Disclaimer

This is an updated PDF document that allows you to type your information directly into the form, print it, and save the completed form.

Note: This form can be viewed and saved only using Adobe Acrobat Reader version 7.0 or higher, or if you have the full Adobe Professional version.

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:
NASHVILLE, CITY OF (NASHVILLE WPCP)

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: NASHVILLE, CITY OF (NASHVILLE WPCP)

Mailing Address: PO Box 495
Berrien | Nashville | GA | 31639

Contact person: John | Reynolds

Title: Water & Sewer Superintendent

Telephone number: 229-356-2117

Facility Address (not P.O. Box): Middle School Circle and Gary Street
Berrien | Nashville | GA | 31639

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

Applicant name: City of Nashville, Georgia

Mailing Address: 405 W. WASHINGTON STREET; P. O. BOX 495
Nashville | GA | 31639

Contact person: John | Reynolds

Title: Water & Sewer Superintendent

Telephone number: 229-356-2117

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	GA0039365	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
Nashville, Georgia	4697	Separate	Municipal

Total population served 4697

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 1.0 mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	0.61	0.74	0.71	mgd
c. Maximum daily flow rate	0.84	0.98	0.88	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 _____
ii. Discharges of untreated or partially treated effluent _____
iii. Combined sewer overflow points _____
iv. Constructed emergency overflows (prior to the headworks) _____
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: LAS AERATED LAGOONS AND STORAGE PONDS FOR FLOWS > 1.0 mgd

Annual average daily volume discharged to surface impoundment(s) 0.15 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: ONE (1) MILE WEST OF CITY LIMITS JUST NORTH OF SR 76

Number of acres: 168.00

Annual average daily volume applied to site: 0.09 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 _____

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. Average daily flow rate _____ 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 _____

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): _____

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: _____

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 _____ _____ %

c. What type of disinfection is used for the effluent from this outfall? 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

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: _____

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)		s.u.			
pH (Maximum)		s.u.			
Flow Rate					
Temperature (Winter)					
Temperature (Summer)					

* 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							
DEMAND (Report one)	CBOD-5							
FECAL COLIFORM								
TOTAL SUSPENDED SOLIDS (TSS)								

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.

250000 gpd

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

On going Corrective Action Plan (CAP) to rehabilitate sewer lines and manholes. Latest action involved CIPP lining of approximately 3,126 LF of 8-inch VCP sewers and rehabilitation of 17 SSMH's (August-Sept. 2015)

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: _____

Mailing Address: _____

_____

Telephone Number: _____

Responsibilities of Contractor: _____

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.

	Schedule	Actual Completion
Implementation Stage	MM / DD / YYYY	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: One(1)

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)	0.23	mg/L	0.11	mg/L	12	Grab	NA
CHLORINE (TOTAL RESIDUAL, TRC)	NA	mg/L	NA	mg/L	NA	NA	NA
DISSOLVED OXYGEN	11.0	mg/L	8.5	mg/L	30	Grab	NA
TOTAL KJELDAHL NITROGEN (TKN)	NA	mg/L	0.64	mg/L	1	Grab	NA
NITRATE PLUS NITRITE NITROGEN	NA	mg/L	1.0	mg/L	12	Grab	NA
OIL and GREASE	NA	mg/L	NA	mg/L	NA	NA	NA
PHOSPHORUS (Total)	1.1	mg/L	0.63	mg/L	12	Grab	NA
TOTAL DISSOLVED SOLIDS (TDS)	NA	mg/L	NA	mg/L	NA	NA	NA
OTHER	3.9	mg/L	3.6	mg/L	12	TSS (Grab)	NA

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: (1)One (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											
ARSENIC											
BERYLLIUM											
CADMIUM											
CHROMIUM											
COPPER											
LEAD											
MERCURY											
NICKEL											
SELENIUM											
SILVER											
THALLIUM											
ZINC											
CYANIDE											
TOTAL PHENOLIC COMPOUNDS											
HARDNESS (AS $CaCO_3$)											
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											

