



Colorado Department  
of Public Health  
and Environment

## BIOSOLIDS LAND APPLICATION INSPECTION FORM

0152

Biosolids Management Program (WQCD-P-B2)  
4300 Cherry Creek Drive South  
Denver, CO 80126-1530

Phone (303) 692-3613 Fax (303) 782-0390 E-mail: biosolids@state.co.us

### GENERAL SITE INFORMATION

Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm Reason for Inspection: <input type="checkbox"/> Routine <input type="checkbox"/> Complaint (attach CRTS) <input type="checkbox"/> Other _____ Inspector _____ Organization: _____ CDPHE BMP# _____ Permittee _____ Permittee Site ID _____ Location (from nearest major intersection): _____ _____ County _____ Application Observation Area GPS Reading: North _____° _____' West _____° _____'	Type of Application: <input type="checkbox"/> Agricultural <input type="checkbox"/> Reclamation <input type="checkbox"/> Other _____ <input type="checkbox"/> Liquid <input type="checkbox"/> Cake <input type="checkbox"/> Other _____ Weather: <input type="checkbox"/> Sunny <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Cloudy <input type="checkbox"/> Overcast <input type="checkbox"/> Stormy <input type="checkbox"/> Calm <input type="checkbox"/> Breeze <input type="checkbox"/> Windy <input type="checkbox"/> Dusty <input type="checkbox"/> Drizzle <input type="checkbox"/> Rain <input type="checkbox"/> Cloudburst <input type="checkbox"/> Snow Temperature (° F): <input type="checkbox"/> <32 <input type="checkbox"/> 32 – 40 <input type="checkbox"/> 40- 60 <input type="checkbox"/> 60 –80 <input type="checkbox"/> >80 Humidity <input type="checkbox"/> Dry <input type="checkbox"/> Moderate <input type="checkbox"/> Humid Field Conditions: <input type="checkbox"/> Bare <input type="checkbox"/> Stubble <input type="checkbox"/> Planted _____ <input type="checkbox"/> Rangeland <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Wet <input type="checkbox"/> Muddy <input type="checkbox"/> Saturated <input type="checkbox"/> Pondering <input type="checkbox"/> Not-Frozen <input type="checkbox"/> Frost <input type="checkbox"/> Frozen <input type="checkbox"/> Snow-Covered Nearby Residence: <input type="checkbox"/> Yes Distance _____ ' Direction _____ <input type="checkbox"/> No Odor: <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Strong
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### RECORDKEEPING/REPORTING INFORMATION

NOA Date: _____	Variance Issued: <input type="checkbox"/> Yes (explain) _____	<input type="checkbox"/> No
Special Conditions: <input type="checkbox"/> Yes (explain) _____		<input type="checkbox"/> No
Nutrient Analysis After Last Crop and Prior to Application: <input type="checkbox"/> Yes Date: _____ ID _____		<input type="checkbox"/> No
Soil Metals Analysis Within 5 years: <input type="checkbox"/> Yes Date: _____ ID _____		<input type="checkbox"/> No
CDPHE Notified of Application: <input type="checkbox"/> Yes <input type="checkbox"/> No	County Health Notified of Application: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Original Owner: <input type="checkbox"/> Yes <input type="checkbox"/> No	Original Farmer: <input type="checkbox"/> Yes <input type="checkbox"/> No	Original Legal Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Original Biosolids Source: <input type="checkbox"/> Yes <input type="checkbox"/> No	Current Biosolids Management Plan: <input type="checkbox"/> Yes <input type="checkbox"/> No	

### FOR CDPHE USE ONLY

Follow-Up: <input type="checkbox"/> Yes Date: _____	<input type="checkbox"/> No	NOA Valid: <input type="checkbox"/> Yes <input type="checkbox"/> No	LOI Amendment Required <input type="checkbox"/> Yes <input type="checkbox"/> No
CA <input type="checkbox"/> Yes Date: _____	<input type="checkbox"/> No	NOV <input type="checkbox"/> Yes Date: _____	<input type="checkbox"/> No Enforcement Referral Date: _____

White – CDPHE

Yellow – Inspector

Pink – Site Representative

Goldenrod – Facility

**BIOSOLIDS SOURCE INFORMATION (attach additional pages as necessary)**

Generator _____ <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Table III <input type="checkbox"/> Table I Calculated application rate based on current data: _____ DT/Ac	VAR: <input type="checkbox"/> Treatment _____ <input type="checkbox"/> Injection <input type="checkbox"/> Incorporation (within _____ hrs) All delivered biosolids incorporated by end of day (Non VAR) <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Biosolids Sources Applied Separately:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <b>Biosolids Sources Applied to Separate Areas:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Co-Application:</b> <input type="checkbox"/> Yes <input type="checkbox"/> WTR _____ <input type="checkbox"/> Septage _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> No	
<b>Staging Area GPS Reading:</b> North _____° _____' _____"    West _____° _____' _____"	

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