ARIZONA POLLUTANT DISCHARGE ELIMINATION SYSTEM APPLICATION - FORM 2A/2S

For discharges from Publicly Owned Treatment Works and Domestic Wastewater Treatment Works

In completing and submitting this form, the Applicant is applying for an individual AZPDES permit to authorize the discharge of treated domestic wastewater to a Waters of the United States.

Instructions:

1) Type in or clearly hand print the requested information on the form.
2) This application consists of the main part and Supplements A (Data) and B (Sewage Sludge).

Wastewater Treatment Facility Design Capacity	Maximum Fee
3,000 to 99,999 gallons per day	15,000
100,000 to 999,999 gallons per day	20,000
1,000,000 to 9,999,999 gallons per day	30,000
10,000,000 or more gallons per day	50,000

(See: https://apps.azsos.gov/public_services/Title_18/18-14.pdf for more information about AZPDES fees)

3) ADEQ will provide monthly invoices for the interim permit fees. If full payment is not received within the prescribed timeframe on the invoice, ADEQ will consider the nonpayment as "willful neglect" pursuant to A.R.S. § 49-113(B). As provided by A.R.S. § 49-113(B), ADEQ will, in addition to any applicable interest rate, collect an additional five percent penalty of up to twenty five percent of the amount due for each month or fraction of a month the amount is past due. ADEQ may also refer this matter to the Office of the Attorney General for appropriate legal action. ADEQ may also cease any and all work on your application and initiate a denial of the pending application at that time.
4) Sign and date the completed form. ***The form must be signed by the appropriate responsible party or it will be returned (see certification statement in Part E).***
5) Mail the original signed application, any attachments, to the following address:

AZPDES Individual Permits Unit
Arizona Department of Environmental Quality
1110 W. Washington St.
Phoenix, AZ 85007

6) For the second copy, either submit an electronic copy to AZPDES@azdeq.gov or submit a paper copy with the original application package.

7) **CHECKLIST**

☐ **A.7 CWA 208 Consistency Determination.** If your facility requires a 208 consistency review, have you provided the necessary documentation?

☐ **A.14 Wastewater Outfalls**.
☐ **A.15 Description of Receiving Waters.**
If your facility will discharge to more than one outfall, have you included the supplement form for A.14 and A.15?

☐ **A.16.e. Description of WWTP Treatment.** Have you included the topographic map extending at least 1/4 mile beyond property boundaries of the treatment plant that shows:

- ☐ the location of the plant,
- ☐ piping,
- ☐ drinking water wells,
- ☐ ponds, wetlands,
- ☐ the outfall(s) location at the point it enters the receiving water, and
- ☐ the sampling location for the outfall(s), if applicable

☐ **f.** Have you included a process flow diagram or schematic of the treatment plant and a brief description, including any areas where the sewage sludge produced by the treatment works is stored, treated or disposed of, if applicable, and the sampling location for the outfall(s)?

☐ **C.1. Whole Effluent Toxicity.** If you stated in response to C.1 of the application that WET Reports were being submitted with the application, have they been included?

☐ **D.4 Significant Industrial User Information.** If you have more than one Significant Industrial User, have you included the supplement form for D.4?

☐ **Part E. Certification.** Has the application been signed by a person who meets the requirements of 40 CFR 122.22(a)1, 2, or 3? Federal Regulation, 40 C.F.R. § 122.22 is specific concerning application signatories, such as a responsible corporate officer, a general partner, a sole proprietor, or for a government entity, a ranking executive officer or elected official. By signing this certification statement, applicants confirm that they have reviewed this form and attachments for accuracy, and have completed all parts that apply to the facility.

☐ **Supplement B (Sewage Sludge). A.1. Generation of Sewage Sludge, Amount Generated, and Method of Disposal.** Incineration of sewage sludge from your facility fired in a sewage sludge Incinerator is prohibited in accordance with A.A.C R18-9-1002.G

☐ **B.3**. **Treatment Provided At Your Facility.** If your facility receives sewage sludge from more than one facility for treatment, use, or disposal, have you included the supplement form for B.3?

☐ b. Have you provided a description of any treatment processes used at your facility to reduce pathogens in sewage sludge?

☐ d. Have you provided a description of any other sewage sludge treatment or blending activities not previously identified?

☐ **B.4. Preparation of Sewage Sludge Meeting the Table 2, Pollutant Concentrations, Class A Pathogen Requirements, and One Vector Attraction Reduction Option (Exceptional Quality).** If you sell or give away in a bag or other container sewage sludge for application to the land, did you provide a copy of all labels or notices that accompany the sewage sludge.

☐ **B.5. Land Application of Bulk Sewage Sludge.** Have you provided a topographic map (or other appropriate map if a topographic map is unavailable) that shows the sewage sludge land application site location?

☐ **D. Surface Disposal.**

☐ e. Have you provided a copy of any closure plan that has been developed for this active sewage sludge unit?

PART A. BASIC APPLICATION INFORMATION

A.1. Facility Information.

Facility (plant) name:

County where located:

Facility mailing address:

Facility physical address:

Type of facility *(choose one):* ☐ Publicly owned treatment works (POTW) ☐ Sanitary District or County Improvement District	☐ Private Utility (please include map of Certified Area of Convenience & Necessity as authorized by the Arizona Corporation commission) ☐ Other (e.g. privately owned facility)

A.2. Facility Owner/Operator Information.

Facility owner:

Owner's address:

Phone number:

Facility operator (if different from owner):

Operator's address:

Phone number:

Contact person or Agent (if different from owner & operator): Title:

Contact's address:

Phone number: Contact E-mail address:

A.3. Landowner(s).

