



**ARIZONA POLLUTANT DISCHARGE ELIMINATION  
SYSTEM (AZPDES)**

**General Permit for Treatment Works Treating Domestic  
Sewage as Biosolids for Land Application (Biosolids  
General Permit)**

**NOTICE OF INTENT**

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 $\geq$ 5 million gallons per day	1,500
Non-WWTP TWTDS receiving sewage sludge from off-site generators	2,000

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

- 3) Sign and date the completed form. ***The form must be signed by the appropriate responsible party or it will be returned (see certification statement in Part E).***
- 4) Mail the original signed application, any attachments, and the **initial fee** (see above) to the address below.

Surface Water Permits Unit  
Arizona Department of Environmental Quality  
1110 West Washington Street, Mail Code 5415A-1  
Phoenix, AZ 85007

- 5) 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.

**PART A. BASIC APPLICATION INFORMATION**

**A.1. Facility Information**

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

Location (Latitude Longitude):	° ' " N ° ' " W
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Type of facility ( <i>choose one</i> ): <input type="checkbox"/> Publicly owned treatment works (POTW) <input type="checkbox"/> Sanitary District or County Improvement District	<input type="checkbox"/> Private Utility (please include map of Certified Area of Convenience & Necessity as authorized by the Arizona Corporation commission) <input type="checkbox"/> Other (e.g. privately owned facility)
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**A.2. Facility Owner/Operator Information**

Facility owner:  
Owner's address:  
Phone number:  
Facility operator (if different from owner):  
Operator's address:  
Phone number:

**A.3. Landowner(s)**

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

**A.4. Contact Person**

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

Name:	Title:
Mailing address:	
Phone number:	E-mail address:
<input type="checkbox"/> Operator <input checked="" type="checkbox"/> Consultant	Other (Please explain)

**A.5. Billing Contact Information**

*Provide the name and address of the contact for billing.*

Billing contact name & title:

Mailing address:

Phone number:

**A.6. Existing Environmental Permits**

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

- |   |   |
|---|---|
| <input type="checkbox"/> AZPDES (Surface Water)                           | <input type="checkbox"/> Stormwater (MSGP) .                      |
| <input type="checkbox"/> RCRA (Hazardous waste)                           | <input type="checkbox"/> PSD (Air emission from proposed sources) |
| <input type="checkbox"/> Aquifer Protection Permit (APP)                  | <input type="checkbox"/> Reuse                                    |
| <input checked="" type="checkbox"/> Underground injection control (UIC) . | <input type="checkbox"/> Other (Specify)                          |

**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.

**PART B. WWTP INFORMATION:**

**B.1. Collection System Information**

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

Name	Population Served	Type of Collection System	Ownership

Total population served

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

If yes, please explain.

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

If yes, please explain.

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

Is the treatment works located in Indian Country?  Yes  No

**B.3. Current design flow**

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

Design flow rate . mgd

#### B.4. Anticipated design flow

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

### PART C. INDUSTRIAL USER DISCHARGES & WASTES FROM REMEDIAL ACTIVITIES

#### 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:
- b. Number of categorical SIUs:
- c. Total number of SIUs:

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

#### C.4. Significant Industrial User Information.

Name:

Mailing address:

Describe all of the industrial processes that affect or contribute to the SIU's discharge:

List principal products that the SIU generates:	
List the raw materials used to manufacture the principal products that the SIU generates:	
Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd):	gpd
Is the discharge continuous or intermittent?	<input type="checkbox"/> continuous <span style="float: right;"><input type="checkbox"/> intermittent</span>
Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd):	gpd
Is the discharge continuous or intermittent?	<input type="checkbox"/> continuous <span style="float: right;"><input type="checkbox"/> intermittent</span>
Is the SIU subject to local limits?	<input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No</span>
Is the SIU subject to categorical pretreatment standards?	<input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No</span>
If yes, which category and subcategory of categorical pretreatment standards?	
Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?	<input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No</span>
If 'yes,' describe each episode:	

**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
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**C.8. Remediation Waste.**

Does the treatment works (or has it been notified that in the next five years it will) receive waste from CERCLA (SUPERFUND) wastewater, RCRA or WQARF Remediation/Corrective Action wastewater or Other Remedial activities?  
 Yes  No  
 (If yes, complete D.8.a through D.8.e: *Provide a list of sites and the required information for each current and future site.*)

a. Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years). Also, provide the EPA identification number if one exists.

b. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on

volume and concentration, if known. Attach additional sheets as necessary	
c. Waste Treatment. Is this waste treated (or will it be treated) prior to entering the treatment works? If 'yes,' describe the treatment (provide information about the removal efficiency):	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Is the discharge (or will the discharge be): If intermittent, describe discharge schedule:	<input type="checkbox"/> continuous <input type="checkbox"/> intermittent

### PART D. Generation of Sewage Sludge, Amount Generated, and Method of Disposal or Use

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

PRACTICE	TOTAL AMOUNT
<input type="checkbox"/> Generated at the facility	dry metric tons
<input type="checkbox"/> Received from off site	dry metric tons
<input type="checkbox"/> Treated or blended on site	dry metric tons
<input type="checkbox"/> Sludge meets Table 2, pollutant concentrations, Class A pathogen requirements, and one vector attraction reduction option (exceptional quality)	dry metric tons
<input type="checkbox"/> Sold or given away in a bag or other container for application to the land	dry metric tons
<input type="checkbox"/> Bulk sewage sludge shipped off site for treatment or blending	dry metric tons
<input type="checkbox"/> Applied to the land in Arizona	dry metric tons
<input type="checkbox"/> Placed on a surface disposal site	dry metric tons
<input type="checkbox"/> Fired in a sewage sludge incinerator	dry metric tons
<input type="checkbox"/> Sent to a municipal solid waste landfill	dry metric tons

### PART E. LAND APPLICATION

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

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

Mercury			
Molybdenum			
Nickel			
Selenium			
Silver			
Zinc			

**E.2. Amount Received from Off Site.**

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

Facility name:  
Mailing Address:  
Contact person: \_\_\_\_\_ Title:  
Telephone number:  
Facility Address (not P.O. Box):  
Total dry metric tons per 365-day period received from this facility: dry metric tons

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

**E.3. Treatment Provided At Your Facility.**

a. Which class of pathogen reduction is achieved for the sewage sludge at your facility? (See R18-9-1006)  
 Class A       Class B       Neither or unknown

b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge, including sampling and testing procedures, frequencies, and analytical methods used, if applicable:  
[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:

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



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

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

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

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

- The ceiling concentrations in 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:

b. Site location (Complete 1 and 2).

1. Street or Route #: \_\_\_\_\_ County: \_\_\_\_\_  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
2. Latitude: \_\_\_\_\_ " N Longitude: \_\_\_\_\_  
" W

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

c. Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location and all areas where the treatment, preparation, and storage of biosolids and process materials occurs and identifies all surface water bodies.

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

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

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

Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

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

Name:

Telephone number:

Mailing Address:

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

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

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

Name:

Location:

Contact Person

Telephone number

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

## PART F. SHIPMENT OFF-SITE

### F.1. Shipment Off-Site for Treatment or Blending

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

Receiving facility name:

Mailing address:

Contact person:

Title:

Telephone number:

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

### F.2. Disposal in a Municipal Solid Waste Landfill.

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

a. Name of landfill

b. Contact person:

Title:

Telephone number:

Contact is:

Land owner

Landfill operator

c. Mailing Address:

d. Location of municipal solid waste landfill:

Street or Route #:

County

City or Town:

State:

Zip Code:

**PART G. CERTIFICATION**

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

**ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION**

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

Name (printed) \_\_\_\_\_

Official Title (printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Telephone Number \_\_\_\_\_

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

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

**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:	
Describe all of the industrial processes that affect or contribute to the SIU's discharge:	
List principal products that the SIU generates:	
List the raw materials used to manufacture the principal products that the SIU generates:	
Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd):	gpd
Is the discharge continuous or intermittent?	<input type="checkbox"/> continuous <span style="float: right;"><input type="checkbox"/> intermittent</span>
Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd):	gpd
Is the discharge continuous or intermittent?	<input type="checkbox"/> continuous <span style="float: right;"><input type="checkbox"/> intermittent</span>
Is the SIU subject to local limits?	<input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No</span>
Is the SIU subject to categorical pretreatment standards?	<input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No</span>
If yes, which category and subcategory of categorical pretreatment standards?	
Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?	<input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No</span>
If 'yes,' describe each episode:	

