

FACILITY NAME AND PERMIT NUMBER:

FORM  
**2S**  
IPDES

## IPDES FORM 2S APPLICATION OVERVIEW

### PRELIMINARY INFORMATION

This page is designed to indicate whether the applicant is to complete Part 1 or Part 2. Review each category, and then complete Part 1 or Part 2, as indicated. For purposes of this form, the term “you” refers to the applicant. “This facility” and “your facility” refer to the facility for which application information is submitted.

#### **FACILITIES INCLUDED IN ANY OF THE FOLLOWING CATEGORIES MUST COMPLETE PART 2 (PERMIT APPLICATION INFORMATION).**

1. Facilities with a currently effective IPDES or NPDES permit.
2. Facilities which have been directed by the permitting authority to submit a full permit application at this time.

#### **ALL OTHER FACILITIES MUST COMPLETE PART 1 (LIMITED BACKGROUND INFORMATION).**

FACILITY NAME AND PERMIT NUMBER:

## PART 1: LIMITED BACKGROUND INFORMATION

This part should be completed only by "sludge-only" facilities - that is, facilities that do not currently have, and are not applying for, an IPDES permit for a direct discharge to a surface body of water.

For purposes of this form, the term "you" refers to the applicant. "This facility" and "your facility" refer to the facility for which application information is submitted.

### 1. Facility Information.

- a. Facility name \_\_\_\_\_
- b. Mailing Address \_\_\_\_\_  
\_\_\_\_\_
- c. Contact person \_\_\_\_\_  
Title \_\_\_\_\_  
Telephone number \_\_\_\_\_
- d. Facility Address (not P.O. Box) \_\_\_\_\_  
\_\_\_\_\_
- e. Indicate the type of facility  
\_\_\_\_\_ Publicly owned treatment works (POTW)    \_\_\_\_\_ Privately owned treatment works  
\_\_\_\_\_ Federally owned treatment works    \_\_\_\_\_ Blending or treatment operation  
\_\_\_\_\_ Surface disposal site    \_\_\_\_\_ Sewage sludge incinerator  
\_\_\_\_\_ Other (describe) \_\_\_\_\_

### 2. Applicant Information.

- a. Applicant name \_\_\_\_\_
- b. Mailing Address \_\_\_\_\_  
\_\_\_\_\_
- c. Contact person \_\_\_\_\_  
Title \_\_\_\_\_  
Telephone number \_\_\_\_\_
- d. Is the applicant the owner or operator (or both) of this facility?  
\_\_\_\_\_ owner    \_\_\_\_\_ operator
- e. Should correspondence regarding this permit be directed to the facility or the applicant?  
\_\_\_\_\_ facility    \_\_\_\_\_ applicant

**FACILITY NAME AND PERMIT NUMBER:**

**3. Sewage Sludge Amount.** Provide the total dry metric tons per latest 365 day period of sewage sludge handled under the following practices:

- a. Amount generated at the facility \_\_\_\_\_ dry metric tons
  - b. Amount received from off site \_\_\_\_\_ dry metric tons
  - c. Amount treated or blended on site \_\_\_\_\_ dry metric tons
  - d. Amount sold or given away in a bag or other container for application to the land \_\_\_\_\_ dry metric tons
  - e. Amount of bulk sewage sludge shipped off site for treatment or blending \_\_\_\_\_ dry metric tons
  - f. Amount applied to the land in bulk form \_\_\_\_\_ dry metric tons
  - g. Amount placed on a surface disposal site \_\_\_\_\_ dry metric tons
  - h. Amount fired in a sewage sludge incinerator \_\_\_\_\_ dry metric tons
  - i. Amount sent to a municipal solid waste landfill \_\_\_\_\_ dry metric tons
  - j. Amount used or disposed by another practice \_\_\_\_\_ dry metric tons
- Describe \_\_\_\_\_

**4. Pollutant Concentrations.** Using the table below or a separate attachment, provide existing sewage sludge monitoring data for the pollutants for which limits in sewage sludge have been established in 40 CFR part 503 for this facility's expected use or disposal practices. If available, base data on three or more samples taken at least one month apart and no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
ARSENIC			
CADMIUM			
CHROMIUM			
COPPER			
LEAD			
MERCURY			
MOLYBDENUM			
NICKEL			
SELENIUM			
ZINC			

**5. Treatment Provided At Your Facility.**

- a. Which class of pathogen reduction does the sewage sludge meet at your facility?  
 \_\_\_\_\_ Class A    \_\_\_\_\_ Class B    \_\_\_\_\_ Neither or unknown
- b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FACILITY NAME AND PERMIT NUMBER:**

c. Which vector attraction reduction option is met for the sewage sludge at your facility?