Owner of land where the WWTP is located (such as National Forest, State Land, Bureau of Land Management, private land) (if different from A.2 above):

Land owner:

Owner's address:

Owner(s) of land where the WWTP pipes flow to the outfall and the outfall discharges (if different from A.2 above):

Land owner:

Owner's address:

A.4. Contact Person

If the contact person is not the facility owner, provide the following information, including relation to the owner

Name: Title:

Mailing address:

Phone number: E-mail address:

☐ Operator ☐ Consultant ☐ Other (Please explain)

A.5. Billing Address

Provide the facility name and address for billing.

Name:

Billing address:

A.6. Existing Environmental Permits.

Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state issued permits).

☐ AZPDES (Surface Water)	☐ Stormwater (MSGP)
☐ RCRA (Hazardous waste)	☐ PSD (Air emission from proposed sources)
☐ Aquifer Protection Permit (APP)	☐ Reuse
☐ Underground injection control (UIC)	☐ Other (Specify)

Is stormwater co-mingled in any way with wastewater? ☐ Yes ☐ No

If yes, please explain.

Does the treatment works have a combined sewer system? (Combined sewer systems are sewers that are designed to collect rainwater runoff, domestic sewage, and industrial wastewater in the same pipe.) ☐ Yes ☐No

If yes, please explain.

A.7. CWA 208 Consistency Determination.

An AZPDES application cannot be processed until a consistency determination has been conducted by ADEQ. If, after a review of the initial information submitted, it is determined that an amendment to a 208 Regional Water Quality Plan will be required, the AZPDES application may be suspended or rejected.

All applicants please fill out the following completely and attach the requested documents:

☐ Is this a new facility?

Please provide a map of the service area for the facility and documentation indicating consistency with the CWA 208 Water Quality Management Plan in the form of correspondence from:

1) the appropriate Designated Planning Agency, or
2) the Designated Management Agency.

☐ Is this an existing facility with a current Individual AZPDES permit increasing the design flow, changing the location of the discharge, adding new outfalls, or changing ownership?

Please provide documentation indicating consistency with the current CWA 208 Water Quality Management Plan in the form of:

1) correspondence from the appropriate Designated Planning Agency or Designated Management Agency, or
2) page(s) from the current CWA 208 Plan showing identification of this facility and the capacity being sought.

☐ Is this an existing facility with a current Individual AZPDES permit with no changes affecting 208 approval?

A.8. Collection System Information.

Provide information on municipalities and areas served by the facility, including the name and population of each entity and, if known, include information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.)

Name	Population Served	Type of Collection System	Ownership

Total population served

A.9. Indian Country.

a. Is the treatment works located in Indian Country? ☐ Yes ☐ No

If Yes, give name:

b. Does the treatment works discharge to a receiving water in Indian Country or that is upstream from (and/or eventually flows through) Indian Country? ☐ Yes ☐ No

If 'yes," give name of Tribe and approximate distance from discharge to Indian Country boundary:

A.10. Is the facility located within 100 km (62 miles) of the Arizona-Mexico border?

☐ Yes ☐ No

If yes, provide the following information:

a. A description of the area into which the effluent discharges from the facility may flow.

b. Is the discharge expected to cross the Arizona-Mexico border? ☐ Yes ☐ No

A.11. Current design flow.

Indicate the design flow rate of the treatment plant *(i.e., the wastewater flow rate that the plant was built to treat on a daily basis – not including peak flows).*

a. Design flow rate mgd

Provide the average daily flow rate and the maximum daily flow rate for each of the last three years. Each year's data must be based on a 12 month time period with the 12th month of this year occurring no more than three months prior to this application submittal.

	Two Years Ago	Last Year	This Year
b. Annual average daily influent flow rate:	mgd	mgd	mgd
c. Maximum daily influent flow rate:	mgd	mgd	mgd
d. Describe how you measure (or estimate) flow:	mgd	mgd	mgd

A.12. Anticipated design flow.

Are there any plans within the next five years for implementing improvements at the treatment works or at the outfall(s) that will affect the wastewater treatment, effluent quality or design capacity of the treatment works? ☐ Yes ☐ No

If no, then skip to Part A.13. If yes, then complete the following:

Note: If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses for each.

a. List the outfall number (assigned in A.14) for each outfall that is covered by this implementation schedule.

b. Indicate whether the planned improvements or their implementation schedule are required by local, state or federal agencies. ☐ Yes ☐ No

c. Briefly describe the improvements to be made for the outfall(s) listed in A.14.a and include new maximum daily flow rate, if applicable.

Note: Maximum permitted capacity within a 5-year permit term will be the basis for developing limits and setting annual fees.

d. Provide dates imposed by any compliance schedule or planned independently of local, state or federal agencies. Also provide any actual dates of completion for the implementation steps listed below, as applicable. Indicate dates as accurately as possible. Place an (*) in front of the improvements required by a governmental agency.

Schedule

Implementation Stage	Planned or Imposed MM/DD/YYYY	Actual Completion MM/DD/YYYY
Begin construction		
End construction		
Begin discharge		
Attain operational level		

A.13. Discharges and Other Disposal Methods.

a. List how many of each of the following types of discharge points the treatment works uses:

☐ Discharges of treated effluent

☐ Discharges of untreated or partially treated effluent

☐ Combined sewer overflow points

☐ Constructed emergency overflows (prior to the headworks)

☐ Other

b. Does the treatment works discharge effluent to basins, ponds or other surface impoundments that are not located in and/or do not have outlets for discharge to waters of the U.S.? ☐ Yes ☐ No

If yes, provide the following for each surface impoundment:

Location (Latitude Longitude):	° ' " N ° ' " W
Distance of the impoundment from the closest water of the U.S?	
Annual average daily volume discharged to impoundment(s)	mgd
Is discharge:	☐continuous ☐ intermittent ☐ periodic (seasonal)?
If intermittent or periodic, provide the following information:	
Number of times per year discharge occurs:	
Average duration of each discharge:	days
Average flow per discharge:	mgd
Months in which discharge occurs:	

c. Does the treatment works land apply (excluding direct reuse) treated wastewater? ☐ Yes ☐ No

If 'yes," provide the following for each land application site:

Location (Latitude Longitude)	Number of acres	Annual average daily volume applied to site	Frequency of application
° ' "		mgd	

N ° ' " W			

d. Does the treatment works reuse (direct reuse) treated wastewater? ☐ Yes ☐ No

If 'yes," provide the following for each reuse site:

Location (Latitude Longitude)	Number of acres	Annual average daily volume applied to site	Frequency of application
° ' " N – ° ' " W			

e. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?

