

**PART A: SEWAGE SLUDGE GENERATION AND MANAGEMENT CONTINUED**

**A.4. Sewage Sludge Amount.**

Provide the total dry tons per latest 365 day period of sewage sludge handled at your facility:

1. Amount generated at your facility	0 _____ dry tons
2. Amount received from off site facility(s)	0 _____ dry tons
3. Total amount treated or blended on site	0 _____ dry tons

**A.5. Amount Received from Off Site.**

If your facility receives sewage sludge from another facility on a routine basis for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. Do not include information on septage. If you receive sewage sludge from more than one facility, attach additional pages as necessary.

a. Facility Name \_\_\_\_\_

b. Facility Permit Number \_\_\_\_\_

c. Mailing Address \_\_\_\_\_  
\_\_\_\_\_

d. Contact person \_\_\_\_\_

Title \_\_\_\_\_

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

e. Facility Address (not P.O. Box) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

f. Describe, on this form or on another sheet of paper, how the sludge received from off site is handled at your facility: