Disclaimer

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Instructions:

1. Type in your information
2. Save file (if desired)
3. Print the completed form
4. Sign and date the printed copy
5. Mail it to the directed contact.

FACILITY NAME AND PERMIT NUMBER:
CITY OF MOULTRIE

Form Approved 1/14/99
OMB Number 2040-0086

FORM 2A NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.

B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.

C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to provide the information.

E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to submit results of toxicity testing.

F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:

1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); 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 (with certain exclusions); or
   b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
   c. Is designated as an SIU by the control authority.

G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name: CITY OF MOULTRIE

Mailing Address: P.O. Box 580
Colquitt | Moultrie | GA | 31776

Contact person: Elvira Gibson

Title: Director of Utilities

Telephone number: 229-668-6000

Facility Address (not P.O. Box): PO Box 580 Street
Colquitt | Moultrie | GA | 31776

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name: City of Moultrie

Mailing Address: P.O. Box 3368
Moultrie | GA | 31776

Contact person: Elvira Gibson

Title: Director of Utilities

Telephone number: 229-668-6000

Is the applicant the owner or operator (or both) of the treatment works?

✔ owner _____ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

_____ facility ✔ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES	GA0025879	PSD	
UIC		Other	
RCRA		Other	

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
Spence Field	200	Separate	Municipal

Total population served 200

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

_____ Yes ✔ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

_____ Yes ✔ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and 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.

a. Design flow rate .2 mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	.177	.166	.146	mgd
c. Maximum daily flow rate	.957	1.325	1.088	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

✔	Separate sanitary sewer	100 %
_____	Combined storm and sanitary sewer	_____ %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? ✔ Yes _____ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 2

ii. Discharges of untreated or partially treated effluent 0

iii. Combined sewer overflow points 0

iv. Constructed emergency overflows (prior to the headworks) 0

v. Other _____ _____

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? _____ Yes ✔ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge _____ continuous or _____ intermittent?

c. Does the treatment works land-apply treated wastewater? ✔ Yes _____ No

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

Location: NW-SE Runway, Spence Field

Number of acres: 42

Annual average daily volume applied to site: .139 Mgd

Is land application ✔ continuous or _____ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? _____ Yes ✔ No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

_____

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

Transporter name: _____

Mailing Address: _____

_____

Contact person: _____

Title: _____

Telephone number: _____

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

Name: _____

Mailing Address: _____

_____

Contact person: _____

Title: _____

Telephone number: _____

If known, provide the NPDES permit number of the treatment works that receives this discharge. _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, 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 daily volume disposed of by this method: _____

Is disposal through this method _____ continuous or _____ intermittent?

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a**, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number 001/002

b. Location
Moultrie (City or town, if applicable) 31768 (Zip Code)
Colquitt (County) GA (State)
31.13534 (Latitude) -83.69846 (Longitude)

c. Distance from shore (if applicable) _____ ft.

d. Depth below surface (if applicable) _____ ft.

e. Average daily flow rate .163 mgd

f. Does this outfall have either an intermittent or a periodic discharge? _____ Yes ✔ No (go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: _____

Average duration of each discharge: _____

Average flow per discharge: _____ mgd

Months in which discharge occurs: _____

g. Is outfall equipped with a diffuser? _____ Yes ✔ No

A.10. Description of Receiving Waters.

a. Name of receiving water Little Indian Creek

b. Name of watershed (if known) _____

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin (if known): Suwanee River Basin

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

d. Critical low flow of receiving stream (if applicable):
acute _____ cfs chronic _____ cfs

e. Total hardness of receiving stream at critical low flow (if applicable): _____ mg/l of $CaCO_3$

A.11. Description of Treatment.

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

✔ Primary ✔ Secondary

Advanced Other. Describe: Lagoon

b. Indicate the following removal rates (as applicable):

Design BOD_5 removal or Design $CBOD_5$ removal 71 %

Design SS removal 71 %

Design P removal %

Design N removal %

Other %

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

None

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

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

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001/002

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	5.6	s.u.			
pH (Maximum)	7.2	s.u.			
Flow Rate	1.325	MGD	0.163	MGD	1095
Temperature (Winter)	20.3	Deg C	19.1	Deg C	7
Temperature (Summer)	28.5	Deg C	26.9	Deg C	6

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN	BOD-5	7.9	MG/L	1.77	MGL	45	SM5210	2
DEMAND (Report one)	CBOD-5							
FECAL COLIFORM		NA	NA	NA	NA	NA	NA	NA
TOTAL SUSPENDED SOLIDS (TSS)		60	MG/L	28.05	MG/L	36	SM2540D	1

