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| **In completing and submitting this form, the Applicant is applying for a coverage under a General AZPDES Permit to authorize the treatment of domestic sewage sludge as biosolids for land application.** |
| **Instructions:** |
| 1. Type in or clearly hand print the requested information on the form. 2. The initial and annual fees are as follows.      |  |  | | --- | --- | | Type of Treatment Works Treating Domestic Sewage (TWTDS) | *Initial and Annual Fees* | | Wastewater Treatment Plant (WWTP) with design capacity < 5 million gallons per day | 1,250 | | WWTP with design capacity > 5 million gallons per day | 1,500 | | Non-WWTP TWTDS receiving sewage sludge from off-site generators | 2,000 |   (See: <http://www.azdeq.gov/environ/water/permits/fees.html> for more information on AZPDES fees including permit processing and annual fees.)   1. Sign and date the completed form. ***The form must be signed by the appropriate responsible party or it will be returned (see certification statement in Part E).*** 2. Mail the original signed application, any attachments, and the **initial fee** (see above) to the address below.   Arizona Department of Environmental Quality  AZPDES Individual Permits Unit / Water Permits Section  1110 West Washington Street  Phoenix, AZ 85007 |

1. Submit a second copy of the application package, either by submitting an electronic copy to [AZPDES@azdeq.gov](mailto:AZPDES@azdeq.gov) or submitting a paper copy with the original application package.

**CHECKLIST**

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

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

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

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

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

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

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

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

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| **PART A. BASIC APPLICATION INFORMATION** | | |
| **A.1. Facility Information** | | |
| Facility (plant) name: Click here to enter text.  County where located: Click here to enter text.  Facility mailing address: Click here to enter text.  Facility physical address: Click here to enter text. | | |
| Location (Latitude Longitude): | Click here to enter text. o  Click here to enter text. ' \_ Click here to enter text. " N Click here to enter text. o  Click here to enter text. ' Click here to enter text. " W | |
| Type of facility *(choose one):*  Publicly owned treatment works (POTW)  Sanitary District or County Improvement District | Private Utility (please include map of Certified Area of Convenience & Necessity as authorized by the Arizona Corporation commission)  Other (e.g. privately owned facility) | |
| **A.2. Facility Owner/Operator Information** | | |
| Facility owner: Click here to enter text.  Owner’s address:Click here to enter text.  Phone number: Click here to enter text.  Facility operator (if different from owner): Click here to enter text.  Operator’s address: Click here to enter text.  Phone number: Click here to enter text. | | |
| **A.3. Landowner(s)** | | |
| Owner of land where the WWTP is located (such as National Forest, State Land, Bureau of Land Management, private land) (if different from A.2 above):  Land owner: Click here to enter text.  Owner’s address: Click here to enter text. | | |
| **A.4. Contact Person** | | |
| *If the contact person is not the facility owner, provide the following information, including relation to the owner* | | |
| Name:Click here to enter text. Title: Click here to enter text.  Mailing address: Click here to enter text.  Phone number: Click here to enter text. E-mail address: Click here to enter text.  Operator   Consultant  Other (Please explain Click here to enter text.) | | |
| **A.5. Billing Contact Information** | | |
| *Provide the name and address of the contact for billing.* | | |
| Billing contact name & title: Click here to enter text.  Mailing address: Click here to enter text.  Phone number: Click here to enter text. | | |
| **A.6. Existing Environmental Permits** | | |
| *Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state issued permits).* | | |
| AZPDES (Surface Water) Click here to enter text.  RCRA (Hazardous waste) Click here to enter text.  Aquifer Protection Permit (APP) Click here to enter text.  Underground injection control (UIC) Click here to enter text. | | Stormwater (MSGP) Click here to enter text.  PSD (Air emission from proposed sources) Click here to enter text.  Reuse Click here to enter text.  Other (Specify) Click here to enter text. |
| **A.7. Topographic Map of Facility** | | |
| Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location and all areas where the treatment, preparation, and storage of biosolids and process materials occurs and identifies all surface water bodies. | | |