FACILITY NAME AND PERMIT NUMBER:
NASHVILLE, CITY OF (NASHVILLE WPCP)

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

Outfall number: (1)One (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											
ACRYLONITRILE											
BENZENE											
BROMOFORM											
CARBON TETRACHLORIDE											
CLOROBENZENE											
CHLORODIBROMO-METHANE											
CHLOROETHANE											
2-CHLORO-ETHYLVINYL ETHER											
CHLOROFORM											
DICHLOROBROMO-METHANE											
1,1-DICHLOROETHANE											
1,2-DICHLOROETHANE											
TRANS-1,2-DICHLORO-ETHYLENE											
1,1-DICHLOROETHYLENE											
1,2-DICHLOROPROPANE											
1,3-DICHLORO-PROPYLENE											
ETHYLBENZENE											
METHYL BROMIDE											
METHYL CHLORIDE											
METHYLENE CHLORIDE											
1,1,2,2-TETRACHLORO-ETHANE											
TETRACHLORO-ETHYLENE											
TOLUENE											

Outfall number: (1)One (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											
1,1,2-TRICHLOROETHANE											
TRICHLORETHYLENE											
VINYL CHLORIDE											
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											
2-CHLOROPHENOL											
2,4-DICHLOROPHENOL											
2,4-DIMETHYLPHENOL											
4,6-DINITRO-O-CRESOL											
2,4-DINITROPHENOL											
2-NITROPHENOL											
4-NITROPHENOL											
PENTACHLOROPHENOL											
PHENOL											
2,4,6-TRICHLOROPHENOL											
Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.											
BASE-NEUTRAL COMPOUNDS.											
ACENAPHTHENE											
ACENAPHTHYLENE											
ANTHRACENE											
BENZIDINE											
BENZO(A)ANTHRACENE											
BENZO(A)PYRENE											

FACILITY NAME AND PERMIT NUMBER:
NASHVILLE, CITY OF (NASHVILLE WPCP)

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

Outfall number: (1)One (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											
BENZO(GHI)PERYLENE											
BENZO(K)FLUORANTHENE											
BIS (2-CHLOROETHOXY) METHANE											
BIS (2-CHLOROETHYL)-ETHER											
BIS (2-CHLOROISO-PROPYL) ETHER											
BIS (2-ETHYLHEXYL) PHTHALATE											
4-BROMOPHENYL PHENYL ETHER											
BUTYL BENZYL PHTHALATE											
2-CHLORONAPHTHALENE											
4-CHLORPHENYL PHENYL ETHER											
CHRYSENE											
DI-N-BUTYL PHTHALATE											
DI-N-OCTYL PHTHALATE											
DIBENZO(A,H) ANTHRACENE											
1,2-DICHLOROBENZENE											
1,3-DICHLOROBENZENE											
1,4-DICHLOROBENZENE											
3,3-DICHLOROBENZIDINE											
DIETHYL PHTHALATE											
DIMETHYL PHTHALATE											
2,4-DINITROTOLUENE											
2,6-DINITROTOLUENE											
1,2-DIPHENYLHYDRAZINE											

Outfall number: (1)One (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											
FLUORENE											
HEXACHLOROBENZENE											
HEXACHLOROBUTADIENE											
HEXACHLOROCYCLO-PENTADIENE											
HEXACHLOROETHANE											
INDENO(1,2,3-CD)PYRENE											
ISOPHORONE											
NAPHTHALENE											
NITROBENZENE											
N-NITROSODI-N-PROPYLAMINE											
N-NITROSODI- METHYLAMINE											
N-NITROSODI-PHENYLAMINE											
PHENANTHRENE											
PYRENE											
1,2,4-TRICHLOROBENZENE											
Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.											
Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.											

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.

3 chronic ____ 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: 1	Test number: 2	Test number: 3
a. Test information.			
Test species & test method number	Ceriodaphnia Dubia, EPA	Pimephales promelas	Ceriodaphnia dubia
Age at initiation of test	<1 day old	<1 day	< 1 day
Outfall number	One (1)	One (1)	One (1)
Dates sample collected	09/15/2020	09/15/2020	10/01/2019
Date test started	09/15/2020	09/15/2020	10/01/2019
Duration	7 days	7 days	7 days
b. Give toxicity test methods followed.			
Manual title	EPA Method 1002	EPA Method 1000	EPA Method 1002
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			

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.