END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

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

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

5000 gpd

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

We plan to conduct I&I investigations by means of smoke testing and CCTV.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g, chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ✔ Yes ____ No

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

Name: ESG Operations Inc

Mailing Address: 6400 Peake Rd, Macon GA, 31210

Telephone Number: 478-474-5025

Responsibilities of Contractor: Operations and Maintenance

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

____ Yes ____ No

c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

_____

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
– Begin construction	___/ ___/ _____	___/ ___/ _____
– End construction	___/ ___/ _____	___/ ___/ _____
– Begin discharge	___/ ___/ _____	___/ ___/ _____
– Attain operational level	___/ ___/ _____	___/ ___/ _____

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ____Yes ____No

Describe briefly: _____

_____

B.6. EFFLUENT TESTING DATA (GREATER THAN O.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 001/002

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	0.9	MG/L	0.08135	MG/L	36	SM4500	0.1
CHLORINE (TOTAL RESIDUAL, TRC)	0.0	MG/L	0.0	MG/L	4	SM4500-C1G	0.1
DISSOLVED OXYGEN	5.35	MG/L	5.03	MG/L	4	SM4500-0G	0.1
TOTAL KJELDAHL NITROGEN (TKN)	8.8	MG/L	7.6	MG/L	4	EPA351.2	0.4
NITRATE PLUS NITRITE NITROGEN	0.616	MG/L	0.47	MG/L	4	EPA 300.0	1.0
OIL and GREASE	7.9	MG/L	6.25	MG/L	4	EPA 1664B	5.0
PHOSPHORUS (Total)	0.135	MG/L	0.107	MG/L	3	SM4500-PB E	0.02
TOTAL DISSOLVED SOLIDS (TDS)	270	MG/L	188.5	MG/L	4	SM2540 C	1.0
OTHER							

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

_____ Basic Application Information packet

Supplemental Application Information packet:

_____ Part D (Expanded Effluent Testing Data)

_____ Part E (Toxicity Testing: Biomonitoring Data)

_____ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

_____ Part G (Combined Sewer Systems)

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 and official title _____

Signature _____

Telephone number _____

Date signed _____

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

SEND COMPLETED FORMS TO:

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: 001/002 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 200.8	5.0
ARSENIC	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 200.8	5.0
BERYLLIUM	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 200.8	1.0
CADMIUM	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 200.8	0.7
CHROMIUM	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 200.8	5.0
COPPER	8.2	ug/L	0.0011	lb/d	6	ug/L	0.0008	lb/d	4	EPA 200.8	5.0
LEAD	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 200.8	1.0
MERCURY	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 245.1	0.5
NICKEL	13.7	ug/L	0.0018	lb/d	23	ug/L	0.0010	lb/d	4	EPA 200.8	5.0
SELENIUM	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 200.8	5.0
SILVER	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 200.8	5.0
THALLIUM	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 200.8	1.0
ZINC	39.8	ug/L	0.00054	lb/d	7.1	ug/L	0.0031	lb/d	4	EPA 200.8	10.0
CYANIDE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	SM 4500-CN B,E	25.0
TOTAL PHENOLIC COMPOUNDS	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 625	10.0
HARDNESS (AS $CaCO_3$)	64	mg/L	87	LB/D	55.38	mg/L	75.28	LB/D	4	8211059	NA
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											

FACILITY NAME AND PERMIT NUMBER:
CITY OF MOULTRIE

Form Approved 1/14/99
OMB Number 2040-0086

Outfall number: 001/002 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
VOLATILE ORGANIC COMPOUNDS.											
ACROLEIN	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 624	50.0
ACRYLONITRILE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 624	50.0
BENZENE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 624	2.0
BROMOFORM	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 624	10.0
CARBON TETRACHLORIDE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 624	2.0
CLOROBENZENE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 624	10.0
CHLORODIBROMO-METHANE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 624	10.0
CHLOROETHANE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 624	5.0
2-CHLORO-ETHYLVINYL ETHER	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 624	10.0
CHLOROFORM	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 624	2.0
DICHLOROBROMO-METHANE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 624	10.0
1,1-DICHLOROETHANE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 624	2.0
1,2-DICHLOROETHANE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 624	2.0
TRANS-1,2-DICHLORO-ETHYLENE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 624	2.0
1,1-DICHLOROETHYLENE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 624	2.0
1,2-DICHLOROPROPANE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 624	2.0
1,3-DICHLORO-PROPYLENE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 624	2.0
ETHYLBENZENE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 624	2.0
METHYL BROMIDE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 624	10.0
METHYL CHLORIDE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 624	10.0
METHYLENE CHLORIDE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 624	10.0
1,1,2,2-TETRACHLORO-ETHANE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 624	2.0
TETRACHLORO-ETHYLENE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 624	2.0
TOLUENE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 624	2.0