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| **PART B. WWTP INFORMATION:** | | | |
| **B.1. Collection System Information** | | | |
| *Provide information on municipalities and areas served by the facility, including the name and population of each entity and, if known, include information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).* | | | |
| Name | Population Served | Type of Collection System | Ownership |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Total population served Click here to enter text. | | | |
| Is stormwater co-mingled in any way with wastewater?  Yes  No  If yes, please explain. Click here to enter text. | | | |
| Does the treatment works have a combined sewer system? (Combined sewer systems are sewers that are designed to collect rainwater runoff, domestic sewage, and industrial wastewater in the same pipe.)  Yes No  If yes, please explain. Click here to enter text. | | | |
| **B.2. Indian Country. This permit is not applicable to facilities in Indian Country** | | | |
| Is the treatment works located in Indian Country?  Yes  No | | | |
| **B.3. Current design flow** | | | |
| Indicate the design flow rate of the treatment plant *(i.e., the wastewater flow rate that the plant was built to treat on a daily basis – not including peak flows).*  Design flow rate Click here to enter text. mgd | | | |
| **B.4. Anticipated design flow** | | | |
| Are there any plans within the next five years for implementing improvements at the treatment works or at the outfall(s) that will affect the wastewater treatment, effluent quality or design capacity of the treatment works?  Yes  No | | | |

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| **PART C. INDUSTRIAL USER DISCHARGES & WASTES FROM REMEDIAL ACTIVITES** | | |
| **C.1. Industrial User Discharges and RCRA/CERCLA Wastes.** | | |
| NOTE: *An SIU is defined as:*  *1. An industrial user subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) Part 403.6 and 40 CFR Chapter I, Subchapter N; and*  *2. Any other industrial user that:*  *a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (excluding sanitary, non-contact cooling and boiler blow down wastewater); or*  *b. Contributes a process waste stream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment works; or*  *c. Is designated as an SIU by the control authority as defined in 40 CFR Part 403.12(a).* | | |
| Does the wastewater treatment plant accept process wastewater from any significant industrial user (SIU) or receive RCRA, CERCLA, or other remediation wastes (including WQARF or UST remediations)? Yes  No  If ‘yes,’ complete the rest of Part C. If ‘no,’ skip to Part D. | | |
| **C.2. Pretreatment Program.** | | |
| a. Is this facility part of a publicly-owned treatment works that has, from all of its collective wastewater treatment plants, a total design flow of greater than or equal to 5 MGD? Yes  No  b. Is this facility currently required to have a pretreatment program? Yes  No  c. If this is an existing facility, have the Annual Report(s) been submitted as required to ADEQ? Yes  No | | |
| **C.3. Number of Significant Industrial Users (SIUs).** | | |
| Provide the number of each of the following types of SIUs that discharge to the treatment works.  a. Number of non-categorical SIUs: Click here to enter text.  b. Number of categorical SIUs: Click here to enter text.  c. Total number of SIUs: Click here to enter text. | | |
| **Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy the Supplement page to Part C.4 and provide the information required for each SIU.** | | |
| **C.4. Significant Industrial User Information.** | | |
| Name:  Mailing address: | | Click here to enter text.  Click here to enter text. |
| Describe all of the industrial processes that affect or contribute to the SIU’s discharge: | | Click here to enter text. |
| List principal products that the SIU generates: | | Click here to enter text. |
| List the raw materials used to manufacture the principal products that the SIU generates: | | Click here to enter text. |
| Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd): | | Click here to enter text. gpd |
| Is the discharge continuous or intermittent? | | continuous   intermittent |
| Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd): | | Click here to enter text. gpd |
| Is the discharge continuous or intermittent? | | continuous  intermittent |
| Is the SIU subject to local limits? | | Yes  No |
| Is the SIU subject to categorical pretreatment standards? | | Yes  No |
| If yes, which category and subcategory of categorical pretreatment standards? | | Click here to enter text. |
| 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: | | Click here to enter text. |
| **C.5. RCRA Waste**. | | |
| Does the treatment works receive or has it in the past three years, received RCRA Hazardous Waste by truck, rail or dedicated pipe? Yes  No  (if ‘no,’ go to Part C.8) | | |
| **C.6. Waste Transport.** | | |
| Method by which RCRA waste is received. Check all that apply.  Truck  Rail  Dedicated Pipe | | |
| **C.7. Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units). | | |
| EPA Hazardous Waste Number Amount Units  Click here to enter text. Click here to enter text. Click here to enter text. | | |
| **C.8. Remediation Waste.** | | |
| Does the treatment works (or has it been notified that in the next five years it will) receive waste fromCERCLA (SUPERFUND) wastewater, RCRA or WQARF Remediation/Corrective Action wastewater or Other Remedial activities?  Yes  No  (If yes, complete D.8.a through D.8.e*: Provide a list of sites and the required information for each current and future site.*) | | |
| a. Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years). Also, provide the EPA identification number if one exists. | Click here to enter text. | |
| b. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. Attach additional sheets as necessary | Click here to enter text. | |
| c. Waste Treatment. Is this waste treated (or will it be treated) prior to entering the treatment works?  If ‘yes,’ describe the treatment (provide information about the removal efficiency): | Yes  No  Click here to enter text. | |
| d. Is the discharge (or will the discharge be):  If intermittent, describe discharge schedule: | continuous  intermittent Click here to enter text. | |

