

<b>FACILITY NAME:</b> _____	<b>NPDES PERMIT NUMBER:</b> _____	<b>EPA ID NUMBER:</b> (for official use only)	<b>Form Approved</b> OMB Number Approval Expires XX-XX-XX
<b>D. SURFACE DISPOSAL</b>			
<small>Complete this section if you plan to operate a surface disposal unit.</small>			
<small>Complete Sections D.1 - D.4 for each active sewage sludge unit.</small>			
<b>D.1. Information on Active Sewage Sludge Units.</b>			
a. Unit name or number: _____	<b>D.1. Information on Active Sewage Sludge Units. (cont'd)</b> h. Provide the following information:  Remaining capacity of active sewage sludge unit, in dry metric tons: _____ Anticipated closure date for active sewage sludge unit, if known: _____ Provide, with this application, a copy of any closure plan that has been developed for this active sewage sludge unit.  <b>D.2. Sewage Sludge from Other Facilities.</b> Is sewage sludge 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. Name of facility: _____ Name: _____ b. Facility contact: _____ Title: _____ Phone: ( ) _____  c. Facility mailing address. Street or P.O. Box: _____ City or Town: _____ State: _____ Zip: _____  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: _____ _____ _____		
b. Unit location: _____			
c. Total dry metric tons of sewage sludge placed on the active sewage sludge unit per 365-day period: _____			
d. Total dry metric tons of sewage sludge placed on the active sewage sludge unit over the life of the unit: _____			
e. 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. If you answered no to either D.1.e or D.1.f, 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: _____			