



Biosolids Management Program Training & Assistance Registration

Contact Information:

Organization Name:	
Organization Address:	
Organization Phone:	
Organization Fax:	
Organization website:	
Utility Manager's Name:	
Utility Manager Title:	
Utility Manager Department/Division:	
Utility Manager Address:	
Utility Manager Phone:	
Utility Manager Email:	
Lead BMP Contact's Name:	
Lead BMP Contact Title:	
Lead BMP Contact Department/Division:	
Lead BMP Contact Address:	
Lead BMP Contact Telephone:	
Lead BMP Contact Fax:	
Lead BMP Contact Email:	
Application Submitted By:	
Submitter Name:	
Submission Date:	
Submitter Signature:	

If submitting electronically, please check the e-signature box to confirm authorized submission. By selecting the "E-Signature" checkbox the submitter agrees and confirms that they are an authorized signatory on behalf of the organization or entity provided in the "Contact Information" section of this application.

Please provide information about your Wastewater & Biosolids Management Program:

Number of water resource recovery facilities (wastewater treatment plants): _____

Population served by these facilities: _____

Gallons of wastewater treated daily at these facilities: _____ MGD

Dry tons of biosolids produced annually at these facilities: _____

Solids treatment method(s): _____

Solids end use/disposition method: _____

Please provide a short discussion in response to each of the following:

Do you or your organization have any prior experience with ISO certification programs, other quality management programs, or prior NBP training?	
YES	<input type="checkbox"/> (If yes, please briefly describe in the comments section below.)
NO	<input type="checkbox"/>
Comments:	

Are there any known public concerns with your biosolids management program?	
YES	<input type="checkbox"/> (If yes, please briefly describe in the comments section below.)
NO	<input type="checkbox"/>
Comments:	

Will your organization's management commit the time and resources needed to refine your existing biosolids management operations to meet NBP requirements within the next 12-18 months?

YES

NO

Comments:

Are private contractors involved with the management of your organization's biosolids?
If yes, in what role?

YES

NO

Comments:

Why is your organization interested in participating in the NBP training program?

Will you seriously consider an independent third party audit of your Biosolids Management Program at the end of training? What concerns or questions do you have, if any, about having an audit?

YES

NO

Comments:

Please provide any other information, comments, or feedback:

To submit electronically, please select the “submit” button provided below.

To submit via hard copy, please mail completed form to:

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