- Option 1 (Minimum 38 percent reduction in volatile solids)
- Option 2 (Anaerobic process, with bench-scale demonstration)
- Option 3 (Aerobic process, with bench-scale demonstration)
- Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
- Option 5 (Aerobic processes plus raised temperature)
- Option 6 (Raise pH to 12 and retain at 11.5)
- Option 7 (75 percent solids with no unstabilized solids)
- Option 8 (90 percent solids with unstabilized solids)
- Option 9 (Injection below land surface)
- Option 10 (Incorporation into soil within 6 hours)
- Option 11 (Covering active sewage sludge unit daily)
- None or unknown

d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge:

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**6. Sewage Sludge Sent to Other Facilities.** Does the sewage sludge from your facility meet the Table 1 ceiling concentrations, the Table 3 pollutant concentrations, Class A pathogen requirements, and one of the vector attraction options 1-8?

Yes  No

**If yes, go to question 8 (Certification).**

**If no, is sewage sludge from your facility provided to another facility for treatment, distribution, use, or disposal?**

Yes  No

**If no, go to question 7 (Use and Disposal Sites).**

**If yes, provide the following information for the facility receiving the sewage sludge:**

- a. Facility name
- b. Mailing address
- c. Contact person   
Title   
Telephone number

d. Which activities does the receiving facility provide? (Check all that apply)

- Treatment or blending
- Land application
- Incineration
- Sale or give-away in bag or other container
- Surface disposal
- Other (describe):

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**FACILITY NAME AND PERMIT NUMBER:**

**7. Use and Disposal Sites.** Provide the following information for each site on which sewage sludge from this facility is used or disposed:

a. Site name or number \_\_\_\_\_

b. Contact person \_\_\_\_\_

Title \_\_\_\_\_

Telephone \_\_\_\_\_

c. Site location (Complete 1 or 2)

1. Street or Route # \_\_\_\_\_

County \_\_\_\_\_

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

d. Site type (Check all that apply)

Agricultural

Lawn or home garden

Forest

Surface disposal

Public Contact

Incineration

Reclamation

Municipal Solid Waste Landfill

Other (describe): \_\_\_\_\_

**8. Certification.** Sign the certification statement below. (Refer to instructions to determine who is an officer for purposes of this certification.)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title \_\_\_\_\_

Signature \_\_\_\_\_

Telephone number \_\_\_\_\_

Date signed \_\_\_\_\_

**SEND COMPLETED FORMS TO:** DEQ State Office, IPDES Program, 1410 N. Hilton, Boise, Idaho, 83706

FACILITY NAME AND PERMIT NUMBER:

## PART 2: PERMIT APPLICATION INFORMATION

Complete this part if you have an effective IPDES or NPDES permit or have been directed by the permitting authority to submit a full permit application at this time. In other words, complete this part if your facility has, or is applying for, an IPDES or NPDES permit.

For purposes of this form, the term “you” refers to the applicant. “This facility” and “your facility” refer to the facility for which application information is submitted.

### APPLICATION OVERVIEW — SEWAGE SLUDGE USE OR DISPOSAL INFORMATION

Part 2 is divided into five sections (A-E). Section A pertains to all applicants. The applicability of Sections B, C, D, and E depends on your facility’s sewage sludge use or disposal practices. The information provided on this page indicates which sections of Part 2 to fill out.

#### 1. SECTION A: GENERAL INFORMATION.

Section A must be completed by all applicants

#### 2. SECTION B: GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE.

Section B must be completed by applicants who either:

- 1) Generate sewage sludge, or
- 2) Derive a material from sewage sludge.

#### 3. SECTION C: LAND APPLICATION OF BULK SEWAGE SLUDGE.

Section C must be completed by applicants who either:

- 1) Apply sewage to the land, or
- 2) Generate sewage sludge which is applied to the land by others.

NOTE: Applicants who meet either or both of the two above criteria are exempted from this requirement if all sewage sludge from their facility falls into one of the following three categories:

- 1) The sewage sludge from this facility meets the ceiling and pollutant concentrations, Class A pathogen reduction requirements, and one of vector attraction reduction options 1-8, as identified in the instructions, or
- 2) The sewage sludge from this facility is placed in a bag or other container for sale or give-away for application to the land, or
- 3) The sewage sludge from this facility is sent to another facility for treatment or blending.

#### 4. SECTION D: SURFACE DISPOSAL

Section D must be completed by applicants who own or operate a surface disposal site.

#### 5. SECTION E: INCINERATION

Section E must be completed by applicants who own or operate a sewage sludge incinerator.

FACILITY NAME AND PERMIT NUMBER:

**A. GENERAL INFORMATION**

All applicants must complete this section.

