) Composting facility (*receive biosolids or sewage sludge from others for composting*).
- (e) Septage management facility (*land apply septage or prepare septage for land application*).
- (f) Beneficial use facility (*receive biosolids from others for direct land application*).

| [\(f\)\(g\)](#) Other. Please describe: _____.



SECTION B: WASTEWATER TREATMENT PLANTS, COMPOSTING FACILITIES, AND OTHERS WHO TREAT BIOSOLIDS OR SEWAGE SLUDGE

(1) **Biosolids or sewage sludge production and management.** Please enter amounts in *dry U.S. tons*.

- (a) Produced by your facility: 1627 dry tons.
- (b) Received from another facility: 0. Facility name: _____.
- (c) Sent to another facility for further treatment: 0. Facility name: _____.
- (d) Sent to a municipal solid waste landfill for disposal (*includes daily cover*): 0. Landfill name: _____.
- (e) Sent to an incinerator: 0. Incinerator name: _____.
- (f) Stored (*do not include amount stored in a lagoon*): 0.
- (g) Accumulated or stored in a lagoon (*include amount in treatment and storage lagoons*): _____.
- (h) Sent to a beneficial use facility for land application: 1627 dt. Facility name: Natural Selection Farms.
- (i) Total land applied or sold/given away: _____. Please enter subtotals in the table below.

Applied to an agricultural site: <u>1627</u> .	(ii) Applied to a forest site: _____.	(iii) Applied to a public contact site: _____.	(iv) Applied to a reclamation site: _____.
Applied to a lawn or home garden: _____.	(vi) Sold/given away in bulk: _____.	(vii) Sold/given away in a bag/other container: _____.	(viii) Sold/given away in compost/blended product: _____.

(2) **Land application site information** (*not required if your land applier will be submitting the information*).

- (a) Location: _____. Dry tons applied: _____. Acres applied to: _____. Vegetation grown: _____. Pounds of nitrogen/acre/year needed for vegetation: _____.
- (b) Location: _____. Dry tons applied: _____. Acres applied to: _____. Vegetation grown: _____. Pounds of nitrogen/acre/year needed for vegetation: _____.

(3) **Solid waste feedstocks used for composting.** Please enter amounts in *dry U.S. tons* in the table below.

Feedstock: _____. Amount: _____. County: _____.	Feedstock: _____. Amount: _____. County: _____.
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(4) **Pollutants** (*see WAC 173-308-160*).

- (a) How many monitoring events for pollutants did your facility carry out during the past year? 6.
- (b) Did the monthly average of any pollutant ever exceed the Table 3 value? If yes, explain: No.
- (c) Did the concentration of any pollutant ever exceed the Table 1 value? If yes, explain: No.

(5) **Pathogen reduction** (*see WAC 173-308-170*). Please check all that apply in the table below.

<input type="checkbox"/> Class A-Alt. 1 (<i>Time/Temperature</i>)	<input type="checkbox"/> Class A-Alt. 2 (<i>pH/Time/Temperature/% Solids</i>)	<input type="checkbox"/> Class A-Alt. 3 (<i>PFRP</i>): <input type="checkbox"/> Composting. <input type="checkbox"/> Heat drying. <input type="checkbox"/> Heat treatment. <input type="checkbox"/> Thermophilic aerobic digestion. <input type="checkbox"/> Beta ray irradiation. <input type="checkbox"/> Gamma ray irradiation. <input type="checkbox"/> Pasteurization.	
<input type="checkbox"/> Class A-Alt. 4 (<i>Equivalency</i>)	<input type="checkbox"/> Class B-Alt. 1 (<i>7 Samples</i>)	<input checked="" type="checkbox"/> Class B-Alt. 2 (<i>PSRP</i>): <input type="checkbox"/> Aerobic digestion. <input type="checkbox"/> Air drying. <input checked="" type="checkbox"/> Anaerobic digestion. <input type="checkbox"/> Composting. <input type="checkbox"/> Liming.	<input type="checkbox"/> Class B-Alt. 3 (<i>Equivalency</i>)

(6) **Vector attraction reduction** (*see WAC 173-308-180*). Please check all that apply in the table below.

<input checked="" type="checkbox"/> Alt. 1 (<i>38% VSR</i>)	<input type="checkbox"/> Alt. 1a (<i>Bench test-anaerobic</i>)	<input type="checkbox"/> Alt. 1b (<i>Bench test-aerobic</i>)	<input type="checkbox"/> Alt. 2 (<i>SOUR</i>)	<input type="checkbox"/> Alt. 3 (<i>Aerobic process</i>)
<input type="checkbox"/> Alt. 4 (<i>pH adjustment</i>)	<input type="checkbox"/> Alt. 5 (<i>≥75% solids</i>)	<input type="checkbox"/> Alt. 6 (<i>≥90% solids</i>)	<input type="checkbox"/> Alt. 7 (<i>Injection</i>)	<input type="checkbox"/> Alt. 8 (<i>Incorporation</i>)

SECTION C: SEPTAGE MANAGEMENT FACILITIES

(1) **Septage production and management.** Please enter amounts in *gallons*.