3 chronic ____ 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: 4	Test number: 5	Test number: 6
a. Test information.			
Test species & test method number	Pimephales promelas	Ceriodaphnia dubia, 1002	Pimephales promelas
Age at initiation of test	< 1 day	< 1 day	< 1 day
Outfall number	One (1)	One (1)	One (1)
Dates sample collected	10/01/2019	10/23/2018	10/23/2018
Date test started	10/01/2019	10/23/2018	20/23/2018
Duration	7 days	7 days	7 days
b. Give toxicity test methods followed.			
Manual title	Epa Method 1000	EPA Method 1002	EPA Method 1000
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: 1	Test number: 2	Test number: 3
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	Collected from Outfall 1	2	Outfall One effluent
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity	No	No	No
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	Synthetic	Synthetic	Synthetic
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	Yes	Yes	Yes
Salinity	Yes	Yes	Yes
Temperature	Yes	Yes	Yes
Ammonia	Yes	Yes	Yes
Dissolved oxygen	Yes	Yes	Yes
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

	Test number: 4	Test number: 5	Test number: 6
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	at Outfall One	at Outfall One	at Outfall one
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity	No	No	No
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	Synthetic	Synthetic	Synthetic
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	Yes	Yes	Yes
Salinity	Yes	Yes	Yes
Temperature	Yes	Yes	Yes
Ammonia	Yes	Yes	Yes
Dissolved oxygen	Yes	Yes	Yes
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	100 %	100 %	100 %
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)

NA _____

_____

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

Chronic:			
NOEC	100 %	100 %	100 %
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)

NA _____

_____

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. _____

b. Number of CIUs. _____

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: _____

Mailing Address: _____

_____

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

_____

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): _____

Raw material(s): _____

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.

_____ 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.

_____ 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?

_____

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.

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.

1. Part A: General Information

Must be completed by all applicants.

2. Part B: Sewage Sludge Processor

Must be completed by applicants that receive sludge from an off-site facility.

3. Part C: Disposal in a Municipal Solid Waste Landfill

Must be completed by applicants that send sewage sludge to a landfill.

4. Part D: Send Off-site for Treatment or Blending

Must be completed by applicants that send sewage sludge to an off-site facility for treatment or blending.

5. Part E: Land Application of Sewage Sludge

Must be completed by applicants that land apply sewage sludge.

6. Part F: Incineration of Sewage Sludge

Must be completed by applicants that incinerate sewage sludge.

7. Part G: Sell or Give Away Sewage Sludge

Must be completed by applicants that sell or give away sewage sludge.

PART A: GENERAL INFORMATION

All applicants must answer all questions unless otherwise instructed.

1. Facility Type

Indicate the Facility Type (check all that apply):

- ☑ Sludge Generator
- ☐ Sludge Processor (ie. Receive offsite sludge)
- ☐ End User (ie. Land apply or incinerate sludge)

2. Sewage Sludge Disposal Method (Check all that apply):

- ☑ Landfill
- ☐ Send offsite for treatment and blending
- ☐ Land application site
- ☐ Incineration
- ☐ Sell or give away in bag or container
- ☐ Other – Specify:

3. If disposing of sludge by any method(s) other than co-disposal in a landfill, do you have an approved Sludge Management Plan?

- ☐ No
- ☐ Yes – Provide SMP approval date:

4. Treatment provided at your facility:

a. Provide a narrative description and a process flow diagram of 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.

Processes for collecting, dewatering, storing or treating sewage sludge at the Nashville WWTF during the term of this permit include aerobic digestion followed by mechanical dewatering using a belt press.
The aerobic digester consists of a single tank 41 feet wide by 46 feet long with a maximum water depth of 18 feet (12.6 feet minimum).

b. Indicate the treatment methods used at the facility (check all that apply):

- ☐ Thickening
- ☐ Stabilization
- ☑ Aerobic Digestion
- ☐ Anaerobic Digestion
- ☑ Dewatering
- ☐ Composting
- ☐ Other

PART A: GENERAL INFORMATION

5. Contractor Information

a. Are there any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor?