**A.1. Facility Information.**

- a. Facility name \_\_\_\_\_
- b. Mailing Address \_\_\_\_\_  
\_\_\_\_\_
- c. Contact person \_\_\_\_\_  
Title \_\_\_\_\_  
Telephone number \_\_\_\_\_
- d. Facility Address (not P.O. Box) \_\_\_\_\_  
\_\_\_\_\_
- e. Is this facility a Class I sludge management facility?     Yes     No
- f. Facility design flow rate: \_\_\_\_\_ mgd
- g. Total population served: \_\_\_\_\_
- h. Indicate the type of facility:  
 Publicly owned treatment works (POTW)       Privately owned treatment works  
 Federally owned treatment works               Blending or treatment operation  
 Surface disposal site                               Sewage sludge incinerator  
 Other (describe) \_\_\_\_\_

**A.2. Applicant Information.** If the applicant is different from the above, provide the following:

- a. Applicant name \_\_\_\_\_
- b. Mailing Address \_\_\_\_\_  
\_\_\_\_\_
- c. Contact person \_\_\_\_\_  
Title \_\_\_\_\_  
Telephone number \_\_\_\_\_
- d. Is the applicant the owner or operator (or both) of this facility?  
 owner     operator
- e. Should correspondence regarding this permit should be directed to the facility or the applicant.  
 facility     applicant

**FACILITY NAME AND PERMIT NUMBER:**

**A.3. Permit Information.**

- a. Facility's IPDES or NPDES permit number (if applicable): \_\_\_\_\_
- b. List, on this form or an attachment, all other Federal, State, and local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:

Permit Number	Type of Permit
_____	_____
_____	_____
_____	_____

**A.4. Indian Country.** Does any generation, treatment, storage, application to land, or disposal of sewage sludge from this facility occur in Indian Country?

\_\_\_\_\_ Yes    \_\_\_\_\_ No    If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

**A.5. Topographic Map.** Provide a topographic map or maps (or other appropriate map(s) if a topographic map is unavailable) that show the following information. Map(s) should include the area one mile beyond all property boundaries of the facility:

- a. Location of all sewage sludge management facilities, including locations where sewage sludge is stored, treated, or disposed.
- b. Location of all wells, springs, and other surface water bodies, listed in public records or otherwise known to the applicant within 1/4 mile of the facility property boundaries.

**A.6. Line Drawing.** Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit, including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.

**A.7. Contractor Information.**

Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, provide the following for each contractor (attach additional pages if necessary):

- a. Name    \_\_\_\_\_
- b. Mailing Address    \_\_\_\_\_  
\_\_\_\_\_
- c. Telephone Number    \_\_\_\_\_
- d. Responsibilities of contractor    \_\_\_\_\_  
\_\_\_\_\_

**FACILITY NAME AND PERMIT NUMBER:**

**A.8. Pollution Concentrations:** Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants for which limits in sewage sludge have been established in 40 CFR Part 503 for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
ARSENIC			
CADMIUM			
CHROMIUM			
COPPER			
LEAD			
MERCURY			
MOLYBDENUM			
NICKEL			
SELENIUM			
ZINC			

**A.9. Certification.** Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of Form 2S you have completed and are submitting:

\_\_\_\_\_ Part 1 Limited Background Information packet

Part 2 Permit Application Information packet:

- \_\_\_\_\_ Section A (General Information)
- \_\_\_\_\_ Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)
- \_\_\_\_\_ Section C (Land Application of Bulk Sewage Sludge)
- \_\_\_\_\_ Section D (Surface Disposal)
- \_\_\_\_\_ Section E (Incineration)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title \_\_\_\_\_

Signature \_\_\_\_\_ Date signed \_\_\_\_\_

Telephone number \_\_\_\_\_

Upon request of the permitting authority, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

**SEND COMPLETED FORMS TO:**

FACILITY NAME AND PERMIT NUMBER:

**B. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE**

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge.

**B.1. Amount Generated On Site.**

Total dry metric tons per 365-day period generated at your facility: \_\_\_\_\_ dry metric tons

**B.2. Amount Received from Off Site.** If your facility receives sewage sludge from another facility for treatment, use, or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary.

a. Facility name \_\_\_\_\_

b. Mailing Address \_\_\_\_\_

c. Contact person \_\_\_\_\_

Title \_\_\_\_\_

Telephone number \_\_\_\_\_

d. Facility Address (not P.O. Box) \_\_\_\_\_

e. Total dry metric tons per 365-day period received from this facility: \_\_\_\_\_ dry metric tons

f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics.

\_\_\_\_\_  
\_\_\_\_\_

**B.3. Treatment Provided At Your Facility.**

a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?

\_\_\_\_\_ Class A    \_\_\_\_\_ Class B    \_\_\_\_\_ Neither or unknown

b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge:

\_\_\_\_\_  
\_\_\_\_\_

c. Which vector attraction reduction option is met for the sewage sludge at your facility?