Outfall number: 001/002 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
1,1,1-TRICHLOROETHANE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 624	2.0
1,1,2-TRICHLOROETHANE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 624	2.0
TRICHLORETHYLENE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 624	2.0
VINYL CHLORIDE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 624	10.0
Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.											
ACID-EXTRACTABLE COMPOUNDS											
P-CHLORO-M-CRESOL	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPS 625	10.0
2-CHLOROPHENOL	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPS 625	10.0
2,4-DICHLOROPHENOL	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPS 625	10.0
2,4-DIMETHYLPHENOL	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPS 625	10.0
4,6-DINITRO-O-CRESOL	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPS 625	50.0
2,4-DINITROPHENOL	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPS 625	50.0
2-NITROPHENOL	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPS 625	50.0
4-NITROPHENOL	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPS 625	50.0
PENTACHLOROPHENOL	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPS 625	20.0
PHENOL	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPS 625	10.0
2,4,6-TRICHLOROPHENOL	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPS 625	10.0
Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.											
BASE-NEUTRAL COMPOUNDS.											
ACENAPHTHENE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 625	10
ACENAPHTHYLENE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 625	10
ANTHRACENE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 625	10
BENZIDINE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 625	80
BENZO(A)ANTHRACENE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 625	10
BENZO(A)PYRENE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 625	10

Outfall number: 001/002 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
3,4 BENZO-FLUORANTHENE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 625	10
BENZO(GHI)PERYLENE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 625	10
BENZO(K)FLUORANTHENE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 625	10
BIS (2-CHLOROETHOXY) METHANE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 625	10
BIS (2-CHLOROETHYL)-ETHER	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 625	10
BIS (2-CHLOROISO-PROPYL) ETHER	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 625	10
BIS (2-ETHYLHEXYL) PHTHALATE	10	ug/L	0.001359	LB/D	10	ug/L	0.001359	LB/D	4	EPA 625	10
4-BROMOPHENYL PHENYL ETHER	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 625	10
BUTYL BENZYL PHTHALATE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 625	10
2-CHLORONAPHTHALENE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 625	10
4-CHLORPHENYL PHENYL ETHER	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 625	10
CHRYSENE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 625	10
DI-N-BUTYL PHTHALATE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 625	10
DI-N-OCTYL PHTHALATE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 625	10
DIBENZO(A,H) ANTHRACENE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 625	10
1,2-DICHLOROBENZENE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 624	10
1,3-DICHLOROBENZENE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 624	10
1,4-DICHLOROBENZENE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 624	10
3,3-DICHLOROBENZIDINE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 624	10
DIETHYL PHTHALATE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 625	10
DIMETHYL PHTHALATE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 625	10
2,4-DINITROTOLUENE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 625	20
2,6-DINITROTOLUENE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 625	20
1,2-DIPHENYLHYDRAZINE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 625	10

Outfall number: 001/002 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
FLUORANTHENE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 625	10
FLUORENE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 625	10
HEXACHLOROBENZENE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 625	10
HEXACHLOROBUTADIENE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 625	10
HEXACHLOROCYCLO-PENTADIENE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 625	10
HEXACHLOROETHANE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 625	10
INDENO(1,2,3-CD)PYRENE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 625	10
ISOPHORONE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 625	10
NAPHTHALENE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 625	10
NITROBENZENE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 625	10
N-NITROSODI-N-PROPYLAMINE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 625	10
N-NITROSODI- METHYLAMINE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 625	10
N-NITROSODI-PHENYLAMINE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 625	10
PHENANTHRENE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 625	10
PYRENE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 625	10
1,2,4-TRICHLOROBENZENE	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 625	10
Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.											
2,4-D	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 615	5.0
Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.											
2,4,5-TP(Silvex)	ND	ug/L	NA	NA	ND	ug/L	NA	NA	4	EPA 615	10

