

**PART B: SEWAGE SLUDGE PROCESSOR**

**Not Applicable**

Answer all questions if the facility receives sludge from an off-site facility. If you receive sludge from more than one facility, provide information for each off-site facility.

**1. Off-site Facility Information**

**a.** Facility name:

**b.** Mailing address:

City:

State:

Zip code:

County:

**c.** Contact person:

Title:

Phone:

Email:

**2. Treatment Provided**

**a.** Provide a narrative that identifies all sewage sludge processes that are known to occur at the off-site facility.

**b.** Describe how the sludge received from the off-site facility is handled at your facility.

**3. Sewage Sludge Amount**

**a.** Total amount received from this facility per 365-day period:

Dry Metric Tons