- \_\_\_\_\_ Option 1 (Minimum 38 percent reduction in volatile solids)
- \_\_\_\_\_ Option 2 (Anaerobic process, with bench-scale demonstration)
- \_\_\_\_\_ Option 3 (Aerobic process, with bench-scale demonstration)
- \_\_\_\_\_ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
- \_\_\_\_\_ Option 5 (Aerobic processes plus raised temperature)
- \_\_\_\_\_ Option 6 (Raise pH to 12 and retain at 11.5)
- \_\_\_\_\_ Option 7 (75 percent solids with no unstabilized solids)
- \_\_\_\_\_ Option 8 (90 percent solids with unstabilized solids)
- \_\_\_\_\_ None or unknown

FACILITY NAME AND PERMIT NUMBER:

**B.3. Treatment Provided At Your Facility. (con't)**

- d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge:

\_\_\_\_\_  
\_\_\_\_\_

- e. Describe, on this form or another sheet of paper, any other sewage sludge treatment or blending activities not identified in (a) - (d) above:

\_\_\_\_\_  
\_\_\_\_\_

**Complete Section B.4 if sewage sludge from your facility meets the ceiling concentrations in Table 1 of 40 CFR 503.13, the pollutant concentrations in Table 3 of §503.13, the Class A pathogen reduction requirements in §503.32(a), and one of the vector attraction reduction requirements in § 503.33(b)(1)-(8) and is land applied. Skip this section if sewage sludge from your facility does not meet all of these criteria.**

**B.4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements, and One of Vector Attraction Reduction Options 1-8.**

- a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land: \_\_\_\_\_ dry metric tons

- b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away for application to the land?

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Complete Section B.5. if you place sewage sludge in a bag or other container for sale or give-away for land application. Skip this section if the sewage sludge is covered in Section B.4.**

**B.5. Sale or Give-Away in a Bag or Other Container for Application to the Land.**

- a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land: \_\_\_\_\_ dry metric tons

- b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

**Complete Section B.6 if sewage sludge from your facility is provided to another facility that provides treatment or blending. This section does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this section if the sewage sludge is covered in Sections B.4 or B.5. If you provide sewage sludge to more than one facility, attach additional pages as necessary.**

**B.6. Shipment Off Site for Treatment or Blending.**

- a. Receiving facility name \_\_\_\_\_

- b. Mailing address \_\_\_\_\_  
\_\_\_\_\_

- c. Contact person \_\_\_\_\_

Title \_\_\_\_\_

Telephone number \_\_\_\_\_

- d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: \_\_\_\_\_

FACILITY NAME AND PERMIT NUMBER:

**B.6. Shipment Off Site for Treatment or Blending. (con't)**

e. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility? \_\_\_\_ Yes \_\_\_\_ No

Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?

\_\_\_\_ Class A      \_\_\_\_ Class B      \_\_\_\_ Neither or unknown

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge:

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f. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge?

\_\_\_\_ Yes      \_\_\_\_ No

Which vector attraction reduction option is met for the sewage sludge at the receiving facility?

- \_\_\_\_ Option 1 (Minimum 38 percent reduction in volatile solids)
- \_\_\_\_ Option 2 (Anaerobic process, with bench-scale demonstration)
- \_\_\_\_ Option 3 (Aerobic process, with bench-scale demonstration)
- \_\_\_\_ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
- \_\_\_\_ Option 5 (Aerobic processes plus raised temperature)
- \_\_\_\_ Option 6 (Raise pH to 12 and retain at 11.5)
- \_\_\_\_ Option 7 (75 percent solids with no unstabilized solids)
- \_\_\_\_ Option 8 (90 percent solids with unstabilized solids)
- \_\_\_\_ None

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge.

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g. Does the receiving facility provide any additional treatment or blending activities not identified in (c) or (d) above? \_\_\_\_ Yes \_\_\_\_ No

If yes, describe, on this form or another sheet of paper, the treatment or blending activities not identified in (c) or (d) above:

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h. If you answered yes to (e), (f), or (g), attach a copy of any information you provide the receiving facility to comply with the "notice and necessary information" requirement of 40 CFR 503.12(g).

i. Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? \_\_\_\_ Yes      \_\_\_\_ No

If yes, provide a copy of all labels or notices that accompany the product being sold or given away.

