FACILITY NAME:	NPDES PERMIT NUMBER:	EPA ID NUMBER: (for official use only)	Form Approved OMB Number Approval Expires XX-XX-XX

D.2. Sewage Sludge from Other Facilities (cont'd)

f. Which vector attraction reduction option is achieved before sewage sludge leaves the other 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 (7[illegible] solids with no unstabilized solids)
_____ Option 8 (9[illegible] percent solids with unstabilized solids)
_____ None or unknown

g. Describe, on this form or another sheet of paper, any treatment processes used at the other 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 reduction option, if any, is met when sewage sludge is placed on this active sewage sludge unit?

_____ Option 9 (Injection below land surface)
_____ Option 10 (Incorporation into soil within 6 hours)
_____ Option 11 (Covering active sewage sludge unit daily)

D.3. Vector Attraction Reduction. (cont'd)

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:

_____
_____
_____

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.

_____
_____
_____

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.