Part 2: Permit Application Information

Part 2 of this form pertains to facilities that are submitting a full permit application at this time. This includes facilities applying for an NPDES permit

as well as "sludge-only" facilities that are applying for site-specific pollutant limits.

Review items 1–5 of the Application Overview section to determine which sections of Part 2 cover your facility's sewage sludge use or disposal practices. Table 1, below, summarizes which sections cover which activities.

TABLE 1.—GUIDELINES FOR COMPLETING PART 2

Activity(ies) performed	А	В	С	D	E
Generates sewage sludge or derives material from sewage sludge	~	(B.1–B.3)			
That meets ceiling concentrations in Table 1 of 40 CFR 503.13, pollutant concentrations in Table 3 of §503.13, Class A pathogen requirements in §503.32, and one of the eight vector attrac-		,			
tion reduction options in § 503.33 (b) (1)-(8)	~	✔ (B.4)			
to the land	~	✓ (B.5)			
That is shipped off site for treatment or blending	V	✓ (B.6)			
That is applied to the land in bulk form	V	✓ (B.7)	V		
That is placed on a surface disposal site	/	✓ (B.8)			
That is fired in a sewage sludge incinerator	/	✔ (B.9)			
That is sent to a municipal solid waste landfill	/	✔ (B.10)			
Applies bulk sewage sludge to land	/	, ,	/		
Owns or operates a surface disposal site	/			· •	
Fires sewage sludge in a sewage sludge incinerator	~				~

Section A: General Information

All applicants must complete Section A, which requests general information about the facility.

A.1. Facility Information.

a. Provide the facility's official or legal name. Do not use a colloquial name.

b. Provide the complete mailing address of the office where correspondence should be sent. This may differ from the facility location given in Question 1.d.

c. Provide the name, title, and work telephone number of a person who is thoroughly familiar with the operation of the facility and with the facts reported in this application, and who can be contacted by the permitting authority if necessary.

d. Provide the physical location (street address) of the facility. If the facility lacks a street address or route number, provide the most accurate alternative geographic information (e.g., township and range, section or quarter section number, nearby highway intersection).

e. Provide the latitude and longitude of the facility. This information is required by EPA's Locational Data Policy. If a map was used to obtain latitude and longitude, provide map datum (e.g., NAD 27, NAD 83) and map scale (e.g., 1:24000, 1:100000).

f. Indicate whether the facility is a Class I sludge management facility. A Class I sludge management facility is either:

• Any POTW required to have an approved pretreatment program under 40 CFR 403.8(a), including any POTW

located in a State assuming local pretreatment program responsibilities pursuant to 40 CFR 403.10(e)); or

• Any treatment works treating domestic sewage, as defined in 40 CFR 122.2, classified as a Class I sludge management facility by the EPA Regional Administrator, or, in the case of approved State programs, the Regional Administrator in conjunction with the State Director, because of the potential for its sewage sludge use or disposal practices to adversely affect public health and the environment.

If your facility is a Class I sludge management facility, you must perform a toxicity characteristic leaching procedure (TCLP) on this facility's sewage sludge. Submit the results (pass or fail) of all TCLP tests you have performed during the past five years that you have not already submitted to the permitting authority.

g. Provide the facility's design influent flow rate. "Design influent flow rate influent flow rate" means the average flow the treatment works was designed to treat. Enter the design influent flow rate in million gallons per day (mgd), to two decimal places (e.g., 3.12 mgd translates to three million one hundred twenty thousand gallons per day).

h. For all areas served by the treatment works (municipalities and unincorporated service areas), enter the best estimate of the actual population served at the time of application. If another treatment works discharges into this treatment works, provide on a separate attachment the name of the other treatment works and the actual population it serves (it is not necessary

to list the communities served by the other treatment works).

i. Indicate the type of facility.

A publicly owned treatment works (POTW) is any device or system used in the treatment (including recycling and reclamation) of municipal sewage or industrial wastes of a liquid nature which is owned by a State or municipality. This definition includes sewers, pipes, or other conveyances only if they convey wastewater to a POTW providing treatment.

A privately owned treatment works is any device or system which is (a) used to treat wastes from any facility whose operator is not the operator of the treatment works and (b) not a POTW or federally owned treatment works.

A federally owned treatment works is a facility that is owned and operated by a department, agency, or instrumentality of the Federal government that treats wastewater, a majority of which is domestic sewage, prior to discharge in accordance with a permit issued under section 402 of the Federal Water Pollution Control Act.

A blending or treatment operation means any sewage sludge or wastewater treatment device or system, regardless of ownership (including Federal facilities), used in the storage, treatment, recycling, and reclamation of domestic sewage, including land dedicated for the disposal of sewage sludge. For purposes of this form, such devices or systems include blending or treatment operations that derive material from sewage sludge but do not generate sewage sludge.