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| **PART D. Generation of Sewage Sludge, Amount Generated, and Method of Disposal or Use** | |
| Check all practices that apply and provide the total dry metric tons per latest 365-day period of any sewage sludge generated or treated at the site under each applicable practice. | |
| **PRACTICE** | **TOTAL AMOUNT** |
| Generated at the facility | Click here to enter text. dry metric tons |
| Received from off site | Click here to enter text. dry metric tons |
| Treated or blended on site | Click here to enter text. dry metric tons |
| Sludge meetsTable 2, pollutant concentrations, Class A pathogen requirements, and one vector attraction reduction option (exceptional quality) | Click here to enter text. dry metric tons |
| Sold or given away in a bag or other container for application to the land | Click here to enter text. dry metric tons |
| Bulk sewage sludge shipped off site for treatment or blending | Click here to enter text. dry metric tons |
| Applied to the land in Arizona | Click here to enter text. dry metric tons |
| Placed on a surface disposal site | Click here to enter text. dry metric tons |
| Fired in a sewage sludge incinerator | Click here to enter text. dry metric tons |
| Sent to a municipal solid waste landfill | Click here to enter text. dry metric tons |

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| **PART E. LAND APPLICATION** | | | | |
| **E.1. Pollutant Concentrations:** Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants for which limits in sewage sludge have been established in 40 CFR Part 503 for this facility's expected use or disposal practices. If the sewage sludge is intended for land application, provide data for all parameters in the table below. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old. | | | | |
| **POLLUTANT** | | **CONCENTRATION**  **(mg/kg dry weight)** | **ANALYTICAL METHOD** | **DETECTION LEVEL FOR ANALYSIS** |
| Arsenic | |  |  |  |
| Cadmium | |  |  |  |
| Chromium | |  |  |  |
| Copper | |  |  |  |
| Cyanide | |  |  |  |
| Lead | |  |  |  |
| Mercury | |  |  |  |
| Molybdenum | |  |  |  |
| Nickel | |  |  |  |
| Selenium | |  |  |  |
| Silver | |  |  |  |
| Zinc | |  |  |  |
| **E.2. Amount Received from Off Site.** | | | | |
| If your facility receives sewage sludge from another facility for treatment, use, or disposal, provide the following information for each facility from which sewage sludge is received. Attach additional pages as necessary if you receive sewage sludge from more than one facility. | | | | |
| Facility name: Click here to enter text.  Mailing Address: Click here to enter text.  Contact person: Click here to enter text. Title: Click here to enter text.  Telephone number: Click here to enter text.  Facility Address (not P.O. Box): Click here to enter text.  Total dry metric tons per 365-day period received from this facility: Click here to enter text. dry metric tons | | | | |
| Describe any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics: Click here to enter text. | | | | |
| **E.3. Treatment Provided At Your Facility.** | | | | |
| a. Which class of pathogen reduction is achieved for the sewage sludge at your facility? (See R18-9-1006)  Class A  Class B  Neither or unknown | | | | |
| 1. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge, including sampling and testing procedures, frequencies, and analytical methods used, if applicable: Click here to enter text. | | | | |
| c. Which vector attraction reduction option is met for the sewage sludge at your facility? (See R18-9-1010)  Option 1 (Minimum 38 percent reduction in volatile solids)  Option 2 (Anaerobic process, with bench-scale demonstration)  Option 3 (Aerobic process, with bench-scale demonstration)  Option 4 (Specific oxygen uptake rate for aerobically digested sludge)  Option 5 (Aerobic processes plus raised temperature)  Option 6 (Raise pH to 12 and retain at 11.5)  Option 7 (75 percent solids with no unstabilized solids)  Option 8 (90 percent solids with unstabilized solids)  None (if land applied in Arizona, complete **Part B.5.g**) | | | | |
| d. Describe, on this form or another sheet of paper, any other sewage sludge treatment or blending activities not identified in (a) - (c) above: Click here to enter text. | | | | |
| e. Descibe the materials used for composting, if applicable: Click here to enter text. | | | | |
| f. Provide the location and vvolume of on-site and off-site biosolids storage, if applicable: Click here to enter text. | | | | |
| g. Describe transportation methods and spill prevention plan, if applicable: Click here to enter text. | | | | |
| **E.4. Preparation of Sewage Sludge Meeting the Table 2, Pollutant Concentrations, Class A Pathogen Requirements, and One Vector Attraction Reduction Option (Exceptional Quality)** | | | | |