Note: Also report the transport of biosolids or sludge to another treatment works in the applicable section of Part E.

☐ Yes ☐ No

If 'yes,' how is the wastewater from the treatment works discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide the following:

Transporter name:

Mailing address:

Contact person: Title: Phone number:

For each treatment works that receives this discharge, provide the following:

Name:

Mailing address:

Contact person: Title: Phone number:

If known, provide the NPDES/AZPDES permit number of the treatment works that receives this discharge:

What is the average daily flow rate from the treatment works into the receiving facility: mgd

f. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.12.a through 12.d above. (e.g., underground recharge, well injection)? ☐ Yes ☐ No

If 'yes," provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):	Annual average daily volume disposed by this method	Frequency of disposal
	mgd	

A.14. Wastewater Outfalls.

Will there be discharges to more than one outfall? ☐ Yes ☐ No

If yes, complete Supplement A.14/15 for each additional outfall.

a. Outfall number:	
b. Outfall location *(where the discharge from the facility enters the receiving water):* Latitude Longitude:	° ' – ° ' " N " W

Township Range Section:	
c. Average daily discharge flow through outfall (Divide the annual discharge of the outfall by the number of days in a year that discharge occurs):	mgd
d. Indicate the following for the discharge *(Estimations are acceptable for this information):*	
Number of times per year the facility is expected to discharge under the terms of the AZPDES permit:	
Average duration of each discharge:	
Flow per period of discharge in MGD:	
Months over which discharge is typically expected:	
e. Is the outfall designed to, or equipped with a device, to mix and/or disperse the effluent in the receiving water?	☐Yes ☐ No

A.15. Description of Receiving Water. (Fill in all blanks. Put 'not known' if applicable.)

a. Name of receiving water:

b. Does the receiving water have an existing total maximum daily load for a pollutant? ☐Yes ☐ No

c. Name of closest downstream perennial or intermittent water and approximate distance in stream miles from outfall.

A.16. Description of WWTP Treatment.

a. What levels of treatment are provided? Check all that apply.

☐ Primary	☐ Nitrification/Denitrification
☐ Secondary	☐ Advanced (with filtration)
	☐ Other (Describe)

b. Indicate the following removal rates, as applicable:

Design BOD_5 removal or design $CBOD_5$ removal	%
Design SS removal	%
Design P removal	%
Design N removal	%
Other	%
Other	%

c. What type of disinfection is used for the effluent? If disinfection varies by season, please describe.

If disinfection is by chlorination, is dechlorination used for this outfall? ☐Yes ☐ No

d. Does the treatment plant have post aeration? ☐Yes ☐ No

e. Provide a topographic map extending at least 1/4 mile beyond property boundaries of the treatment plant that shows the location of the plant, piping, drinking water wells, ponds, wetlands, and the outfall(s) location at the point it enters the receiving water. Also indicate on the map the sampling location for the outfall(s), if applicable.

f. Provide a process flow diagram or schematic of the treatment plant and include a brief description. Depict any areas where the sewage sludge produced by the treatment works is stored, treated or disposed of, if applicable. Also indicate in the description the sampling location for the outfall(s).

PART B. ADDITIONAL INFORMATION FOR WWTPs WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day)

Only applicants with a design flow rate greater than or equal to 0.1 mgd must complete Parts B.1 through B.2.

B.1. Inflow and Infiltration (I & I).

Infiltration *is the water entering a sewer system, including sewer service connections, from the ground, through such means as, but not limited to defective pipes, pipe joints, connections, or manhole walls. Infiltration does not include, and is distinguished from, inflow.*

Inflow *is the water discharged into a sewer system, including service connections, from such sources as, but not limited to, roof leaders, cellar, yard, and area drains, foundation drains, cooling-water discharges, drains from springs and swampy areas, manhole covers, cross connections from storm sewers and combined sewers, catch basins, storm waters, surface runoff, street wash waters, or drainage. Inflow does not include, and is distinguished from, infiltration.*

I & I *means the total quantity of water from both infiltration and inflow without distinguishing the source.*

Estimate the average number of gallons per day (gpd) that flow into the treatment works from inflow and/or infiltration.
gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

B.2. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (other than those performed by the operator listed under Part A.2) of the treatment works the responsibility of a contractor? ☐Yes ☐ No

If yes, list the name, address and telephone number of each contractor and describe the contractor's responsibilities. Attach additional pages if necessary.

Name Telephone number

Mailing address

Responsibilities of contractor

PART C. TOXICITY TESTING DATA

C.1. Toxicity Testing.

All applications for wastewater treatment plants (except those not yet constructed), must include the results of whole effluent toxicity (WET) tests for acute and/or chronic toxicity for each of the facility's outfalls.

Have complete and separate WET reports been submitted to ADEQ within the last five years? ☐Yes ☐ No

Have there been any failures? ☐Yes ☐ No

If yes, indicate what species and what follow up actions were taken.

Are complete and separate WET reports being submitted to ADEQ with this application? ☐Yes ☐ No

C.2. Toxicity Reduction Evaluation.

Is the treatment works involved in a Toxicity Reduction Evaluation? ☐Yes ☐ No

If yes, describe briefly.

PART D.INDUSTRIAL USER DISCHARGES & WASTES FROM REMEDIAL ACTIVITES

D.1. Industrial User Discharges and RCRA/CERCLA Wastes.