**Complete Section B.7 if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in:**

- **Section B.4 (it meets Table 1 ceiling concentrations, Table 3 pollutant concentrations, Class A pathogen requirements, and one of vector attraction reduction options 1-8); or**
- **Section B.5 (you place it in a bag or other container for sale or give-away for application to the land); or**
- **Section B.6 (you send it to another facility for treatment or blending).**

**B.7. Land Application of Bulk Sewage Sludge.**

a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites: \_\_\_\_\_ dry metric tons

FACILITY NAME AND PERMIT NUMBER:

**B.7. Land Application of Bulk Sewage Sludge. (con't)**

b. Do you identify all land application sites in Section C of this application? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, submit a copy of the land application plan with application (see instructions).

c. Are any land application sites located in States other than the State where you generate sewage sludge or derive a material from sewage sludge? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe, on this form or another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.

\_\_\_\_\_  
\_\_\_\_\_

**Complete Section B.8 if sewage sludge from your facility is placed on a surface disposal site.**

**B.8. Surface Disposal.**

a. Total dry metric tons of sewage sludge from your facility placed on all surface disposal sites per 365-day period: \_\_\_\_\_ dry metric tons

b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If no, answer B.8.c through B.8.f for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one such surface disposal site, attach additional pages as necessary.

c. Site name or number \_\_\_\_\_

d. Contact person \_\_\_\_\_

Title \_\_\_\_\_

Telephone number \_\_\_\_\_

Contact is \_\_\_\_\_ Site owner \_\_\_\_\_ Site operator

e. Mailing address \_\_\_\_\_

f. Total dry metric tons of sewage sludge from your facility placed on this surface disposal site per 365-day period: \_\_\_\_\_ dry metric tons

**Complete Section B.9 if sewage sludge from your facility is fired in a sewage sludge incinerator.**

**B.9. Incineration.**

a. Total dry metric tons of sewage sludge from your facility fired in all sewage sludge incinerators per 365-day period: \_\_\_\_\_ dry metric tons

b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, complete B.9.c through B.9.f for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one such sewage sludge incinerator, attach additional pages as necessary.

c. Incinerator name or number: \_\_\_\_\_

d. Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Contact is: \_\_\_\_\_ Incinerator owner \_\_\_\_\_ Incinerator operator

FACILITY NAME AND PERMIT NUMBER:

**B.9. Incineration. (con't)**

e. Mailing address: \_\_\_\_\_  
\_\_\_\_\_

f. Total dry metric tons of sewage sludge from your facility fired in this sewage sludge incinerator per 365-day period: \_\_\_\_\_ dry metric tons

**Complete Section B.10 if sewage sludge from this facility is placed on a municipal solid waste landfill.**

**B.10. Disposal in a Municipal Solid Waste Landfill.** Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.

a. Name of landfill \_\_\_\_\_

b. Contact person \_\_\_\_\_

Title \_\_\_\_\_

Telephone number \_\_\_\_\_

Contact is \_\_\_\_\_ Landfill owner \_\_\_\_\_ Landfill operator

c. Mailing address \_\_\_\_\_  
\_\_\_\_\_

d. Location of municipal solid waste landfill:

Street or Route # \_\_\_\_\_

County \_\_\_\_\_

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

e. Total dry metric tons of sewage sludge from your facility placed in this municipal solid waste landfill per 365-day period:  
\_\_\_\_\_ dry metric tons

f. List, on this form or an attachment, the numbers of all other Federal, State, and local permits that regulate the operation of this municipal solid waste landfill.

Permit Number	Type of Permit
_____	_____
_____	_____
_____	_____

g. Submit, with this application, information to determine whether the sewage sludge meets applicable requirements for disposal of sewage sludge in a municipal solid waste landfill (e.g., results of paint filter liquids test and TCLP test)

h. Does the municipal solid waste landfill comply with applicable criteria set forth in 40 CFR Part 258?

\_\_\_\_\_ Yes \_\_\_\_\_ No

FACILITY NAME AND PERMIT NUMBER:

**C. LAND APPLICATION OF BULK SEWAGE SLUDGE**

Complete Section C for sewage sludge that is applied to the land, unless any of the following conditions apply:

- The sewage sludge meets the Table 1 ceiling concentrations, the Table 3 pollutant concentrations, Class A pathogen requirements, and one of vector attraction reduction options 1-8 (fill out B.4 Instead); or
- The sewage sludge is sold or given away in a bag or other container for application to the land (fill out B.5 Instead); or
- You provide the sewage sludge to another facility for treatment or blending (fill out B.6 instead).

Complete Section C for every site on which the sewage sludge that you reported in Section B.7 is applied.

**C.1. Identification of Land Application Site.**

- a. Site name or number \_\_\_\_\_
- b. Site location (Complete 1 and 2).
1. Street or Route # \_\_\_\_\_
- County \_\_\_\_\_
- City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
2. Latitude \_\_\_\_\_ Longitude \_\_\_\_\_
- Method of latitude/longitude determination
- \_\_\_\_\_ USGS map \_\_\_\_\_ Field survey \_\_\_\_\_ Other
- c. Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.

