



LOUDOUN COUNTY SOLID WASTE MANAGEMENT FACILITY
801 SYCOLIN ROAD, PO BOX 7100, SUITE 300
LEESBURG, VIRGINIA 20177

SLUDGE DISPOSAL QUARTERLY REQUEST FORM

Municipal Wastewater Treatment Plant

This form shall be used to request permission on a quarterly basis to dispose at the Loudoun County Landfill of sludge generated by a Municipal Wastewater Treatment Plant. Please fill out Sections A, B, and C below and transmit the completed form by fax to 703-771-5523 or by email to the landfill manager at OSWM@loudoun.gov.

NOTE THAT A VALID LANDFILL ACCOUNT CARD MUST BE PRESENTED TO THE SCALEHOUSE AT THE TIME OF SLUDGE DELIVERY.

SECTION A – Requestor Information

Requested Quarter for Sludge Disposal: _____ Year: _____

Name of Requesting Municipality: _____

Mailing Address: _____

Contact Person: _____ Title: _____

Telephone: _____ Fax: _____ Email: _____

SECTION B – Generator Information

Name of Generating Facility: _____

Facility Address: _____

Total Quantity of Sludge to be Disposed during Quarter (tons): _____ Landfill Account No.: _____

Total Quantity of Sludge to be Dispose of per Day (tons): _____

SECTION C – Generator Certification

Please answer the following questions for the total quantity of sludge for which you are requesting disposal:

1. Is the sludge stabilized?
YES NO OTHER _____
2. Is the sludge stabilized, dewatered to a level of 20 % or more, and will pass the paint filter test?
YES NO OTHER _____
3. Is the sludge non-hazardous according to the current Virginia regulations governing the management of hazardous waste in the Commonwealth?
YES NO OTHER _____

I certify that I have personally examined and am familiar with the information submitted on this form, and I believe that the submitted information is true, accurate, and complete.

Name of Responsible Official: _____ Title: _____

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY – COUNTY APPROVAL

This request for disposal at the Loudoun County Landfill of municipal wastewater treatment plant sludge has been reviewed to ensure conformance with County policy and is hereby granted for the daily quantity and timeframe indicated below.

Approved Disposal Quantity per Day (tons): _____ Approved Disposal Dates: _____

Name of County Representative: _____ Title: _____

Signature: _____ Date: _____