END OF PART D.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

0 chronic 0 acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

	Test number:_____	Test number:_____	Test number:_____
a. Test information.			
Test species & test method number			
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			
b. Give toxicity test methods followed.			
Manual title			
Edition number and year of publication			
Page number(s)			
c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.			
24-Hour composite			
Grab			
d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)			
Before disinfection			
After disinfection			
After dechlorination			

	Test number:_____	Test number:_____	Test number:_____
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:			
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity			
Acute toxicity			
g. Provide the type of test performed.			
Static			
Static-renewal			
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water			
Receiving water			
i. Type of dilution water. It salt water, specify “natural” or type of artificial sea salts or brine used.			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH			
Salinity			
Temperature			
Ammonia			
Dissolved oxygen			
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes✔____No If yes, describe: _____

_____

_____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)

_____

_____

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✔ Yes ____ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 1

b. Number of CIUs. 0

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Moultrie Mfg. Co.

Mailing Address: Po Box 2948

Moultrie GA 31773

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Aluminum anodizing

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Anodized aluminum

Raw material(s): Aluminum, cleaner, caustic soda, sulfuric acid

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

40,000 gpd (✔ continuous or ____ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

0 gpd (____ continuous or ✔ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ✔ Yes ____ No

b. Categorical pretreatment standards ✔ Yes ____ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR Part 433, Metal Finishing Point Source category

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. 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.

_____

_____

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. 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 (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____Truck _____Rail _____Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units
_____	_____	_____
_____	_____	_____
_____	_____	_____

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

____Yes (complete F.13 through F.15.) ✔ ____No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste 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).

_____

_____

_____

F.14. 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 if necessary).

_____

_____

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

____Yes ____No

If yes, describe the treatment (provide information about the removal efficiency):

_____

_____

b. Is the discharge (or will the discharge be) continuous or intermittent?

____Continuous ____Intermittent If intermittent, describe discharge schedule.

_____

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once <u>for each CSO discharge point</u>.

G.3. Description of Outfall.

a. Outfall number _____

b. Location _____
(City or town, if applicable) (Zip Code)

_____
(County) (State)

_____
(Latitude) (Longitude)

c. Distance from shore (if applicable) _____ft.

d. Depth below surface (if applicable) _____ft.

e. Which of the following were monitored during the last year for this CSO?

____Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: _____

b. Name of watershed/river/stream system:_____

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin: _____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

_____

_____

END OF PART G.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

Additional information, if provided, will appear on the following pages.

FACILITY NAME AND PERMIT NUMBER:
CITY OF MOULTRIE

SLUDGE ADDENDUM

Complete this part if you have an effective NPDES permit or have been directed by the permitting authority to submit a full permit application at this time. In other words, complete this part if your facility has, or is applying for, an NPDES permit.

For purposes of this form, the term "you" refers to the applicant. "This facility" and "your facility" refer to the facility for which application information is submitted.

APPLICATION OVERVIEW – SEWAGE SLUDGE USE OR DISPOSAL INFORMATION

1. PART A: SEWAGE SLUDGE GENERATION AND MANAGEMENT
   Part A must be completed by all applicants.

2. PART B: DISPOSAL IN A SOLID WASTE LANDFILL
   Part B must be completed by applicants that dispose sludge in a solid waste landfill.

3. PART C: LAND APPLICATION OF SEWAGE SLUDGE
   Part C must be completed by applicants who either:
   1) Apply bulk sewage to the land, or
   2) Sell or give away sewage sludge in a bag or other container for application to the land.

4. PART D: OFFSITE TREATMENT OR BLENDING
   Part D must be completed by applicants who send sewage sludge offsite for treatment or blending.

5. PART E: INCINERATION
   Part E must be completed by applicants who incinerate sewage sludge.

PART A: SEWAGE SLUDGE GENERATION AND MANAGEMENT

A.1. **Sewage Sludge Management.**

Indicate the sludge use or disposal method(s) used at the facility (check all that apply):

Landfill	✔
Send offsite for treatment or blending	☐
Land Application	☐
Incineration	☐
Sell or giveaway in bag or other container	☐
Other (specify)	☐ _____ _____ _____ _____ _____

A.2. **Description.** Provide a narrative that identifies all sewage sludge processes that will be employed during the term of the permit, including all processes used for collecting, dewatering, storing, or treating sewage sludge.

