			Form Approved
FACILITY NAME:		(for official use only)	OMB Number Approval Expires XX-XX-XX
B.3. Treatment Provided at Your Facility. (cont'd) e. Describe, on this form or another sheet of pape treatment or blending activities not identified in	estment Provided at Your Facility. (cont'd) Describe, on this form or another sheet of paper, any other sewage sludge treatment or blending activities not identified in (a) - (d) above:	B.5. Sale or Give-Away in a Bag or Other Container for Application to the Land.(conf'd) 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.	n to the Land.(cont'd) t accompany the trainer for application
B.4. Preparation of Sewage Budge Meeting C Class A Pathogen Regimenship, and Or Options 1-8. a. Total dry metric tone predictions that is applied to the land.	Meeting Coming and Philatest Commingtons, mile, and Orient Vector introducer from John 6. August Meeting Subject to this section	B.s. (by committee of transformer of Bending) b. Facility committee Name: Title: Phone: ()	
b. Is sewage sludge subject to this section or give-away for application to the land?	Is sewage studge subject to this section placed in bags or other containers for sale or give-away for application to the land? Yes	c. Facility mailing address. Street or P.O. Box: City or Town:	Zip:
		T 0	Brouged to sportwing
B.5. Sale or Give-Away in a Bag or Other Container	er Container for Application to the Land.	Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility? Class A Class B Neither or unknown	s sludge at the sknown
a. Total dry metric tons per 365-day period of se container at your facility for sale or give-away	Total dry metric tons per 365-day period of sewage studge placed in a bag or other container at your facility for sale or give-away for application to the land:		-
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