



**F**ERGUS  
**P**OWER  
**P**UMP INC.

**Biosolids  
Management**

• 24978 - 225th Street • Fergus Falls, MN 56537  
Phone (218) 736-6772 • Fax (218) 736-7115  
Email: fppinc@prtcl.com • www.ferguspump.com

**LAND APPLICATION INFORMATION**

The following information will be used to size and design the proper Dewatering or Land Application for the Client's needs. (Use separate data sheets for each plant)

Plant name: \_\_\_\_\_  
Plant address: \_\_\_\_\_  
Plant contact name, phone, fax: \_\_\_\_\_  
Plant size in MGD: \_\_\_\_\_  
Type of plant biosolids disposal permit (Class A or Class B): \_\_\_\_\_

**I. Basic information needed to determine suitability of for your plant.** (Please check proper box or write in information)

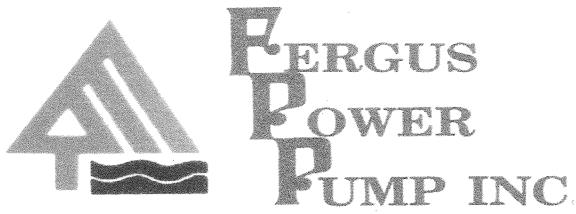
1. Type of biosolids storage: \_\_\_ Digester \_\_\_ Lagoon \_\_\_ Storage tank
2. Is plant process: \_\_\_ Anaerobic \_\_\_ Aerobic \_\_\_ Waste activated
  - a. If anaerobic, do you flare off glasses? Y / N If yes, quantity \_\_\_\_\_
  - b. are your biosolids fully or partially digested? Circle one.
3. Biosolids are: \_\_\_ Municipal \_\_\_ Industrial \_\_\_ Both
4. \_\_\_\_\_
5. Flow rate of pumps from storage location: \_\_\_\_\_ gpm

**II. Detailed plant operation information.**

1. Existing plant systems: (Current biosolids analysis enclosed: \_\_\_ yes \_\_\_ no)
  - a. Describe the current method of biosolids disposal: \_\_\_\_\_  
\_\_\_\_\_
  - b. Does Alum sludge enter the plant? \_\_\_ Amount? \_\_\_\_\_
  - c. Operating data:
    1. Days per week of operation \_\_\_ plant \_\_\_ biosolids processing
    2. Hours per day of operation \_\_\_ plant \_\_\_ biosolids processing

**III. Project information**

- |  |     |       |    |       |
|--|-----|-------|----|-------|
| 1. Just transport to the Sites                                 | Yes | _____ | No | _____ |
| 2. Just Land Apply at the site                                 | Yes | _____ | No | _____ |
| 3. Transport & Land Application                                | Yes | _____ | No | _____ |
| 4. Management & Consulting Services                            | Yes | _____ | No | _____ |
| 5. Has a design-engineering firm been appointed?               | Yes | _____ | No | _____ |
| If yes, Contact name, phone, and fax of the designer engineer. |     |       |    |       |
| 6. Has the project been funded?                                | Yes | _____ | No | _____ |



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#### IV. Indicate the amount of biosolids to be land applied

##### Liquid

1. Percent of solids in biosolids \_\_\_\_\_ %
2. Land Application Event: one time \_\_\_\_\_ spring, \_\_\_\_\_ fall, \_\_\_\_\_
3. Total Gallons of Biosolids per event \_\_\_\_\_ & Total Gallons annually \_\_\_\_\_
4. Load Station at Plant: Yes \_\_\_\_\_ No \_\_\_\_\_, If yes what is pump rate GPM \_\_\_\_\_

##### Dewater Cake

1. Land Application Event: one time \_\_\_\_\_ spring, \_\_\_\_\_ fall, \_\_\_\_\_
2. Total Wet Tons of Biosolids per event \_\_\_\_\_ & Total Wet Tons annually \_\_\_\_\_
3. Percent total solids of cake: \_\_\_\_\_ %
4. Will you provide Loader at the plant: Yes \_\_\_\_\_ No \_\_\_\_\_

#### V. Disposal Site Data

1. Distance from plant to disposal site: (one way) \_\_\_\_\_
2. Is the disposal site a landfill? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Is the disposal site a Agricultural or grassland? \_\_\_\_\_
4. Is the disposal site permitted? Yes \_\_\_\_\_ No \_\_\_\_\_

#### VI. Transportation information

Does the plant own the liquid or cake hauling containers? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes,

Number of trucks and/or containers owned by the plant \_\_\_\_\_

Number of truck drivers employed by the plant \_\_\_\_\_

Number of days per week for hauling \_\_\_\_\_

#### IV. Additional information