

FACILITY NAME: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	NPDES PERMIT NUMBER: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	EPA ID NUMBER: (for official use only)	Form Approved OMB Number Approval Expires XX-XX-XX
B.5. Sale or Give-Away in a Bag or Other Container for Application to the Land.(cont'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.			
<p>B.6. Shipment Off Site for Treatment or Blending</p> <p>a. Name of receiving facility: _____</p> <p>b. Facility contact: _____ Name: _____ Title: _____ Phone: () _____</p> <p>c. Facility mailing address: Street or P.O. Box: _____ State: _____ Zip: _____ City or Town: _____</p> <p>d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: _____</p> <p>e. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility? _____ Yes _____ No</p> <p>Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility? _____ Class A _____ Class B _____ Neither or unknown</p>			