

Form Approved  
OMB Number  
Approval Expires XX-XX-XX

EPA ID NUMBER:  
(for official use only)

NPDES PERMIT NUMBER:

FACILITY NAME:

## A. GENERAL INFORMATION

All applicants must complete this section.

### A.1. Facility Information.

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

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

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

Title \_\_\_\_\_

Phone number \_\_\_\_\_

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

e. Facility latitude: \_\_\_\_\_

Facility longitude: \_\_\_\_\_

Method of latitude/longitude determination:

\_\_\_\_ USGS map

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

\_\_\_\_ Field survey

If map used, provide datum and scale: \_\_\_\_\_

f. Is this facility a Class I sludge management facility?

\_\_\_\_ Yes

\_\_\_\_ No

If yes, submit the results of a toxicity characteristic leaching procedure (TCLP) performed on this facility's sewage sludge. Submit the results of all TCLPs performed during the last five years, if not previously submitted.

g. Facility design influent flow rate: \_\_\_\_\_ mgd

h. Total population served: \_\_\_\_\_

### A.1. Facility Information.(cont'd)

i. 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 \_\_\_\_\_

Phone number \_\_\_\_\_

d. Is the applicant the owner or operator (or both) of this facility?

\_\_\_\_ owner

\_\_\_\_ operator

\_\_\_\_ other (describe) \_\_\_\_\_

e. Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

\_\_\_\_ facility

\_\_\_\_ applicant