ADEQ Arizona Department of Environmental Quality

NOTICE OF INTENT (NOI)

ARIZONA POLLUTANT DISCHARGE ELIMINATION SYSTEM (AZPDES)
General Permit for Treatment Works Treating Domestic
Sewage as Biosolids for Land Application (Biosolids General Permit)
AZB202201

In completing and submitting this form, the Applicant is applying for a coverage under a General AZPDES Permit to authorize the treatment of domestic sewage sludge as biosolids for land application. **Please Note: ADEQ is developing an electronic reporting portal where the permittee shall submit the NOI, NOT, applicable fees and any other associated documents at which point the portal will be the only mode of submission.**

Instructions:

1) Type in or clearly hand print the requested information on the form.

2) The initial and annual fees are as follows.

Amount of Biosolids Prepared per Calendar Year (dry metric tons)	Initial and Annual Fee
> 0 to < 290	$ 500 (Level 1B)
≥ 290 to < 1500	$1250 (Level 2)
≥ 1500 to < 15,000	$1500 (Level 3)
≥ 15,000	$2000 (Level 4A)

(See: http://www.azdeq.gov/environ/water/permits/fees.html for more information on AZPDES fees including permit processing and annual fees.)

3) 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 G).

4) The original signed application, any attachments, and the initial fee (see above) per the following directions.

   ADEQ is developing an electronic reporting portal where the permittee shall submit the NOI, NOT, applicable fees and any other associated documents. At such time when the electronic portal becomes available all NOIs, NOTs, fees and any other associated documents shall be submitted electronically using the portal myDEQ. Prior to the portal availability, the permittee shall submit Annual Reports, NOTs, and any associated documents to biosolids@azdeq.gov, and NOI's and any fees by mail, delivery service, or hand-delivery to the following address:

Arizona Department of Environmental Quality
Surface Water Section - Permits
1110 West Washington Street, 5415A-1
Phoenix, Arizona 85007

CHECKLIST

☐ **Process Flow Diagram.** Have you included a process flow diagram or schematic of the treatment facility 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)? **(Part A.7.)**

  ☐ **Have you indicated placement of bulk biosolids to assure they are not stored or applied within 25 feet (7.62 meters) of a public right-of-way or private property line. (A.A.C. R18-9-1007.A.6.) (Part A.7.)**

☐ **Significant Industrial User Information for Multiple Users.** If you have more than one Significant Industrial User, have you included the **Supplement Form C.4.**?

☐ **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 E.2.** for each facility?

  ☐ Have you provided a description of any treatment processes used at your facility to reduce pathogens in sewage sludge? **(Part E.3.b.)**

  ☐ Have you provided a description of any other sewage sludge treatment or blending activities not previously identified? **(Part E.3.d.)**

☐ **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. **(Part E.4.)**

☐ **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**(s); and, (Part E.5.)**

  ☐ **Have you indicated placement of bulk biosolids to assure they are not stored or applied within 25 feet (7.62 meters) of a public right-of-way or private property line. (A.A.C. R18-9-1007.A.6.) (Part E.5.c.)**

☐ **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. **(Part G.)**

PART A. BASIC APPLICATION INFORMATION

A.1. Facility Information

Facility (plant) name:
County where located:
Facility mailing address:
Facility physical address:

Location: **Decimal Degrees** Latitude: **Decimal Degrees** Longitude:	
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:

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:

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 Contact Information

Provide the name and address of the contact for billing.

Billing contact name & title:

Mailing address:

Phone number:

A.6. Existing Environmental Permits

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

☐ AZPDES (Surface Water) ☐ RCRA (Hazardous Waste) ☐ Aquifer Protection Permit (APP) ☐ Underground Injection Control (UIC)	☐ Stormwater (MSGP) ☐ PSD (Air Prevention of Significant Deterioration") ☐ Reuse ☐ Other (Specify)

A.7. Process Flow Diagram or Schematic and a Topographic Map of Facility

Provide a process flow diagram or schematic of the treatment facility including a brief description, and a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location and all areas where the treatment, preparation, and storage of biosolids and process materials occurs and all public right-of-way or private property lines and identifies all surface water bodies.

PART B. WWTP INFORMATION:

B.1. 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:

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:

_____

B.2. Indian Country. This permit is not applicable to facilities in Indian Country

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

B.3. 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).

Design flow rate: _____ mgd

B.4. Anticipated design flow

Are there any plans within the next five (5) 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

PART C. INDUSTRIAL USER DISCHARGES & WASTES FROM REMEDIAL ACTIVITES

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

NOTE: A Significant Industrial User (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 five (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 SIU or receive RCRA, CERCLA, or other remediation wastes (including WQARF or UST remediations)?

☐ Yes ☐ No

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

C.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

C.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 provide the information required for each SIU.
Use the Supplement Form C.4. below.

C.4. Significant Industrial User Information. nsciu

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**? **North American Industry Classification System** (https://www.census.gov/eos/www/naics/) Replacing Standard Industrial Classification [SIC] system	
Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three (3) years?	☐ Yes ☐ No
If 'yes," describe each episode:	

C.5. RCRA Waste

Does the treatment works receive or has it in the past three (3) years, received RCRA Hazardous Waste by truck, rail or dedicated pipe? ☐ Yes ☐ No
(if 'no,' go to Part C.8)

C.6. Waste Transport.