**C.2. Owner Information.**

- a. Are you the owner of this land application site? \_\_\_\_\_ Yes \_\_\_\_\_ No
- b. If no, provide the following information about the owner:
- Name \_\_\_\_\_
- Telephone number \_\_\_\_\_
- Mailing Address \_\_\_\_\_

**C.3. Applier Information.**

- a. Are you the person who applies, or who is responsible for application of, sewage sludge to this land application site? \_\_\_\_\_ Yes \_\_\_\_\_ No
- b. If no, provide the following information for the person who applies:
- Name \_\_\_\_\_
- Telephone number \_\_\_\_\_
- Mailing Address \_\_\_\_\_

**C.4. Site Type:** Identify the type of land application site from among the following.

\_\_\_\_\_ Agricultural land \_\_\_\_\_ Forest \_\_\_\_\_ Public contact site  
\_\_\_\_\_ Reclamation site \_\_\_\_\_ Other. Describe: \_\_\_\_\_

FACILITY NAME AND PERMIT NUMBER:

**C.5. Crop or Other Vegetation Grown on Site.**

- a. What type of crop or other vegetation is grown on this site?

\_\_\_\_\_

- b. What is the nitrogen requirement for this crop or vegetation?

\_\_\_\_\_

**C.6. Vector Attraction Reduction.**

Are any vector attraction reduction requirements met when sewage sludge is applied to the land application site?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, answer C.6.a and C.6.b;

- a. Indicate which vector attraction reduction option is met:

\_\_\_\_\_ Option 9 (Injection below land surface)

\_\_\_\_\_ Option 10 (Incorporation into soil within 6 hours)

- b. Describe, on this form or another sheet of paper, any treatment processes used at the land application site to reduce vector attraction properties of sewage sludge:

\_\_\_\_\_  
\_\_\_\_\_

**Complete Question C.7 only if the sewage sludge applied to this site since July 20, 1993, is subject to the cumulative pollutant loading rates (CPLRs) in 40 CFR 503.13(b)(2).**

**C.7. Cumulative Loadings and Remaining Allotments.**

- a. Have you contacted the permitting authority in the State where the bulk sewage sludge subject to CPLRs will be applied, to ascertain whether bulk sewage sludge subject to CPLRs has been applied to this site on or since July 20, 1993? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, sewage sludge subject to CPLRs may not be applied to this site.

If yes, provide the following information:

Permitting authority \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone number \_\_\_\_\_

- b. Based upon this inquiry, has bulk sewage sludge subject to CPLRs been applied to this site since July 20, 1993?

\_\_\_\_\_ Yes \_\_\_\_\_ No

**If no, skip C.7.c.**

**FACILITY NAME AND PERMIT NUMBER:**

- c. Provide the following information for every facility other than yours that is sending, or has sent, bulk sewage sludge to CPLRs to this site since July 20, 1993. If more than one such facility sends sewage sludge to this site, attach additional pages as necessary.

Facility name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Contact person \_\_\_\_\_

Title \_\_\_\_\_

Telephone number \_\_\_\_\_

FACILITY NAME AND PERMIT NUMBER:

**D. SURFACE DISPOSAL**

Complete this section if you own or operate a surface disposal site.

Complete Sections D.1 - D.5 for each active sewage sludge unit.

**D.1. Information on Active Sewage Sludge Units.**

- a. Unit name or number: \_\_\_\_\_
- b. Unit location (Complete 1 and 2).
  - 1. Street or Route # \_\_\_\_\_  
County \_\_\_\_\_  
City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
  - 2. Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Method of latitude/longitude determination: \_\_\_\_\_ USGS map \_\_\_\_\_ Field survey \_\_\_\_\_ Other
- c. Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.
- d. Total dry metric tons of sewage sludge placed on the active sewage sludge unit per 365-day period: \_\_\_\_\_ dry metric tons
- e. Total dry metric tons of sewage sludge placed on the active sewage sludge unit over the life of the unit: \_\_\_\_\_ dry metric tons
- f. Does the active sewage sludge unit have a liner with a maximum hydraulic conductivity of  $1 \times 10^{-7}$  cm/sec? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, describe the liner (or attach a description):  
\_\_\_\_\_  
\_\_\_\_\_
- g. Does the active sewage sludge unit have a leachate collection system? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, describe the leachate collection system (or attach a description). Also describe the method used for leachate disposal and provide the numbers of any Federal, State, or local permit(s) for leachate disposal:  
\_\_\_\_\_  
\_\_\_\_\_
- h. If you answered no to either D.1.f. or D.1.g., answer the following question:  
Is the boundary of the active sewage sludge unit less than 150 meters from the property line of the surface disposal site?  
\_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, provide the actual distance in meters: \_\_\_\_\_  
Provide the following information:  
Remaining capacity of active sewage sludge unit, in dry metric tons: \_\_\_\_\_ dry metric tons  
Anticipated closure date for active sewage sludge unit, if known: \_\_\_\_\_ (MM/DD/YYYY)  
Provide, with this application, a copy of any closure plan that has been developed for this active sewage sludge unit.