| *Complete Part E.4 if sewage sludge from your facility meets all of the following::*  *The ceiling concentrations in R18-9-1005. Table 1,*  *The pollutant concentrations in R18-9-1005. Table 2,*  *The Class A pathogen reduction requirements in R18-9-1006,*  *One of the vector attraction reduction requirements in R18-9-1010(A) (1)-(8), and*  *Is land applied (R18-9-1010).* | | | | |
| a. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away for application to the land? Yes  No  If yes, complete b | | | | |
| b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land. | | | | |
| **E.5. Land Application of Bulk Sewage Sludge.** | | | | |
| *Complete B.5 if any sewage sludge from your facility is applied to the land in Arizona and is not exceptional quality. If exceptional quality, complete only E.5.f. Supply the following information for each land application site. If more than one land application site is used, copy the Supplement page to Part E.5 and provide the information required for each land application site.* | | | | |
| a. Site name or number: Click here to enter text. | | | | |
| b. Site location (Complete 1 and 2). Click here to enter text.  1. Street or Route #: Click here to enter text. County: Click here to enter text.  City or Town: Click here to enter text. State: Click here to enter text. Zip: Click here to enter text.  2. Latitude: Click here to enter text. o  Click here to enter text. ' \_ Click here to enter text. " N Longitude: Click here to enter text. o  Click here to enter text. ' Click here to enter text. " W  Method of latitude/longitude determination: USGS map  Field survey  Other | | | | |
| c. Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location and all areas where the treatment, preparation, and storage of biosolids and process materials occurs and identifies all surface water bodies. | | | | |
| d. Are any land application sites located in States other than the State where you generate sewage sludge or derive a material from sewage sludge? Yes  No  If yes, describe on this form or another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification. Click here to enter text.. | | | | |
| e. Provide the following information about the owner of the land application site:  Name: Click here to enter text. Telephone number: Click here to enter text.  Mailing Address: Click here to enter text. | | | | |
| f. Provide the following information for the person who applies, or who is responsible for application of, sewage sludge to this land application site:  Name: Click here to enter text. Telephone number: Click here to enter text.  Mailing Address: Click here to enter text. | | | | |
| g. Indicate which vector attraction reduction option is met *(on E.3, if you checked "None", complete this section)*:  Option 9 (Injection below land surface)  Option 10 (Incorporation into soil within 6 hours) | | | | |
| h. *Complete Part E.5.h only if the sewage sludge prepared by your facility has been land applied since July 20, 1993, is subject to the cumulative pollutant loading rates (CPLRs) in 40 CFR 503.13(b)(2). Please provide the site(s) where the bulk sewage sludge has been land applied.*  Name: Click here to enter text.  Location: Click here to enter text.  Contact Person Click here to enter text.  Telephone number Click here to enter text.  Have you informed the permitting authority in the State where the bulk sewage sludge subject to the CPLRs have been land applied? Yes No | | | | |

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| **PART F. SHIPMENT OFF-SITE** |
| **F.1. Shipment Off-Site for Treatment or Blending** |
| *Complete this section if any sewage sludge from your facility is provided to another facility that provides treatment or blending. If you provide sewage sludge to more than one facility, attach additional pages as necessary.* |
| Receiving facility name: Click here to enter text.  Mailing address: Click here to enter text.  Contact person: Click here to enter text. Title: Click here to enter text.  Telephone number: Click here to enter text.  Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: Click here to enter text. |
| **F.2. Disposal in a Municipal Solid Waste Landfill.** |
| *Complete this section for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.* |
| a. Name of landfill Click here to enter text. |
| b. Contact person: Click here to enter text. Title: Click here to enter text.  Telephone number: Click here to enter text. Contact is:  Land owner Landfill operator |
| c. Mailing Address: Click here to enter text. |
| d. Location of municipal solid waste landfill:  Street or Route #: Click here to enter text. County Click here to enter text.  City or Town: Click here to enter text. State: Click here to enter text. Zip Code: Click here to enter text. |

