



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
WATER PROTECTION PROGRAM  
**FORM S – SECTION 1. DOMESTIC SLUDGE REPORTING**

GENERAL INFORMATION		
REPORTING PERIOD: (YEAR)		
FACILITY NAME	CITY NAME	
PERMIT NUMBER	COUNTY NAME	
<b>INSTRUCTIONS: See attached instruction sheet for directions.</b>		
1. Sludge Production, including sludge received from others:		
ACTUAL DRY TONS/YEAR	ACTUAL POPULATION EQUIVALENT	
2. Sludge Treatment		
<input type="checkbox"/> Anaerobic Digester	<input type="checkbox"/> Aerobic Digester	<input type="checkbox"/> Composting
<input type="checkbox"/> Storage Tank	<input type="checkbox"/> Air or Heat Drying	
<input type="checkbox"/> Lime Stabilization	<input type="checkbox"/> Other, Describe: _____	
3. Sludge Use or Disposal: Complete the rest of this form only for the sections applicable to your method of sludge and biosolids use or disposal.		
<input checked="" type="checkbox"/> All Permittees	Complete Section 1	
<input type="checkbox"/> Land Application (LA)	Complete Sections 2 and 3	
<input type="checkbox"/> Contract Hauler (CH) >150 PE	Complete Sections 2 and 4	
<input type="checkbox"/> Contract Hauler (CH) <150 PE	Complete Section 4	
<input type="checkbox"/> Hauled to another Treatment Facility (HT)	Complete Section 4	
<input type="checkbox"/> Solid Waste Landfill (LF)	Complete Section 4	
<input type="checkbox"/> Sludge Disposal Lagoon (SD)	Complete Section 5	
<input type="checkbox"/> Incineration (IN)	Complete Section 6	
<input type="checkbox"/> Sludge Hauled to Incinerator (IO)	Complete Section 6	
4. Certification: I certify under penalty of law that the information contained in this report and attachments are true and correct. This determination has been made under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information used to determine these requirements have been met. I am aware that there are significant penalties for false certification, including the possibility of fine and imprisonment.		
NAME (PRINT OR TYPE)	OFFICIAL TITLE	
SIGNATURE	DATE	TELEPHONE NUMBER WITH AREA CODE

**INSTRUCTIONS FOR FILLING OUT ANNUAL REPORT  
FORM S – DOMESTIC SLUDGE**

**GENERAL**

The attached report form (**FORM S**) is to be used for submitting the annual sludge report as required under Standard Conditions Part III of the Missouri State Operating Permit, or NPDES. **This form is to be used only for domestic wastewater sludges.** It does NOT apply to industrial sludges.

Use the attached **Form S as a master copy** and make copies off of it as required for sludge reporting in subsequent years. This form must be signed by an appropriate official. Keep a copy for your records. **Send the completed Form S to your nearest Department of Natural Resources regional office. A list of regional offices is available on the department's Web site at [dnr.mo.gov/regions/regions.htm](http://dnr.mo.gov/regions/regions.htm).**

**APPLICABILITY**

**Mechanical Wastewater Treatment Facilities** must sign and submit the form, even if no sludge was removed during the report period. You must complete and submit Form S by Jan. 28 for each year for the previous calendar year.

**Wastewater treatment lagoons** need to submit the Form S report **only** when sludge is removed from the lagoon. Complete and submit the Form S by Jan. 28 for sludge removed during the previous calendar year.

Complete the sections of the Form S that are applicable to your facility. See the table below for guidance.

All permittees	Complete Section 1
Land Application (LA)	Complete Sections 2 and 3
Contract Hauler (CH) >150 PE	Complete Sections 2 and 4
Contract Hauler (CH) <150 PE	Complete Section 4
Hauled to another Treatment Facility (HT)	Complete Section 4
Solid Waste Landfill	Complete Section 4
Sludge Disposal Lagoon (SD)	Complete Section 5
Incineration (IN)	Complete Section 6
Sludge Hauled to Incinerator (IO)	Complete Section 6

**ENVIRONMENTAL PROTECTION AGENCY, or EPA, REQUIREMENTS**

Your facility may also be required to obtain a separate sludge permit from the EPA and to submit reports directly to EPA. Contact the EPA at the following address to determine the EPA's requirements for your facility.

Tanya Nix  
Regional Sludge Coordinator  
U.S. EPA Region 7  
Water Management Division  
901 N. 5<sup>th</sup> Street  
Kansas City, KS 66101  
Phone: 913-551-7170  
FAX: 913-551-7765

**For More Information**

For assistance regarding this form or other sludge issues, please contact your nearest Department of Natural Resources regional office or contact the department at 800-361-4827 or the Water Protection Program at 573-751-1300.