- (a) Received/pumped: _____.
- (b) Land applied: _____.
- (c) Stored: _____.
- (d) Managed in another manner: _____. Please describe: _____.

(2) **Pathogen and vector attraction reduction** (*see WAC 173-308-270(3)*). Please check all that apply in the table below.

<input type="checkbox"/> Immediate injection.	<input type="checkbox"/> Incorporation with 6 hours.	<input type="checkbox"/> pH stabilization.
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(3) **Land application site information.**

- (a) Location: _____. Gallons applied: _____. Acres applied to: _____. Vegetation grown: _____. Pounds of nitrogen/acre/year needed for vegetation: _____.
- (b) Location: _____. Gallons applied: _____. Acres applied to: _____. Vegetation grown: _____. Pounds of nitrogen/acre/year needed for vegetation: _____.
- (c) Location: _____. Gallons applied: _____. Acres applied to: _____. Vegetation grown: _____. Pounds of nitrogen/acre/year needed for vegetation: _____.

SECTION D: BIOSOLIDS BENEFICIAL USE FACILITIES

(1) **Biosolids received and managed.** Please enter amounts in *dry U.S. tons*.

(a) Total received by your facility _____. Please enter subtotals in the table below.

Facility Name: _____. Amount: _____.	Facility Name: _____. Amount: _____.
Facility Name: _____. Amount: _____.	Facility Name: _____. Amount: _____.
Facility Name: _____. Amount: _____.	Facility Name: _____. Amount: _____.

- (b) Land applied: _____.
- (c) Stored: _____.
- (d) Managed in another manner: _____. Please describe: _____.

(2) **Land application site information.**

- (a) Location: _____. Dry tons applied: _____. Acres applied to: _____. Vegetation grown: _____. Pounds of nitrogen/acre/year needed for vegetation: _____.
- (b) Location: _____. Dry tons applied: _____. Acres applied to: _____. Vegetation grown: _____. Pounds of nitrogen/acre/year needed for vegetation: _____.
- (c) Location: _____. Dry tons applied: _____. Acres applied to: _____. Vegetation grown: _____. Pounds of nitrogen/acre/year needed for vegetation: _____.
- (d) Location: _____. Dry tons applied: _____. Acres applied to: _____. Vegetation grown: _____. Pounds of nitrogen/acre/year needed for vegetation: _____.
- (e) Location: _____. Dry tons applied: _____. Acres applied to: _____. Vegetation grown: _____. Pounds of nitrogen/acre/year needed for vegetation: _____.
- (f) Location: _____. Dry tons applied: _____. Acres applied to: _____. Vegetation grown: _____. Pounds of nitrogen/acre/year needed for vegetation: _____.
- (g) Location: _____. Dry tons applied: _____. Acres applied to: _____. Vegetation grown: _____. Pounds of nitrogen/acre/year needed for vegetation: _____.

**SECTION E: ATTACHMENTS, CERTIFICATION STATEMENTS, AND
SUBMITTING YOUR REPORT**

(1) Attachments.

- (a) Analytical data for pollutant concentrations if testing was required.
- (b) Analytical data for pathogen reduction if testing was required.
- (c) Analytical data for vector attraction reduction if testing was required.
- (d) Other. Please describe: Pollutant Summary, Production Record.

(2) Certification statement (must be signed by the Responsible Official listed in Section A or by a duly authorized representative).

“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.” Signature: _____ . Title: Division Manager. Date: _____.

(3) Submitting your annual report.

- (a) Original, in hardcopy form, to Ecology headquarters.
- (b) Copy to any Ecology region where your biosolids, sewage sludge, or septage will be treated, stored, disposed, or applied to the land. Ecology encourages you to submit your report electronically.
- (c) Copy to any local health jurisdiction where your biosolids, sewage sludge, or septage will be treated, stored, disposed, or applied to the land. If you wish to submit your report electronically, you must get approval to do so from the local health jurisdiction.
- (d) Copy to EPA Region 10 by **February 19** if your facility is a “Major” or “Class I” facility. If you wish to submit your report electronically, you must get approval to do so from EPA Region 10.

(4) Mailing addresses (for email addresses or other information, contact your regional biosolids coordinator).

Department of Ecology—Central Regional Office 15 West Yakima Avenue Suite 200 Yakima WA 98902 ATTN: Biosolids Coordinator Reception Phone: (509) 575-2490	Department of Ecology—Eastern Regional Office North 4601 Monroe Spokane WA 99205-1295 ATTN: Biosolids Coordinator Reception Phone: (509) 329-3400
Department of Ecology—Northwest Regional Office 3190 – 160 th Avenue S.E. Bellevue WA 98008-5452 ATTN: Biosolids Coordinator Reception Phone: (425) 649-7000	Department of Ecology—Southwest Regional Office PO Box 47775 Olympia WA 98504-7775 ATTN: Biosolids Coordinator Reception Phone: (360) 407-6300
Department of Ecology—Headquarters Office PO Box 47600 Olympia WA 98504-7600 ATTN: Biosolids Coordinator Reception Phone: (360) 407-6000	USEPA Region 10—NPDES Compliance Unit 1200 Sixth Avenue, OCE-133 Seattle WA 98101 ATTN: Biosolids Reports Reception Phone: (800) 424-4372

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