NOTE: *An SIU is defined as:*

1. *An industrial user subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) Part 403.6 and 40 CFR Chapter I, Subchapter N; and*
2. *Any other industrial user that:*
   a. *Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (excluding sanitary, non-contact cooling and boiler blow down wastewater); or*
   b. *Contributes a process waste stream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment works; or*
   c. *Is designated as an SIU by the control authority as defined in 40 CFR Part 403.12(a).*

Does the wastewater treatment plant accept process wastewater from any significant industrial user (SIU) or receive RCRA, CERCLA, or other remediation wastes (including WQARF or UST remediations)? ☐Yes ☐ No

If 'yes,' complete the rest of Part D. If 'no,' skip to Part E

D.2. Pretreatment Program.

a. Is this facility part of a publicly-owned treatment works that has, from all of its collective wastewater treatment plants, a total design flow of greater than or equal to 5 MGD? ☐Yes ☐ No

b. Is this facility currently required to have a pretreatment program? ☐Yes ☐ No

c. If this is an existing facility, have the Annual Report(s) been submitted as required to ADEQ? ☐Yes ☐ No

D.3. Number of Significant Industrial Users (SIUs).

Provide the number of each of the following types of SIUs that discharge to the treatment works.

a. Number of non-categorical SIUs:

b. Number of categorical SIUs:

c. Total number of SIUs:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy the Supplement page to Part D.4 and provide the information required for each SIU.

D.4. Significant Industrial User Information.

Name: Mailing address:	
Describe all of the industrial processes that affect or contribute to the SIU's discharge:	
List principal products that the SIU generates:	
List the raw materials used to manufacture the principal products that the SIU generates:	

Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd):	gpd
Is the discharge continuous or intermittent?	☐ continuous ☐ intermittent
Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd):	gpd
Is the discharge continuous or intermittent?	☐ continuous ☐ intermittent
Is the SIU subject to local limits?	☐Yes ☐ No
Is the SIU subject to categorical pretreatment standards?	☐Yes ☐ No
If yes, which category and subcategory of categorical pretreatment standards?	
Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?	☐Yes ☐ No
If 'yes," describe each episode:	

D.5. RCRA Waste.

Does the treatment works receive or has it in the past three years, received RCRA Hazardous Waste by truck, rail or dedicated pipe? ☐Yes ☐No

(if 'no,' go to Part D.12)

D.6. Waste Transport.

Method by which RCRA waste is received. Check all that apply.

☐ Truck ☐ Rail ☐ Dedicated Pipe

D.7. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

D.8. Remediation Waste.

Does the treatment works (or has it been notified that in the next five years it will) receive waste from CERCLA (SUPERFUND) wastewater, RCRA or WQARF Remediation/Corrective Action wastewater or Other Remedial activities?

☐Yes ☐ No

(If yes, complete D.8.a through D.8.e*: Provide a list of sites and the required information for each current and future site.*)

a. Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years). Also, provide the EPA identification number if one exists.	
b. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. Attach additional sheets as necessary	

c. Waste Treatment. Is this waste treated (or will it be treated) prior to entering the treatment works? If 'yes,' describe the treatment (provide information about the removal efficiency):	☐Yes ☐ No
d. Is the discharge (or will the discharge be): If intermittent, describe discharge schedule:	☐ continuous ☐ intermittent

PART E. CERTIFICATION

All applicants must complete the Certification. **A consultant cannot sign the application.** Federal Regulation, 40 C.F.R. § 122.22 is specific concerning application signatories, such as a responsible corporate officer, a general partner, a sole proprietor, or for a government entity, a ranking executive officer or elected official. By signing this certification statement, applicants confirm that they have reviewed this form and attachments for accuracy, and have completed all parts that apply to the facility.

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name (printed) _____

Official Title (printed) _____

Signature _____ Date Signed _____

Telephone Number _____

Upon request of the ADEQ, you must submit any other information necessary to assess wastewater treatment practices at the treatment works to identify appropriate permitting requirements.

Pursuant to A.R.S. § 41-1030:

(1) ADEQ shall not base a licensing decision, in whole or in part, on a requirement or condition not *specifically* authorized by statute or rule. General authority in a statute does not authorize a requirement or condition *unless* a rule is made pursuant to it that specifically authorizes the requirement or condition.

(2) Prohibited licensing decisions may be challenged in a private civil action. Relief may be awarded to the prevailing party against ADEQ, including reasonable attorney fees, damages, and all fees associated with the license application.

(3) ADEQ employees may not intentionally or knowingly violate the requirement for specific licensing authority. Violation is cause for disciplinary action or dismissal, pursuant to ADEQ's adopted personnel policy. ADEQ employees are still afforded the immunity in A.R.S. §§ 12-821.01 and 12-820.02.

A.14. Wastewater Outfalls.

Will there be discharges to more than one outfall? ☐ Yes ☐ No

If yes, complete Supplement A.14/15 for each additional outfall.

a. Outfall number:	
b. Outfall location *(where the discharge from the facility enters the receiving water):*	° ' _ " N ° ' " W
Latitude Longitude:	
Township Range Section:	
c. Average daily discharge flow through outfall (Divide the annual discharge of the outfall by the number of days in a year that discharge occurs):	mgd
d. Indicate the following for the discharge *(Estimations are acceptable for this information):*	
Number of times per year the facility is expected to discharge under the terms of the AZPDES permit:	
Average duration of each discharge:	
Flow per period of discharge in MGD:	
Months over which discharge is typically expected:	
e. Is the outfall designed to, or equipped with a device, to mix and/or disperse the effluent in the receiving water?	☐Yes ☐ No

A.15. Description of Receiving Water. (Fill in all blanks. Put 'not known' if applicable.)

a. Name of receiving water:

b. Does the receiving water have an existing total maximum daily load for a pollutant? ☐Yes ☐ No

c. Name of closest downstream perennial or intermittent water and approximate distance in stream miles from outfall .