☐ Yes

☑ No

b. If yes, provide the following for each contractor:

Contractor Name:

Title:

Phone number:

Email:

Mailing address:

City: State: Zip code: County:

6. Sewage Sludge Amount

a. Total amount generated on site in the last 365 days (if generator):

424 Dry Metric Tons

b. Total amount received from off-site facilities in the last 365 days (if processor):

Dry Metric Tons

c. Total amount treated or blended on site in the last 365 days (if generator and processor):

Dry Metric Tons

PART B: SEWAGE SLUDGE PROCESSOR ☐ **Not Applicable**

Answer all questions if the facility receives sludge from an off-site facility. If you receive sludge from more than one facility, provide information for each off-site facility.

1. Off-site Facility Information

a. Facility name:

b. Mailing address:

City: State: Zip code: County:

c. Contact person:

Title:

Phone:

Email:

2. Treatment Provided

a. Provide a narrative that identifies all sewage sludge processes that are known to occur at the off-site facility.

b. Describe how the sludge received from the off-site facility is handled at your facility.

3. Sewage Sludge Amount

a. Total amount received from this facility per 365-day period:

Dry Metric Tons

PART C: DISPOSAL IN A MUNICIPAL SOLID WASTE LANDFILL

Answer all questions if the facility sends any percentage of their sewage sludge to a municipal solid waste landfill. If you send sludge to more than one landfill, provide information for each site.

1. Landfill Information

a. Facility name: Advanced Disposal Services Evergreen Landfill, Inc.

b. Mailing address: 3163 Wetherington Lane

City: Valdosta State: GA Zip code: 31601 County: Lowndes

c. Contact person: Gerald M. Allen, Jr.

Title: Owner

Phone: 229-293-8157

Email:

d. List the numbers of all other State permits that regulate the operation of this solid waste landfill.

Permit Number: 092-022D	Type: Municipal Solid Waste Landfill
Permit Number:	Type:
Permit Number:	Type:
Permit Number:	Type:

2. Sewage Sludge Amount

a. Total amount sent to this landfill in the last 12 months:

424 Dry Metric Tons

PART D: SEND OFF-SITE FOR TREATMENT OR BLENDING

Answer all questions if the facility sends any percentage of their sewage sludge to an off-site facility for further treatment or blending. If you send sludge to more than one off-site facility, provide information for each facility.

1. Off-site Facility Information

a. Receiving facility name:

b. Mailing address:

City: State: Zip code: County:

c. Contact person:

Title:

Phone:

Email:

d. Permit Number (if any):

2. Sewage Sludge Amount

a. Total amount sent to this facility per 365-day period: Dry metric tons

3. Treatment Provided at the Receiving Facility

a. Provide a brief narrative description of the solids treatment process at the receiving facility.

4. Pathogen and Vector Attraction Reduction at the Receiving Facility

a. Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?

☐ Class A

☐ Class B

☐ Neither or unknown

b. Which pathogen reduction option is met for sewage sludge at the receiving facility?

☐ Class A – Alternative 1
Thermally Treated Sewage Sludge

☐ Class A – Alternative 2
Sewage Sludge Treated in a High pH-High Temperature Process (Alkaline Treatment)

☐ Class A – Alternative 3

Sewage Sludge Treated in Other Processes

☐ Class A – Alternative 4
Sewage Sludge Treated in Other Processes

☐ Class A – Alternative 5
Use of PFRP

☐ Class A – Alternative 6
Use of Process Equivalent to PFRP

☐ Class B – Alternative 1
Monitoring of Fecal Coliform

☐ Class B – Alternative 2
Use of a Process Equivalent to PFRP

☐ Class B – Alternative 3
Use of Processes Equivalent to PSRP

PART D: SEND OFF-SITE FOR TREATMENT OR BLENDING

c. Which vector attraction reduction option is met for the sewage sludge at the receiving facility?