Method by which RCRA waste is received. Check all that apply.
☐ Truck ☐ Rail ☐ Dedicated Pipe

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

EPA Hazardous Waste Number: Amount: Units:

C.8. Remediation Waste

Does the treatment works (or has it been notified that in the next five (5) 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 D. Generation of Sewage Sludge, Amount Generated, and Method of Disposal or Use	
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.	
PRACTICE	**TOTAL AMOUNT**
☐ Generated at the facility	dry metric tons
☐ Received from off site	dry metric tons
☐ Treated or blended on site	dry metric tons
☐ Sludge meets Table 2, pollutant concentrations, Class A pathogen requirements, and one vector attraction reduction option (exceptional quality)	dry metric tons
☐ Sold or given away in a bag or other container for application to the land	dry metric tons
☐ Bulk sewage sludge shipped off site for treatment or blending	dry metric tons
☐ Applied to the land in Arizona	dry metric tons
☐ Placed on a surface disposal site	dry metric tons
☐ Fired in a sewage sludge incinerator	dry metric tons
☐ Sent to a municipal solid waste landfill	dry metric tons

PART E. LAND APPLICATION

E.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. 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			
pH			

E.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:

E.3. Treatment Provided At Your Facility

a. Which class of pathogen reduction is achieved for the sewage sludge at your facility? (See A.A.C. 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, including sampling and testing procedures, frequencies, and analytical methods used, if applicable:

c. Which vector attraction reduction option is met for the sewage sludge at your facility? (See A.A.C. 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:

e. Describe the materials used for composting, if applicable:

f. Provide the location and volume of on-site and off-site biosolids storage, if applicable:

g. Describe transportation methods and spill prevention plan, if applicable:

E.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 E.4. if sewage sludge from your facility meets all of the following:
_____ the ceiling concentrations in A.A.C. R18-9-1005. Table 1;
_____ the pollutant concentrations in A.A.C. R18-9-1005. Table 2;
_____ the Class A pathogen reduction requirements in A.A.C. R18-9-1006;
_____ one of the vector attraction reduction requirements in A.A.C. R18-9-1010(A) (1)-(8); and
_____ is land applied (A.A.C. 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.

E.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 E.5.f.
Supply the following information for each land application site. If more than one land application site is used, copy the **Supplement Form to Part E.5.** and provide the information required for each land application site.

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 and all areas where the treatment, preparation, and storage of biosolids and process materials occurs and all public right-of-way or private property lines and identifies all surface water bodies.

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 E.3, if you checked "None", complete this section):

☐ Option 9 (Injection below land surface)

☐ Option 10 (Incorporation into soil within 6 hours)

h. *Complete Part E.5.h. only if the sewage sludge prepared by your facility has been land applied since July 20, 1993, and 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 F. SHIPMENT OFF-SITE

F.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:
_____ dry metric tons

F.2. 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 G. 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 and biosolids preparation activities at the treatment works to identify appropriate permitting requirements.

SUPPLEMENT FORM TO C.4. SIGNIFICANT INDUSTRIAL USER INFORMATION FOR MULTIPLE USERS
(Please print and complete as many **Supplement Form** pages as required)

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy this Supplement Form to Part C.4. and provide the information required for each SIU. **C.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? **North American Industry Classification System** (https://www.census.gov/eos/www/naics/) Replacing Standard Industrial Classification [SIC] system	
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 FORM TO E.2. AMOUNT RECEIVED FROM OFF SITE.
(Please print and complete as many **Supplement Form** pages as required)

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:

SUPPLEMENT FORM TO E.5. LAND APPLICATION OF BULK SEWAGE SLUDGE
(Please print and complete as many **Supplement Form** pages as required)

Supply the following information for each land application site if any sewage sludge from your facility is applied to the land in Arizona and is not exceptional quality.
If exceptional quality, complete only E.5.f. If more than one land application site is used, copy the **Supplement Form** page to Part E.5. and provide the information required for each land application site.

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:

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(s) and all areas where the treatment, preparation, and storage of biosolids and process materials occurs and identifies all surface water bodies.

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 site(s) 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 E.3, if you checked "None", complete this section):

☐ Option 9 (Injection below land surface)
☐ Option 10 (Incorporation into soil within 6 hours)

h. Complete Part E.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

Significant Industrial User (SIU) Information 40 CFR § 503.13 Pollutant limits.
40 CFR 503.13(a)*Sewage sludge*

(1) Bulk sewage sludge or sewage sludge sold or given away in a bag or other container shall not be applied to the land if the concentration of any pollutant in the sewage sludge exceeds the ceiling concentration for the pollutant in Table 1 of § 503.13.

(2) If bulk sewage sludge is applied to agricultural land, forest, a public contact site, or a reclamation site, either:

(i) The cumulative loading rate for each pollutant shall not exceed the cumulative pollutant loading rate for the pollutant in Table 2 of § 503.13; or

(ii) The concentration of each pollutant in the sewage sludge shall not exceed the concentration for the pollutant in Table 3 of § 503.13.

(3) If bulk sewage sludge is applied to a lawn or a home garden, the concentration of each pollutant in the sewage sludge shall not exceed the concentration for the pollutant in Table 3 of § 503.13.

(4) If sewage sludge is sold or given away in a bag or other container for application to the land, either:

(iii) The concentration of each pollutant in the sewage sludge shall not exceed the concentration for the pollutant in Table 3 of § 503.13; or

(iv) The product of the concentration of each pollutant in the sewage sludge and the annual whole sludge application rate for the sewage sludge shall not cause the annual pollutant loading rate for the pollutant in Table 4 of § 503.13 to be exceeded. The procedure used to determine the annual whole sludge application rate is presented in appendix A of this part.

40 CFR 503.13(b) ***Pollutant concentrations and loading rates - sewage sludge***-

40 CFR 503.13(b)(2) ***Cumulative pollutant loading rates.***

Table 2 - **Cumulative Pollutant Loading Rates**

Pollutant	Cumulative pollutant loading rate (kilograms per hectare)
Arsenic	41
Cadmium	39
Copper	1500
Lead	300
Mercury	17
Nickel	420
Selenium	100
Zinc	2800