SUPPLEMENT TO D.4 SIGNIFICANT INDUSTRIAL USER INFORMATION

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy the Supplement page to Part D.4 and provide the information required for each SIU. **D.4. Significant Industrial User Information.**	
Name: Mailing address:	
Describe all of the industrial processes that affect or contribute to the SIU's discharge:	
List principal products that the SIU generates:	
List the raw materials used to manufacture the principal products that the SIU generates:	
Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd):	gpd
Is the discharge continuous or intermittent?	☐ continuous ☐ intermittent
Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd):	gpd
Is the discharge continuous or intermittent?	☐ continuous ☐ intermittent
Is the SIU subject to local limits?	☐Yes ☐ No
Is the SIU subject to categorical pretreatment standards?	☐Yes ☐ No
If yes, which category and subcategory of categorical pretreatment standards?	
Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?	☐Yes ☐ No
If 'yes," describe each episode:	

SUPPLEMENT A (TABLE DATA)

INSTRUCTIONS: All applicants are to provide effluent testing data as follows:

GENERAL

a) If the facility discharges through more than one outfall, and there are different treatment trains, different wastewater sources, or other sources of variation in the effluent from one outfall to another, you must provide data for each outfall.

b) All data reported must be from samples analyzed using 40 CFR 136 methods for wastewater by a laboratory licensed in Arizona for those methods. If no 136 methods exist, any other methods in 9 A.A.C. 14, Article 6 approved for those parameters may be used. All data must comply with all QA/QC requirements as per 40 CFR 136 and/or 9 A.A.C. 14, Article 6.

c) Include the highest detection limits achieved with the data, if not included on the CDs or in the tabulated data. If the value is less than the laboratory detection limit, please report as < X, where X is the laboratory detection limit. If all or several values are non-detects, please indicate how you calculated the average (e.g., no non-detects included, actual detection limits used, ½ the detection limits used).

d) NOTE: It is important that you report the data using the correct units. Please re-check the units the laboratory reported and convert as necessary.

e) Remember to attach CDs, tabulated data, and/or laboratory sheets (as appropriate).

f) ADEQ may request additional information and/or data following review of these data summaries and the data previously submitted to ADEQ throughout the permit term.

For existing WWTPs with a current individual AZPDES permit or general permit coverage, complete Tables 1, 2, 3. If the WWTP has a design capacity >1 MGD or has other wastewater that contains organic compounds of concern, complete Table 4 (Organic Compounds Testing) and Table 5 (Additional Parameters with Surface Water Quality Standards).

- On Tables 1 and 2, include all data collected during the current permit term in the summary, unless samples for the specific pollutant are collected on a monthly or more frequent basis, in which case you may summarize the data for that pollutant for the one year period before submittal of the application.
- On Table 3, provide all data results for the current term unless samples for the specific pollutant are collected on a monthly or more frequent basis, in which case you may summarize the data for that pollutant for the one year period before submittal of the application.
- Table 4 for wastewater treatment plants with design capacity of 0.5 MGD or greater. Testing for organic compounds is generally required for discharges from major domestic WWTPs (design capacity >1 MGD) or other wastewater that contains organic compounds of concern.
- Testing for compounds in Table 5 below is required for discharges from major domestic WWTPs (design capacity >1 MGD).

For existing WWTPs that do not currently have an AZPDES permit, provide summary data from a minimum of three samples of the effluent for all parameters listed in Tables 1 and 2. Provide all data for all parameters listed in Table 3. The samples must be collected within four and one-half years before submitting this application. Provide seasonally representative data when possible. Grab samples must be collected for pH, temperature, ammonia, total residual chlorine, dissolved oxygen, *E. coli,* and oil and grease. Composite samples must be collected for all other parameters. Copies of the original laboratory reports for all data must be provided except for those parameters measured in the field at the time of sampling (pH, temperature, dissolved oxygen, and total residual chlorine). ADEQ may request additional information and/or data following review of the data submitted.

For new WWTPs that are not yet constructed or operating, complete Tables 1 and 2. Provide estimated values for the parameters to the extent possible and note as “estimated".

Provide information for all the samples. If different sampling sites were used for different parameters, please describe that here:

1. Describe the sampling point(s) where effluent was collected at the facility to obtain the data provided:

2. Detail how the samples were collected (i.e., manual, automatic sampler) and composited (i.e., 8 samples taken hourly over 8 hours, 4 samples taken over 24 hours, etc.):

Indicate the timeframe covered by the following data _____

TABLE 1 PARAMETERS	**Units**	**MAXIMUM DAILY VALUE**	**Number of Samples**
Flow Rate			
pH (minimum)*	S.U.		
pH (maximum)*	S.U.		
Temperature (Oct.-Mar.)			
Temperature (Apr.-Sep.)			

Note:
* Report a minimum and a maximum daily value for pH.

Indicate the timeframe covered by the following data _____

TABLE 2 PARAMETERS	**UNITS**	**MAXIMUM DAILY DISCHARGE CONCENTRATION (1)**	**# of Samples**	**LAB METHOD**	**Indicate Highest Detection Limits (2)**
AMMONIA (as N)					
BIOCHEMICAL OXYGEN DEMAND **or** CBOD, 5-Day					
CHLORINE, TOTAL RESIDUAL (TRC)					
DISSOLVED OXYGEN					
E. coli (Fecal coliform if not available)					
TOTAL SUSPENDED SOLIDS (TSS)					
TOTAL KJELDAHL NITROGEN (TKN)					
NITRATE PLUS NITRITE NITROGEN					
OIL and GREASE					
PHOSPHORUS (Total)					
TOTAL DISSOLVED SOLIDS (TDS)					

TABLE 3 INORGANIC COMPOUNDS:
Please transfer the analytical results directly from the lab reports, including all detection limits for parameters that are showing non-detect on the excel spreadsheet provided with the application. The tables on the spreadsheet are exemplified in the table below. All reporting units must be in micrograms/liter (ug/L).

