



Colorado Department  
of Public Health  
and Environment

**BIOSOLIDS MANAGEMENT PROGRAM**  
**WATER QUALITY CONTROL DIVISION**  
(WQCD-P-B2) 4300 Cherry Creek Drive South – Denver, CO 80246-1530  
303-692-3613 – [www.cdphe.state.co.us](http://www.cdphe.state.co.us) - Fax 303-782-0390

**BIOSOLIDS FACILITY INSPECTION FORM**

**GENERAL INFORMATION**

Date _____ Time In _____ Time Out _____	Reason for Inspection: <input type="checkbox"/> Routine <input type="checkbox"/> Complaint
Facility Name _____	Type of Facility
Mailing Address _____	<input type="checkbox"/> Approved Pretreatment Program <input type="checkbox"/> N/A
_____	<input type="checkbox"/> POTW Flow $\geq$ 1 MGD
_____	<input type="checkbox"/> Domestic Wastewater Treatment Works $\geq$ 2000 GPD
Contact/Title _____	<input type="checkbox"/> Other _____
Phone _____	Reuse Effluent <input type="checkbox"/> Yes <input type="checkbox"/> No
E-mail _____	Method of Solids Disposal
CDPS Discharge Permit # CO _____	<input type="checkbox"/> Land Application (beneficial use)
EPA Region 8 Biosolids Permit # CO _____	<input type="checkbox"/> Bulk Ag Land _____ %
Inspector _____	<input type="checkbox"/> Compost _____ %
	<input type="checkbox"/> Other _____ %
	<input type="checkbox"/> Surface Disposal CD# _____
	<input type="checkbox"/> Landfill CD# _____
	<input type="checkbox"/> Transferred to Another Facility
	Facility Name _____
	<input type="checkbox"/> Other _____

**PERMIT INFORMATION**

1. Has the Facility Submitted a Notice of Intent for Coverage Under the EPA Sewage Sludge General Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Has the Facility Obtained Coverage under the EPA Region 8 Sewage Sludge General Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the current CDPS Discharge Permit contain biosolids language? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date CDPS Discharge Permit Issued/Amended _____
Date CDPS Discharge Permit Expires _____
4. What was the Annual Sludge Production for the last reporting year _____ Circle One: <b>dmt/y</b> <b>dt/y</b>
5. Are the current sludge disposal practices and site locations consistent with the information submitted in the EPA NOI for coverage under the EPA General Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are the number and location of current sludge disposal sites available at the facility? (i.e., locations and maps) <input type="checkbox"/> Yes <input type="checkbox"/> No

**RECORDKEEPING AND REPORTING INFORMATION**

7. Are records available for all solids use or disposal practices for the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are Pathogen Destruction and Vector Attraction Reduction records available for the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. How often are biosolids samples obtained and analyzed for 503 requirements? _____ number per year
10. Who maintains biosolids site application records? <input type="checkbox"/> Maintained by facility <input type="checkbox"/> Maintained by Contractor <input type="checkbox"/> Other _____
11. Are site application records available for past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Who is responsible for ensuring compliance with EPA 503's and Biosolids Regulation No. 64? <input type="checkbox"/> Facility <input type="checkbox"/> Contractor

**SLUDGE SAMPLING INFORMATION**

13. Briefly describe how sludge samples are obtained. Include sample location, sample type, container type/volume, sample preservation, chain-of-custody procedure, tracking, etc. \_\_\_\_\_

**SLUDGE PROCESS INFORMATION**

14. What treatment method is used for pathogen reduction? \_\_\_\_\_

15. Where are Vector Attraction Reduction (VAR) requirements met?  Facility  Field  Other \_\_\_\_\_

If VAR is met at the facility, indicate the method used \_\_\_\_\_

16. If Volatile Solids Reduction (VSR) is used for VAR, describe where samples are taken **and include the equations used**

17. What is the sludge storage capacity in days? \_\_\_\_\_

18. Describe the contingency plan for sludge disposal \_\_\_\_\_

**PATHOGEN REDUCTION INFORMATION**

19. Classification of Biosolids with respect to Pathogens  Class A  Class B  Unknown

20. Indicate which method is used to meet Class A or Class B requirements:

Class A

Class B

Circle One: **Fecal Coliform** **Salmonella**

Circle One: **MPN** **CFU** **N/A**

- A-1 Time and Temperature
- A-2 Alkaline Treatment
- A-3 Prior Testing (EV & VHO)
- A-4 No Prior Testing (EV & VHO)
- A-5 PFRP
- A-6 Equivalent

- B-1 Fecal Coliform < 2,000,000 MPN or CFU\*
- B-2 PSRP  
Method \_\_\_\_\_
- B-3 Equivalent PSRP

**VECTOR ATTRACTION REDUCTION METHODS**

21. Indicate Vector Attraction Reduction Method used:

- 1 - 38% Volatile Solids Reduction
- 2 - Anaerobic Bench Scale Volatile Solids Reduction
- 3 - Aerobic Bench-Scale Volatile Solids Reduction
- 4 - Specific Oxygen Uptake Rate (SOUR)
- 5 - Aerobic Process
- 6 - Alkaline Stabilization
- 7 - Moisture Reduction without Unstabilized Primary Solids
- 8 - Moisture Reduction with Unstabilized Primary Solids
- 9 -Subsurface Injection
- 10 - Soil Incorporation

**METALS DATA**

22. Enter the results of the 4 most recent sludge samples for the past 12 months (unless you sample less frequently)

Pollutant	Sample Date:	Sample Date:	Sample Date:	Sample Date:
	Concentration mg/kg dry weight	Concentration mg/kg dry weight	Concentration mg/kg dry weight	Concentration mg/kg dry weight
Arsenic				
Cadmium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

**Annual Reporting Information**

23. Does the facility use the Biosolids Data Management System?  Yes  No

If "Yes", what version? \_\_\_\_\_

If "No", why not? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