**FACILITY NAME AND PERMIT NUMBER:**

**D.2. Sewage Sludge from Other Facilities.** Is sewage sent to this active sewage sludge unit from any facilities other than your facility?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, provide the following information for each such facility. If sewage sludge is sent to this active sewage sludge unit from more than one such facility, attach additional pages as necessary.

a. Facility name \_\_\_\_\_

b. Mailing Address \_\_\_\_\_  
\_\_\_\_\_

c. Contact person \_\_\_\_\_

Title \_\_\_\_\_

Telephone number \_\_\_\_\_

d. Which class of pathogen reduction is achieved before sewage sludge leaves the other facility?

\_\_\_\_\_ Class A      \_\_\_\_\_ Class B      \_\_\_\_\_ None or unknown

e. Describe, on this form or another sheet of paper, any treatment processes used at the other facility to reduce pathogens in sewage sludge:

\_\_\_\_\_  
\_\_\_\_\_

f. Which vector attraction reduction option is met for the sewage sludge at the receiving facility?

- \_\_\_\_\_ Option 1 (Minimum 38 percent reduction in volatile solids)
- \_\_\_\_\_ Option 2 (Anaerobic process, with bench-scale demonstration)
- \_\_\_\_\_ Option 3 (Aerobic process, with bench-scale demonstration)
- \_\_\_\_\_ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
- \_\_\_\_\_ Option 5 (Aerobic processes plus raised temperature)
- \_\_\_\_\_ Option 6 (Raise pH to 12 and retain at 11.5)
- \_\_\_\_\_ Option 7 (75 percent solids with no unstabilized solids)
- \_\_\_\_\_ Option 8 (90 percent solids with unstabilized solids)
- \_\_\_\_\_ None or unknown

g. Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge

\_\_\_\_\_  
\_\_\_\_\_

h. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities performed by the other facility that are not identified in (d) - (g) above:

\_\_\_\_\_  
\_\_\_\_\_

**D.3. Vector Attraction Reduction**

a. Which vector attraction option, if any, is met when sewage sludge is placed on this active sewage sludge unit?

- \_\_\_\_\_ Option 9 (Injection below and surface)
- \_\_\_\_\_ Option 10 (Incorporation into soil within 6 hours)
- \_\_\_\_\_ Option 11 (Covering active sewage sludge unit daily)

**FACILITY NAME AND PERMIT NUMBER:**

**D.3. Vector Attraction Reduction. (con't)**

- b. Describe, on this form or another sheet of paper, any treatment processes used at the active sewage sludge unit to reduce vector attraction properties of sewage sludge:

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**D.4. Ground-Water Monitoring.**

- a. Is ground-water monitoring currently conducted at this active sewage sludge unit, or are ground-water monitoring data otherwise available for this active sewage sludge unit?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, provide a copy of available ground-water monitoring data. Also, provide a written description of the well locations, the approximate depth to ground-water, and the ground-water monitoring procedures used to obtain these data.

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- b. Has a ground-water monitoring program been prepared for this active sewage sludge unit? \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, submit a copy of the ground-water monitoring program with this permit application.

- c. Have you obtained a certification from a qualified ground-water scientist that the aquifer below the active sewage sludge unit has not been contaminated? \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, submit a copy of the certification with this permit application.

**D.5. Site-Specific Limits.** Are you seeking site-specific pollutant limits for the sewage sludge placed on the active sewage sludge unit?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, submit information to support the request for site-specific pollutant limits with this application.

FACILITY NAME AND PERMIT NUMBER:

## E. INCINERATION

Complete this section if you fire sewage sludge in a sewage sludge incinerator.

Complete this section once for each incinerator in which you fire sewage sludge. If you fire sewage sludge in more than one sewage sludge incinerator, attach additional copies of this section s necessary.

### E.1. Incinerator Information.

- a. Incinerator name or number: \_\_\_\_\_
- b. Incinerator location (Complete 1 and 2).
1. Street or Route # \_\_\_\_\_
- County \_\_\_\_\_
- City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
2. Latitude \_\_\_\_\_ Longitude \_\_\_\_\_
- Method of latitude/longitude determination: \_\_\_\_\_ USGS map \_\_\_\_\_ Field survey \_\_\_\_\_ Other

**E.2. Amount Fired.** Dry metric tons per 365-day period of sewage sludge fired in the sewage sludge incinerator: \_\_\_\_\_ dry metric tons

### E.3. Beryllium NESHAP.

- a. Is the sewage sludge fired in this incinerator "beryllium-containing waste," as defined in 40 CFR Part 61.31? \_\_\_\_\_ Yes \_\_\_\_\_ No

Submit, with this application, information, test data, and description of measures taken that demonstrate whether the sewage sludge incinerated is beryllium-containing waste, and will continue to remain as such.