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| **PART G. CERTIFICATION** |
| All applicants must complete the Certification.  **A consultant cannot sign the application.** Federal Regulation, 40 C.F.R. § 122.22 is specific concerning application signatories, such as a responsible corporate officer, a general partner, a sole proprietor, or for a government entity, a ranking executive officer or elected official. By signing this certification statement, applicants confirm that they have reviewed this form and attachments for accuracy, and have completed all parts that apply to the facility.  **ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION**  *I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.*  Name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Official Title (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Upon request of the ADEQ, you must submit any other information necessary to assess wastewater treatment practices and biosolids preparation activities at the treatment works to identify appropriate permitting requirements.** |
| Pursuant to A.R.S. § 41-1030:   1. ADEQ shall not base a licensing decision, in whole or in part, on a requirement or condition not specifically authorized by statute or rule. General authority in a statute does not authorize a requirement or condition unless a rule is made pursuant to it that specifically authorizes the requirement or condition. 2. Prohibited licensing decisions may be challenged in a private civil action. Relief may be awarded to the prevailing party against ADEQ, including reasonable attorney fees, damages, and all fees associated with the license application. 3. ADEQ employees may not intentionally or knowingly violate the requirement for specific licensing authority. Violation is cause for disciplinary action or dismissal, pursuant to ADEQ’s adopted personnel policy. ADEQ employees are still afforded the immunity in A.R.S. §§ 12-821.01 and 12-820.02. |

**SUPPLEMENT TO C.4 SIGNIFICANT INDUSTRIAL USER INFORMATION FOR MULTIPLE USERS**

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| **Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy the Supplement page to Part C.4 and provide the information required for each SIU.** | |
| **C.4. Significant Industrial User Information.** | |
| Name:  Mailing address: | Click here to enter text.  Click here to enter text. |
| Describe all of the industrial processes that affect or contribute to the SIU’s discharge: | Click here to enter text. |
| List principal products that the SIU generates: | Click here to enter text. |
| List the raw materials used to manufacture the principal products that the SIU generates: | Click here to enter text. |
| Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd): | Click here to enter text. gpd |
| Is the discharge continuous or intermittent? | continuous  intermittent |
| Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd): | Click here to enter text. gpd |
| Is the discharge continuous or intermittent? | continuous  intermittent |
| Is the SIU subject to local limits? | Yes  No |
| Is the SIU subject to categorical pretreatment standards? | Yes  No |
| If yes, which category and subcategory of categorical pretreatment standards? | Click here to enter text. |
| 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: | Click here to enter text. |

SUPPLEMENT TO E.5 LAND APPLICATION OF BULK SEWAGE SLUDGE

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| **E.5. Land Application of Bulk Sewage Sludge.** |
| *Supply the following information for each land application site* *if any sewage sludge from your facility is applied to the land in Arizona and is not exceptional quality. If exceptional quality, complete only E.5.f.. If more than one land application site is used, copy the Supplement page to Part E.5 and provide the information required for each land application site.* |
| a. Site name or number: Click here to enter text. |
| b. Site location (Complete 1 and 2). Click here to enter text.  1. Street or Route #: Click here to enter text. County: Click here to enter text.  City or Town: Click here to enter text. State: Click here to enter text. Zip: Click here to enter text.  2. Latitude: Click here to enter text. o  Click here to enter text. ' \_ Click here to enter text. " N Longitude: Click here to enter text. o  Click here to enter text. ' Click here to enter text. " W  Method of latitude/longitude determination: USGS map  Field survey  Other |
| c. Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location of the land application site. |
| d. Are any land application sites located in States other than the State where you generate sewage sludge or derive a material from sewage sludge? Yes  No  If yes, describe on this form or another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification. |
| e. Provide the following information about the owner of the land application site:  Name: Click here to enter text. Telephone number: Click here to enter text.  Mailing Address: Click here to enter text. |
| f. Provide the following information for the person who applies, or who is responsible for application of, sewage sludge to this land application site:  Name: Click here to enter text. Telephone number: Click here to enter text.  Mailing Address: Click here to enter text. |
| g. Indicate which vector attraction reduction option is met *(on E.3, if you checked "None", complete this section)*:  Option 9 (Injection below land surface)  Option 10 (Incorporation into soil within 6 hours) |
| h. *Complete Part E.5.h only if the sewage sludge prepared by your facility has been land applied since July 20, 1993, is subject to the cumulative pollutant loading rates (CPLRs) in 40 CFR 503.13(b)(2). Please provide the site(s) where the bulk sewage sludge has been land applied.*  Name: Click here to enter text.  Location: Click here to enter text.  Contact Person Click here to enter text.  Telephone number Click here to enter text.  Have you informed the permitting authority in the State where the bulk sewage sludge subject to the CPLRs have been land applied? Yes No |