☐ Option 1 – Minimum 38 percent reduction in volatile solids

☐ Option 2 – Anaerobic process, with bench-scale demonstration

☐ Option 3 – Aerobic process, with bench-scale demonstration

☐ Option 4 – Specific oxygen uptake rate for aerobically digested sludge

☐ Option 5 – Aerobic processes plus raised temperature

☐ Option 6 – Raise pH to 12 and retain at 11.5

☐ Option 7 – 75 percent solids with no unstabilized solids

☐ Option 8 – 90 percent solids with unstabilized solids

☐ None

PART E: LAND APPLICATION OF SEWAGE SLUDGE ☐ **Not Applicable**

Answer all questions if the facility land applies its sewage sludge as the end user. If you land apply to multiple sites, provide information in part 1 and 2 for each site.

1. Land Application Site Information

a. Site name or ID:

b. Site address:

City: State: Zip code: County:

c. Latitude: Longitude:

d. Provide a topographic map of the site.

e. Owner Information (if applicant is not the owner)

Owner name:

Title:

Phone:

Email:

f. Applier Information (if applicant is not responsible for the application on the site)

Applier name:

Title:

Phone:

Email:

g. Site Type

☐ Agricultural land

☐ Forest

☐ Public Contact Site (ie. Park, ball field)

☐ Reclamation site

☐ Other – Describe.

2. Sewage Sludge Amount

a. Total amount land applied to this site in the last 365-day period:

Dry Metric Tons

PART E: LAND APPLICATION OF SEWAGE SLUDGE ☐ **Not Applicable**

3. Pathogen and Vector Attraction Reduction

a. Which class of pathogen reduction is achieved for the sewage sludge?

☐ Class A

☐ Class B

☐ Neither or unknown

b. Based on your answer to Part 3.a. above, which pathogen reduction option is met for sewage sludge at your facility?

☐ Class A – Alternative 1
Thermally Treated Sewage Sludge

☐ Class A – Alternative 2
Sewage Sludge Treated in a High pH-High Temperature Process (Alkaline Treatment)

☐ Class A – Alternative 3
Sewage Sludge Treated in Other Processes

☐ Class A – Alternative 4
Sewage Sludge Treated in Other Processes

☐ Class A – Alternative 5
Use of PFRP

☐ Class A – Alternative 6
Use of Process Equivalent to PFRP

☐ Class B – Alternative 1
Monitoring of Fecal Coliform

☐ Class B – Alternative 2
Use of a Process Equivalent to PFRP

☐ Class B – Alternative 3
Use of Processes Equivalent to PSRP

c. Which vector attraction reduction option is met for the sewage sludge at your facility?

☐ Option 1 – Minimum 38 percent reduction in volatile solids

☐ Option 2 – Anaerobic process, with bench-scale demonstration

☐ Option 3 – Aerobic process, with bench-scale demonstration

☐ Option 4 – Specific oxygen uptake rate for aerobically digested sludge

☐ Option 5 – Aerobic processes plus raised temperature

☐ Option 6 – Raise pH to 12 and retain at 11.5

☐ Option 7 – 75 percent solids with no unstabilized solids

☐ Option 8 – 90 percent solids with unstabilized solids

☐ None/Unknown

PART E: LAND APPLICATION OF SEWAGE SLUDGE	☐ **Not Applicable**

d. Which vector attraction reduction option is met at the land application site?

☐ Option 9 – Injection below land surface

☐ Option 10 – Incorporation into soil within 6 hours

4. Pollutant Concentrations

a. Does the sewage sludge applied to the land application site(s) meet Table 1 ceiling concentrations and Table 3 pollutant concentrations from 40 CFR Part 503?

☐ Yes

☐ No, please explain.

PART F: INCINERATION OF SEWAGE SLUDGE ☐ Not Applicable

Answer all questions if you fire sludge in a sewage sludge incinerator. If you fire sludge in more than one incinerator, attach additional copies of this section.

