

DOWNERS GROVE SANITARY DISTRICT
2710 CURTISS STREET
P. O. BOX 1412
DOWNERS GROVE, IL 60515
630-969-0664

Public Distribution Biosolids Information Sheet

Date: _____

Name/Address of User: _____

Phone No: _____

Location where biosolids will be used: _____

Size of area where biosolids will be used: _____

Proximity of Site to Closest: (No closer than 200' of a well)

(a) Stream or other body of water _____

(b) Dwelling _____ (c) Private Well _____

Amount of biosolids obtained: _____ (Specify units)

Describe use(s) of biosolids (e.g. horticultural, yard, reclamation of nutrient deficient land, other):

How will the biosolids be applied and incorporated (e.g. spread by truck, by hand, worked into the soil by plowing, other): _____

User receiving more than 25 cubic yards of biosolids, please sign below.

I hereby agree to adhere to the conditions outlined in this Biosolids Information Sheet and the Downers Grove Sanitary District Biosolids Handbook.

(Date)

(Signature)