Annual Biosolids Report 2012

SECTION A: FACILITY INFORMATION

Name of facility Ryegrass Facility	**Owner** Kittitas County Solid Waste
Physical address 25900 Vantage Hwy, Ellensburg, WA 98926	**Mailing address** 925 Industrial Way, Ellensburg, WA 98926
Primary contact name Patti Johnson	**Primary contact title** Director
Primary contact phone 509-962-7542	**Primary contact email** patti.johnson@co.kittitas.wa.us
Responsible official name _____	**Responsible official title** _____
Responsible official phone _____	**Responsible official email** _____

Facility type (*check all that apply*)
☐ Major sewage treatment facility (design *flow of ≥1 mgd or serving a population of ≥10,000*)
☐ Minor sewage treatment facility (design *flow of <1 mgd and serving a population of <10,000*)
☐ Class I sewage treatment facility (*have a pretreatment program or designated as Class I*)
☐ Composting facility (*receive biosolids or sewage sludge for composting*)
☒ Septage management facility (*land apply or prepare septage for land application*)
☐ Beneficial use facility (*receive biosolids from others for direct land application*)
☐ Other—describe _____

SECTION B: BIOSOLIDS/SEPTAGE/SEWAGE SLUDGE MANAGEMENT

LEAVE NO BLANKS, UNLESS SPECIFIED. ENTER N/A OR 0 OR EST (ESTIMATE)

1. Sent to:	***Amount*** *(dry tons)*	**Facility names and subtotals:**
Facility for further treatment	N/A	_____
Beneficial Use Facility (BUF)	N/A	_____
Landfill for disposal	N/A	_____
Incinerator *(including on-site)*	N/A	_____

2. Received:	***Amount*** *(dry tons; septage in gallons)*	**Facility names and subtotals:**
Facility for further treatment	N/A	_____
Beneficial Use Facility (BUF)	N/A	_____
Septage *(gallons)*	807,071 gallons	Ryegrass

3. Stored Solids: ☒ **Yes** *(Complete table)* ☒ **No** *(Skip to next table)*		
➢ **Stored for less than 2 years:**	☐ **Yes** ☐ **No**	66.18 *dry tons*
➢ **Stored or accumulated for more than 2 years:*** **this includes lagoon facilities*	☐ **Yes** *(Complete Table)* ☒ **No** *(Skip to next table)*	_____ *dry tons*
• The last time solids accumulation was surveyed:		_____ *mm/yy*

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• The last date of pollutant testing on solids (WAC 173-308-160):	_____ *mm/yy*
• Remaining feet of space for solids accumulation:	_____ *feet*
• When do you plan to remove solids:	**07/13** *mm/yy*

4. Land applied or sold/given away:* ☐ **Yes** *(Complete table)* ☒ **No** *(Skip to next table)*
**not for biosolids sent to a BUF*

Applied to:	**Amount** (Dry tons)
Total	____
Agricultural Site	____
Forest Site	____
Reclamation Site	____
Public Contact Site	____
Lawn or Home Garden	____
Sold/Given away in bulk, Bag/Other container, Compost, or Blended Product	____
Land application site information *(do not complete for biosolids you sent to a BUF)*	
Location *(unit, field name, address, or latitude/longitude)*	____
Amount applied	_____ *dry tons*
Acres applied to	_____ *acres*
Vegetation grown	____

5. Did you compost biosolids: ☐ **Yes** *(Complete table)* ☒ **No** *(Skip to next table)*

Feedstock	**Amount** *(cite units – e.g. dry tons, wet tons, cubic yards)*	**County of Origin** *(specify if from another state or country)*
☐ Biosolids/Sewage Sludge/Septage	____	**N/A**
☐ Carcasses	____	____
☐ Crop Residues (*specify*): _____	____	____
☐ Food Processing Waste	____	____
☐ Food Waste (*pre-consumer vegetative*)	____	____
☐ Food Waste (*all other*)	____	____
☐ Industrial Waste (*specify*): _____	____	____
☐ Land-clearing Debris	____	____
☐ Manure (*specify type*): _____	____	____
☐ Mixed Food and Yard Debris (*residential*)	____	____
☐ Sawdust/Shavings	____	____
☐ Other Wood Debris	____	____
☐ Yard Debris	____	____
☐ Other (*specify*): _____	____	____

SECTION C: BIOSOLIDS/SEPTAGE QUALITY *(Check all that Apply)*

6. Pollutants *(not applicable to septage unless required by permit; see WAC 173-308-160)*

Number of pollutant monitoring events in the past year:	N/A

Pollutants exceeding:	List Pollutants	Explain
Table 3 Values	____	____
Table 1 Values	____	____