Date	Antimony ug/L	Arsenic ug/L	Barium ug/L	Boron ug/L	Beryllium ug/L	Cadmium ug/L	Chlorine ug/L	Cr III ug/L	Cr VI ug/L	Cr Total ug/L	Copper ug/L

Date	Cyanide	Hydrogen Sulfide	Sulfide	Iron	Lead	Manganese	Mercury	Nickel	Selenium	Silver	Sulfides

Date	Thallium	Zinc	Nitrate	Nitrogen	Phosphorous	Gross Alpha	Radium-226&radium-228	SR-90	Tritium	Beta Particle Activity	Hardness mg/L

TABLE 4 Organic Compounds (Please populate the table below with the data)

Volatile Compounds

Parameter	# of samples	Detected (Y/N)	Detection Level	Date of analyses with detected result	Results for analyses above detection level	Date of analyses with detected result	Results for analyses above detection level
Acrolein							
Acrylonitrile							
Benzene							
Bromodichloromethane							
Bromoform							
Bromomethane							
Carbon tetrachloride							
2-Chloroethyl vinyl ether (2-chloroethopy ethane)							
Chloroform							
Chloromethane (Methyl Chloride)							
Dibromochloromethane (Chlorodibromomethane							
1,1-Dichloroethane (Ethylidane chloride							
1,2-Dichloroethane (DCA) (Ethylene Dichloride)							
1,1-Dichloroethylene (DCE)							
Dichloromethane (Methylene Chloride)							
1,3-Dichloropropene (1,3-Dichloropropylene)							
Ethylbenzene							
Ethyl chloride (chloroethane)							
1,1,2,2-Tetrachloroethane (Acetylene tetrachloride)							
Tetrachloroethylene (PCE) (Perchloroethylene							
Toluene							
1,1,2-Trichloroethane							
Trichloroethylene							
Vinyl chloride							

Semi-Volatile Compounds

Parameter	# of samples	Detected (Y/N)	Detection Level	Date of analyses with detected result	Results for analyses above detection level	Date of analyses with detected result	Results for analyses above detection level
acenaphthene (PAH)							
Acenaphthylene (PAH)							
Anthracene (PAH)							
Benzidine							
Benz(a)anthracene (PAH)							
Benzo(a)pyrene (PAH)							
Benzo(ghi) perylene (PAH)							
3,4-Benzoflouranthene or benzo(b)fluoranthene (PAH)							
Bis(2-chloroethoxy) methane							
Bis(2-chloroethyl) ether							
Bis(2-chloroisopropyl)ether							
Bis (2-ethylhexyl)phthalate ; Di (2-Ethylhexyl) Phthalate; Bis(2-Ethylhexyl) Ester							
p-Bromodiphenyl ether 4-Bromophenyl ether							
Butyl benzyl phthalate							

4-Chlorophenyl phenyl ether							
Chysene (PAH)							
Dibenz(ah) anthracene (PAH)							
Dibutyl Phthalate Di-n-butyl-phlated							
1,2-Dichlorobenzene o-dichlorobenzene							
1,3-Dichlorobenzene m-dichlorobenzene							
1,4-Dichlorobenzene p-Dichlorobenzene							
Diethylphthalate (DEP)ethyl phthalate							
Dimethyl phthalate							
2,4-Dinitrotoluene (DNT)							
2,6-Dinitrotoluene							
Di-n-octyl phthalate							
1,2-Diphenylhydrazine (Hydrazobenzene)							
Flouoranthene (Idryl) (PAH)							
Hexachlorobenzene							
Hexachlorobutadiene							
Hexachloroethane							
Indeno (1,2,3-cd) pyrene (PAH)							
Isophorone							
Napthalene							
N-nitrosodimethylamine							
N-nitrosodiphenylamine							
N-nitrosodi-n-propylamine							
N-nitrosodi-n-propylamine							
Phenanthrene (PAH)							
Pyrene (PAH)							
1,2,4-Trichlorobenzene							

Acid Extractables

Parameter	# of samples	Detected (Y/N)	Detection Level	Date of analyses with detected result	Results for analyses above detection level	Date of analyses with detected result	Results for analyses above detection level
p-Chloro-m-cresol (4-chloro-3methyl phenol)							
2,4-Dimethylphenol (Xylanol)							
2,4-Dinitrophenol							
4,6-Dinitro-o-cresol (4.6-dinitro-2-methylphenol							
2-Chlorophenol (o-Chlorophenol)							
o-Nitrophenol (2-nitrophenol)							
p-Nitrophenol (4-nitrophenol)							
Pentachlorophenol							
Phenol 2.4.6- trichlorophenol							

TABLE 5 Additional Parameters with Surface Water Quality Standards Testing for compounds in Table 5 below is required for discharges from major domestic WWTPs (design capacity >1 MGD)