- b. If the answer to (a) is yes, **submit with this application** a complete report of the latest beryllium emission rate testing and documentation of ongoing incinerator operating parameters indicating that the NESHAP emission rate limit for beryllium has been and will continue to be met.

### E.4. Mercury NESHAP.

- a. How is compliance with the mercury NESHAP being demonstrated?

\_\_\_\_\_ Stack testing (if checked, complete E.4.b)

\_\_\_\_\_ Sewage sludge sampling (if checked, complete E.4.c)

- b. If stack testing is conducted, submit the following information with this application:

A complete report of stack testing and documentation of ongoing incinerator operating parameters indicating that the incinerator has met, and will continue to meet, the mercury NESHAP emission rate limit.

Copies of mercury emission rate tests for the two most recent years in which testing was conducted.

- c. If sewage sludge sampling is used to demonstrate compliance, submit a complete report of sewage sludge sampling and documentation of ongoing incinerator operating parameters indicating that the incinerator has met, and will continue to meet the mercury NESHAP emission rate limit.

### E.5. Dispersion Factor.

- a. Dispersion factor, in micrograms/cubic meter per gram/second: \_\_\_\_\_

- b. Name and type of dispersion model: \_\_\_\_\_

- c. Submit a copy of the modeling results and supporting documentation with this application.

FACILITY NAME AND PERMIT NUMBER:

**E.6. Control Efficiency.**

a. Control efficiency, in hundredths, for the following pollutants:

Arsenic: \_\_\_\_\_ Chromium: \_\_\_\_\_ Nickel: \_\_\_\_\_  
Cadmium: \_\_\_\_\_ Lead: \_\_\_\_\_

b. Submit a copy of the results or performance testing and supporting documentation (including testing dates) with this application.

**E.7. Risk Specific Concentration for Chromium.**

a. Risk specific concentration (RSC) used for chromium, in micrograms per cubic meter: \_\_\_\_\_

b. Which basis was used to determine the RSC?

\_\_\_\_ Table 2 in 40 CFR 503.43  
\_\_\_\_ Equation 6 in 40 CFR 503.43 (site-specific determination)

c. If Table 2 was used, identify the type of incinerator used as the basis:

\_\_\_\_ Fluidized bed with wet scrubber  
\_\_\_\_ Fluidized bed with wet scrubber and wet electrostatic precipitator  
\_\_\_\_ Other types with wet scrubber  
\_\_\_\_ Other types with wet scrubber and wet electrostatic precipitator

d. If Equation 6 was used, provide the following:

Decimal fraction of hexavalent chromium concentration to total chromium concentration in stack exit gas: \_\_\_\_\_

Submit results of incinerator stack tests for hexavalent and total chromium concentrations, including date(s) of test, with this application.

**E.8. Incinerator Parameters**

a. Do you monitor Total Hydrocarbons (THC) in the sewage sludge incinerator's exit gas? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you monitor Carbon Monoxide (CO) in the sewage sludge incinerator's exit gas? \_\_\_\_\_ Yes \_\_\_\_\_ No

b. Incinerator type: \_\_\_\_\_

c. Incinerator stack height, in meters: \_\_\_\_\_

Indicate whether value submitted is: \_\_\_\_\_ Actual stack height \_\_\_\_\_ Creditable stack height

**E.9. Performance Test Operating Parameters**

a. Maximum Performance Test Combustion Temperature: \_\_\_\_\_

b. Performance test sewage sludge feed rate, in dry metric tons/day: \_\_\_\_\_

indicate whether value submitted is:

\_\_\_\_ Average use \_\_\_\_\_ Maximum design

Submit, with this application, supporting documents describing how the feed rate was calculated.

c. Submit, with this application, information documenting the performance test operating parameters for the air pollution control device(s) used for this sewage sludge incinerator.

**FACILITY NAME AND PERMIT NUMBER:**

**E.10. Monitoring Equipment.** List the equipment in place to monitor the following parameters:

- a. Total hydrocarbons or carbon monoxide: \_\_\_\_\_
- b. Percent oxygen: \_\_\_\_\_
- c. Moisture content: \_\_\_\_\_
- d. Combustion temperature: \_\_\_\_\_
- e. Other: \_\_\_\_\_

**E.11. Air Pollution Control Equipment.** Submit, with this application, a list of all air pollution control equipment used with this sewage sludge incinerator.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Information, if provided, will appear on the following pages.