1. Incinerator Information

a. Site name:

b. Site address:

City: State: Zip code: County:

c. Owner Information (if applicant is not the owner)

Owner name:

Title:

Phone:

Email:

2. Sewage Sludge Amount

a. Total amount sent to this incinerator in a 365-day period:

Dry Metric Tons

3. Pathogen and Vector Attraction Reduction

a. Which class of pathogen reduction is achieved sewage sludge from the facility meet?

☐ Class A

☐ Class B

☐ Neither or unknown

b. Based on your answer to Part 3.a. above, which pathogen reduction option is met for sewage sludge at your facility?

☐ Class A – Alternative 1
Thermally Treated Sewage Sludge

☐ Class A – Alternative 2
Sewage Sludge Treated in a High pH-High Temperature Process (Alkaline Treatment)

☐ Class A – Alternative 3
Sewage Sludge Treated in Other Processes

☐ Class A – Alternative 4
Sewage Sludge Treated in Other Processes

☐ Class A – Alternative 5
Use of PFRP

☐ Class A – Alternative 6
Use of Process Equivalent to PFRP

☐ Class B – Alternative 1
Monitoring of Fecal Coliform

☐ Class B – Alternative 2
Use of a Process Equivalent to PFRP

☐ Class B – Alternative 3
Use of Processes Equivalent to PSRP

PART F: INCINERATION OF SEWAGE SLUDGE	☐ **Not Applicable**

c. Which vector attraction reduction option is met for the sewage sludge at your facility?

- ☐ Option 1 – Minimum 38 percent reduction in volatile solids
- ☐ Option 2 – Anaerobic process, with bench-scale demonstration
- ☐ Option 3 – Aerobic process, with bench-scale demonstration
- ☐ Option 4 – Specific oxygen uptake rate for aerobically digested sludge
- ☐ Option 5 – Aerobic processes plus raised temperature
- ☐ Option 6 – Raise pH to 12 and retain at 11.5
- ☐ Option 7 – 75 percent solids with no unstabilized solids
- ☐ Option 8 – 90 percent solids with unstabilized solids
- ☐ None/Unknown

PART G: SELL OR GIVE AWAY SEWAGE SLUDGE ☐ Not Applicable

Answer all questions if the facility sells or gives away sewage sludge in a bag or other container for application to the land.

1. Sewage Sludge Amount

a. Total amount sold or given away in a 365-day period:

Dry Metric Tons

2. Pathogen and Vector Attraction Reduction

a. Does sewage sludge from the facility meet Class A pathogen requirements?

☐ Yes

☐ No – Explain.

b. Which pathogen reduction option is met for sewage sludge at your facility?

☐ Class A – Alternative 1
Thermally Treated Sewage Sludge

☐ Class A – Alternative 2
Sewage Sludge Treated in a High pH-High Temperature Process (Alkaline Treatment)

☐ Class A – Alternative 3
Sewage Sludge Treated in Other Processes

☐ Class A – Alternative 4
Sewage Sludge Treated in Other Processes

☐ Class A – Alternative 5
Use of PFRP

☐ Class A – Alternative 6
Use of Process Equivalent to PFRP

c. Which vector attraction reduction option is met for the sewage sludge at your facility?

☐ Option 1 – Minimum 38 percent reduction in volatile solids

☐ Option 2 – Anaerobic process, with bench-scale demonstration

☐ Option 3 – Aerobic process, with bench-scale demonstration

☐ Option 4 – Specific oxygen uptake rate for aerobically digested sludge

☐ Option 5 – Aerobic processes plus raised temperature

☐ Option 6 – Raise pH to 12 and retain at 11.5

☐ Option 7 – 75 percent solids with no unstabilized solids

☐ Option 8 – 90 percent solids with unstabilized solids

☐ None/Unknown

3. Pollutant Concentrations

a. Does the sewage sludge sold or given away meet Table 1 ceiling concentrations and Table 3 pollutant concentrations from 40 CFR Part 503?

☐ Yes

☐ No, please explain.