Parameter	# of samples	Detected (Y/N)	Detection Level	Date of analyses with detected result	Results for analyses above detection level	Date of analyses with detected result	Results for analyses above detection level
Alachlor (1)							
Aldrin							
Asbestos							
Atrazine (1)							
Barium							
Boron							
Carbofuran (Furadan) (1)							
Chlordane							
1,2-cis-Dichloroethylene							
Chlorpyrifos							
Dalapon (1)							
1,2-Dibromo-3-chloropropane (DBCP)							
1,2-Dibromoethane (EDB) Ethylene dibromide							
4,4-DDD (p,p,- Dichlorodiphenyldicholoroethane)							
4,4-DDE (p,p- Dichlorodiphenyldichloroethylene)							
4,4-DDT ((p,p- Dichlorodiphenyltrichloroethane)							
2,4-Dichlorophenoxyacetic acid (2,4-D) (1)							
Dieldrin							
Di (2-ethylhexyl) adipate							
Dinoseb (1)							
Diquat (1)							
Endosulfan sulfate							
Endosulfan (Total)							
Endothall (1)							
Endrin							
Endrin aldehyde							
Fluoride							
Glyphosate (1)							
Guthion							
Heptachlor							
Heptachlor epoxide							
Hexachlorocyclohexane alpha (Alpha-BHC)							
Hexachlorocyclohexane beta							
Hexachlorocyclohexane delta							
Hexachlorocyclohexane gamma (lindane)							
Hydrogen Sulfide (2)							
Iron							
Malathion							
Manganese							
Methoxychlor (1)							
Mirex (3)							
Oxamyl (1)							
Parathion							
Paraquat							
Permethrin (3)							

Pichloram (1)							
Polychlorinated biphenyls (PCBs)							
Simazine (1)							
Styrene							
2,3,7,8-Tetrachlorodibenzo-p-dioxin							
Toxaphene							
2-(2,4,5,-Trichlorophenoxy) Proprionic Acid (1)							
Total Trihalomethanes							
Tributyltin (3)							
Uranium							
Xylenes							

(1) There may be no approved wastewater methods for analyses of these parameters in 40 CFR 136. The 500 series drinking water Methods may be used; in this case, a 10X sample dilution is acceptable for these parameters. Appropriate data qualifiers are to be used.

(2) The permittee may initially monitor for sulfide instead of hydrogen sulfide. The limit of quantification shall be no higher than 100 ug/L, and any detection of sulfides shall trigger monitoring for hydrogen sulfide for the reminder of the permit term.

(3) There may be no approved wastewater methods for analyses of these parameters in 40 CFR 136. Any available methods may be used, along with any applicable data qualifiers.

SUPPLEMENT B (GENERATION OF SEWAGE SLUDGE or PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE)

(References are to ADEQ's rules - Arizona Pollutant Discharge Elimination System - Disposal, Use, and Transportation of Biosolids, 18 A.A.C. 9, Article 10)

PART A. GENERAL

A.1. Generation of Sewage Sludge, Amount Generated, and Method of Disposal.

Check all practices that apply and provide the total dry metric tons per latest 365-day period of any sewage sludge generated or treated at the site under each applicable practice. Then complete the necessary part for each applicable practice.

PRACTICE	TOTAL AMOUNT	PARTS TO COMPLETE
☐ Generated at the facility	dry metric tons	N/A
☐ Received from off site	dry metric tons	B.2
☐ Treated or blended on site	dry metric tons	B.3
☐ Sludge meets Table 2, pollutant concentrations, Class A pathogen requirements, and one vector attraction reduction option (exceptional quality)	dry metric tons	B.1, B.3, B.4
☐ Sold or given away in a bag or other container for application to the land	dry metric tons	B.1, B.3, B.4
☐ Bulk sewage sludge shipped off site for treatment or blending	dry metric tons	C.1
☐ Applied to the land in Arizona	dry metric tons	B.1, B.3, B.5
☐ Placed on a surface disposal site	dry metric tons	B.1, B.3, Part D
☐ Fired in a sewage sludge incinerator	dry metric tons	Not an available option in Arizona
☐ Sent to a municipal solid waste landfill	dry metric tons	C.2

PART B. LAND APPLICATION AND SURFACE DISPOSAL

B.1. Pollutant Concentrations: Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants for which limits in sewage sludge have been established in 40 CFR Part 503 for this facility's expected use or disposal practices. If the sewage sludge is intended for land application, provide data for all parameters in the table below. If the sludge will be disposed of in a Surface Disposal Unit, provide data on arsenic, chromium and nickel. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic			
Cadmium			
Chromium			
Copper			
Cyanide			

Lead			
Mercury			
Molybdenum			
Nickel			
Selenium			
Silver			
Zinc			

B.2. Amount Received from Off Site.

If your facility receives sewage sludge from another facility for treatment, use, or disposal, provide the following information for each facility from which sewage sludge is received. Attach additional pages as necessary if you receive sewage sludge from more than one facility.

Facility name:

Mailing Address:

Contact person: Title:

Telephone number:

Facility Address (not P.O. Box):

Total dry metric tons per 365-day period received from this facility: dry metric tons

Describe any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:

B.3. Treatment Provided At Your Facility.

a. Which class of pathogen reduction is achieved for the sewage sludge at your facility? (See R18-9-1006)

☐ Class A ☐ Class B ☐ Neither or unknown

b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge:

c. Which vector attraction reduction option is met for the sewage sludge at your facility? (See R18-9-1010)

☐ 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 (75 percent solids with no unstabilized solids)

☐ Option 8 (90 percent solids with unstabilized solids)

☐ None (if land applied in Arizona, complete **Part B.5.g**)

d. Describe, on this form or another sheet of paper, any other sewage sludge treatment or blending activities not identified in (a) - (c) above:

B.4. Preparation of Sewage Sludge Meeting the Table 2, Pollutant Concentrations, Class A Pathogen Requirements, and One Vector Attraction Reduction Option (Exceptional Quality)

Complete Part B.4 if sewage sludge from your facility meets all of the following::

☐ *The ceiling concentrations in R18-9-1005. Table 1,*

☐ *The pollutant concentrations in R18-9-1005. Table 2,*

☐ *The Class A pathogen reduction requirements in R18-9-1006,*

☐ *One of the vector attraction reduction requirements in R18-9-1010(A) (1)-(8), and*

☐ *Is land applied (R18-9-1010).*

a. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away for application to the land? ☐Yes ☐ No

If yes, complete b

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.

B.5. Land Application of Bulk Sewage Sludge.