Once ever ten years the lagoon is dredged. The sludge is place in Geo-bags for dewatering, once the dewatering process is complete the

A.3. **Contractor Information.**

Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? ____ Yes ____✔__ No

If yes, provide the following for each contractor (attach additional pages if necessary):

a. Name _____

b. Mailing Address _____
_____

c. Telephone Number _____

d. Responsibilities of contractor _____
_____
_____
_____

PART A: SEWAGE SLUDGE GENERATION AND MANAGEMENT CONTINUED

A.4. **Sewage Sludge Amount.**

Provide the total dry tons per latest 365 day period of sewage sludge handled at your facility:

1. Amount generated at your facility	0 dry tons
2. Amount received from off site facility(s)	0 dry tons
3. Total amount treated or blended on site	0 dry tons

A.5. **Amount Received from Off Site**.

If your facility receives sewage sludge from another facility on a routine basis for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. Do not include information on septage. If you receive sewage sludge from more than one facility, attach additional pages as necessary.

a. Facility Name _____

b. Facility Permit Number _____

c. Mailing Address _____

_____

d. Contact person _____

Title _____

Telephone Number _____

e. Facility Address (not P.O. Box) _____

_____

_____

_____

f. Describe, on this form or on another sheet of paper, how the sludge received from off site is handled at your facility:

PART B: DISPOSAL IN A MUNICIPAL SOLID WASTE LANDFILL

B. **Disposal in a Solid Waste Landfill.**

Provide the following information for each solid waste landfill that accepts sewage sludge from your facility for disposal. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.

1. Name of landfill _____

2. Contact person _____

   Title _____

   Telephone Number _____

   Contact is _____ Landfill Owner _____ Landfill Operator

3. Mailing Address _____
   _____

4. Location of solid waste landfill:
   Street or Route # _____
   County _____
   City or Town _____
   State & Zip _____

5. List, on this form or on another sheet of paper, the numbers of all other State permits that regulate the operation of this solid waste landfill:

Permit Number	Type of Permit

PART C: LAND APPLICATION OF SEWAGE SLUDGE

Complete Part C.1. if sewage sludge from your facility is applied to the land in bulk or sold or given away in a bag or other container for application to the land.

C.1. **Treatment Provided At Your Facility.**

a. Which class of pathogen does the sewage sludge meet at your facility?

_____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:

_____

_____

_____

_____

_____

Complete Part C.2. thru C.5. for sewage sludge applied in bulk to land application sites. If sewage sludge is applied to more than one site, attach additional pages as necessary.

C.2. **Identification of Land Application Sites.**

a. Site name or identification number _____

b. Site location (Complete 1 and 2)

1. Street or Route # _____

County _____ City or Town _____

State _____ Zip _____

2. Latitude _____ 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.

PART C: LANDFILL APPLICATION OF SEWAGE SLUDGE CONTINUED

Complete Part C.2. thru C.5. for sewage sludge applied in bulk to land application sites. If sewage sludge is applied to more than one site, attach additional pages as necessary.

C.3. **Owner Information.**

a. Are you the owner of the land application site? _____ Yes _____ No

b. If no, provide the following information about the owner:

Name _____

Telephone number _____

Mailing Address _____

_____

C.4. **Applier Information.**

a. Are you the person who applies, or is responsible for the application of sewage sludge to the land application site?

_____ Yes _____ No

b. If no, provide the following information for the person who applies:

Name _____

Telephone number _____

Mailing Address _____

_____

C.5. **Site Type.**

Identify the type of land application site from among the following:

_____ Agricultural land _____ Forest _____ Public contact site (such as parks, ball fields, etc.)

_____Reclamation site _____ Other (Describe) _____

PART D: OFFSITE TREATMENT OR BLENDING

Complete Part D if sewage sludge from your facility is provided to another facility that provides treatment or blending. This section does not apply to sewage sludge sent directly to a land application site. If you provide sewage sludge to more than one facility, attach additional pages as necessary.

D. **Shipment Offsite for Treatment or Blending.**

1. Receiving facility name _____

2. Mailing Address _____

   _____

3. Contact person _____

   Title _____

   Telephone number _____

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

   _____ (total dry tons per 365 day period)

PART E: INCINERATION

Complete Part E if sewage sludge from your facility is fired in a sewage sludge incinerator.

E. **Incineration.**

1. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? _____ Yes _____ No

   If no, complete (2) for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one such sewage sludge incinerator, attach additional pages as necessary.

2. Incinerator facility name or identification number: _____

3. Contact person _____

   Title _____

   Telephone number _____

   Contact is: _____ Incinerator owner _____ Incinerator operator