7. Pathogen Reduction *(check all that apply; see WAC 173-308-170 or WAC 173-308-270[3])*

☐ Class A	☐ Class B
☐ Alternative 1 (*time/temperature*)	☐ Alternative 1 (7 *samples*)
☐ Alternative 2 (*pH/time/temperature/% solids*)	☐ Alternative 2 (*process to significantly reduce pathogens [PSRP]*) ☐ Aerobic digestion ☐ Air drying ☐ Anaerobic digestion ☐ Composting ☐ Liming
☐ Alternative 3 (*process to further reduce pathogens [PFRP]*) ☐ Composting ☐ Heat drying ☐ Heat treatment ☐ Pasteurization ☐ Thermophilic aerobic digestion ☐ Beta ray irradiation ☐ Gamma ray irradiation	
☐ Alternative 4 (*PFRP equivalent*)	☐ Alternative 3 (*PSRP equivalent*)
☐ **Septage**	☐ **Did not meet requirements**—explain
☐ Injection	____
☐ Incorporation	
☒ pH stabilization	

8. Vector Attraction Reduction (*See WAC 173-308-180 or WAC 173-308-270[3]*)

☐ Alternative 1 (*38% volatile solids reduction*)	☒ Alternative 4 (*pH stabilization*)
☐ Alternative 1a (*bench test-anaerobic*	☐ Alternative 5 (≥*75% solids*)
☐ Alternative 1b (*bench test-aerobic*)	☐ Alternative 6 (≥*90% solids*)
☐ Alternative 2 (*SOUR*)	☐ Alternative 7 (*injection*)
☐ Alternative 3 (*aerobic process*)	☐ Alternative 8 (*incorporation*)
☐ Did not meet requirements—explain ____	

SECTION D: GENERAL COMMENTS RELATED TO FACILITY OPERATION

9. Does your facility meet the 3/8 inch screening requirements *(see WAC 173-308-205)*:
   ☐ Yes ☒ No—Explain **½ inch between bars with two coats of paint on all bars.**

10. **Please add any comments or descriptions of activities that you think are important.** *(Please note any special permission given.)* **No land application this year will land apply 2013.**

SECTION E: ATTACHMENTS, CERTIFICATION STATEMENT, ADDRESSES

11. Attachments (*check all that apply; include actual lab reports for analytical data*)

Analytical Data of:

☐ Pollutants *(if testing was required)*

☐ Pathogen Reduction *(if testing was required)*

☐ Vector Attraction Reduction *(if testing was required)*

☒ Other—describe (*examples include soil and water sampling results, time and temperature monitoring data, pH monitoring data, and additional land application site information*) _____

12. Certification statement (*must be signed by the Responsible Official listed in Section A or a duly authorized representative; see WAC 173-308-310(10)(b)*)

"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."

Responsible Official Signature _____ Date _____

Responsible Official Title _____

Mailing addresses

All Facilities Must Send Hardcopy To:
Kelsey Dunne
Department of Ecology
Waste 2 Resources Program
PO Box 47600
Olympia, WA 98504-7600
Email: Kelsey.Dunne@ecy.wa.gov

Majors & Class 1 Facilities Send Copy To:
US EPA Region 10
Attn: Biosolids Annual Report
1200 Sixth Avenue, OCE-133
Seattle WA 98101

Central Region Biosolids Facilities:
Peter Severtson
Department of Ecology
Waste 2 Resources Program
303 South Mission
Wenatchee, WA 98801
Email: Peter.Severtson@ecy.wa.gov

Central Region Septage Facilities:
Wendy Neet
Department of Ecology
Waste 2 Resources Program
15 West Yakima Ave, Ste 200
Yakima, WA 98902-3452
Email: Wendy.Neet@ecy.wa.gov

Eastern Region Facilities:
Betty Ann Bickner
Department of Ecology
Waste 2 Resources Program
N 4601 Monroe, Ste 100
Spokane, WA 99205-1295
Email: BettyAnn.Bickner@ecy.wa.gov

Northwest Region Facilities:
Marietta Sharp
Department of Ecology
Waste 2 Resources Program
3190 160th Avenue SE
Bellevue, WA 98008-5452
Email: Marietta.Sharp@ecy.wa.gov

Southwest Region Facilities:
Jamie Olivarez
Department of Ecology
Waste 2 Resources Program
PO Box 47775
Olympia, WA 98504-7775
Email: Jamie.Olivarez@ecy.wa.gov