Complete B.5 if any sewage sludge from your facility is applied to the land in Arizona and is not exceptional quality. If exceptional quality, complete only B.5.f.

a. Site name or number:

b. Site location (Complete 1 and 2).

1. Street or Route #: County:

City or Town: State: Zip:

2. Latitude: º ' _ " N Longitude: º ' " W

Method of latitude/longitude determination: USGS map ☐ Field survey ☐ Other ☐

c. Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.

d. Are any land application sites located in States other than the State where you generate sewage sludge or derive a material from sewage sludge? ☐Yes ☐ No

If yes, describe on this form or another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.

e. Provide the following information about the owner of the land application site:

Name: Telephone number:

Mailing Address:

f. Provide the following information for the person who applies, or who is responsible for application of, sewage sludge to this land application site:

Name: Telephone number:

Mailing Address:

g. Indicate which vector attraction reduction option is met *(on B.3, if you checked "None", complete this section)*:

☐ Option 9 (Injection below land surface)

☐ Option 10 (Incorporation into soil within 6 hours)

Complete Part B.5.h only if the sewage sludge prepared by your facility has been land applied since July 20, 1993, is subject to the cumulative pollutant loading rates (CPLRs) in 40 CFR 503.13(b)(2). Please provide the site(s) where the bulk sewage sludge has been land applied.

Name:

Location:

Contact person:

Telephone number:

Have you informed the permitting authority in the State where the bulk sewage sludge subject to the CPLRs have been land applied? ☐Yes ☐No

PART C. SHIPMENT OFF-SITE

C.1. Shipment Off-Site for Treatment or Blending

Complete this section if any sewage sludge from your facility is provided to another facility that provides treatment or blending. If you provide sewage sludge to more than one facility, attach additional pages as necessary.

Receiving facility name:

Mailing address:

Contact person: Title:

Telephone number:

Total dry metric tons per 365-day period of sewage sludge provided to receiving facility:

C2. Disposal in a Municipal Solid Waste Landfill.

Complete this section for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.

a. Name of landfill:

b. Contact person: Title:

Telephone number: Contact is: ☐ Land owner ☐Landfill operator

c. Mailing Address:

d. Location of municipal solid waste landfill:

Street or Route #: County:

City or Town: State: Zip Code:

PART D. SURFACE DISPOSAL

Use the Pollutant Concentrations Table in B.1 to provide sewage sludge monitoring data for arsenic, chromium and nickel for which limits in sewage sludge have been established in 40 CFR Part 503 for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

a. Name or number of Active Sewage Sludge Unit: b. Address of Active Sewage Sludge Unit:	
County	

Latitude Longitude: ° ' _ " N ° ' " W

c. Does the active sewage sludge unit have a liner with a maximum hydraulic conductivity of 1 x 10^{-7} cm/sec?

☐Yes ☐ No

If yes, describe the liner:

d. Does the active sewage sludge unit have a leachate collection system? ☐Yes ☐ No

If yes, describe the leachate collection system (or attach a description). Also describe the method used for leachate disposal and provide the numbers of any Federal, State, or local permit(s) for leachate disposal:

e. If you answered no to either (f) or (g) above, 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 following information:

Remaining capacity of active sewage sludge unit, in dry metric tons: dry metric tons

Anticipated closure date for active sewage sludge unit, if known: (MM/DD/YY)

Provide a copy of any closure plan that has been developed for this active sewage sludge unit.

f. Are management practices consistent with R18-9-1002(E)(1) implemented for the surface disposal unit.

☐Yes ☐ No

SUPPLEMENT TO B.3 TREATMENT PROVIDED AT YOUR FACILITY

B.3. Treatment Provided At Your Facility.

a. Which class of pathogen reduction is achieved for the sewage sludge at your facility? (See R18-9-1006)

☐ Class A ☐ Class B ☐ Neither or unknown

c. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge:

c. Which vector attraction reduction option is met for the sewage sludge at your facility? (See R18-9-1010)

☐ 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 (75 percent solids with no unstabilized solids)

☐ Option 8 (90 percent solids with unstabilized solids)

☐ None (if land applied in Arizona, complete **Part B.5.g**)

d. Describe, on this form or another sheet of paper, any other sewage sludge treatment or blending activities not identified in (a) - (c) above:

SUPPLEMENT TO B.5 LAND APPLICATION OF BULK SEWAGE SLUDGE

B.5. Land Application of Bulk Sewage Sludge.

Complete B.5 if any sewage sludge from your facility is applied to the land in Arizona and is not exceptional quality. If exceptional quality, complete only B.5.f.

a. Site name or number:

b. Site location (Complete 1 and 2).

1. Street or Route #: County:

City or Town: State: Zip:

2. Latitude: ° ' _ " N Longitude: ° ' " W

Method of latitude/longitude determination: USGS map ☐ Field survey ☐ Other ☐

c. Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.

d. Are any land application sites located in States other than the State where you generate sewage sludge or derive a material from sewage sludge? ☐Yes ☐ No

If yes, describe on this form or another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.

e. Provide the following information about the owner of the land application site:

Name: Telephone number:

Mailing Address:

f. Provide the following information for the person who applies, or who is responsible for application of, sewage sludge to this land application site:

Name: Telephone number:

Mailing Address:

g. Indicate which vector attraction reduction option is met *(on B.3, if you checked "None", complete this section)*:

☐ Option 9 (Injection below land surface)

☐ Option 10 (Incorporation into soil within 6 hours)

Complete Part B.5.h only if the sewage sludge prepared by your facility has been land applied since July 20, 1993, is subject to the cumulative pollutant loading rates (CPLRs) in 40 CFR 503.13(b)(2). Please provide the site(s) where the bulk sewage sludge has been land applied.

Name:

Location:

Contact person:

Telephone number:

Have you informed the permitting authority in the State where the bulk sewage sludge subject to the CPLRs have been land applied? ☐Yes ☐No