|  |  |
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| **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. |

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| **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. | | |
| **b.** | Indicate the treatment methods used at the facility (check all that apply): | | |
|  |  | Thickening | |
|  |  | Stabilization | |
|  |  | Aerobic Digestion | |
|  |  | Anaerobic Digestion | |
|  |  | Dewatering | |
|  |  | Composting | |
|  |  | Other | |

|  |  |  |  |  |  |  |  |  |  |
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| **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): | | | | | | | | |
|  |  | | | 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 | | | | | |

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| **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 | | | | | | | |

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| **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: | |  | | | | | | | | | | | |
| **b.** | Mailing address: | | | |  | | | | | | | | | |
|  | City: |  | | | State: |  | Zip code: | |  | County: | | | |  |
| **c.** | Contact person: | |  | | | | | | | | | | | |
|  | Title: | |  | | | | | | | | | | | |
|  | Phone: | |  | | | | | | | | | | | |
|  | Email: | |  | | | | | | | | | | | |
| **d.** | List the numbers of all other State permits that regulate the operation of this solid waste landfill. | | | | | | | | | | | | | |
|  | Permit Number: | | |  | | | | Type: | | | |  | | |
|  | 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: | | | | | | | | | | | | | |
|  |  | | | | Dry Metric Tons | | | | | | | | | |

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| **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 | | | | | | | | | | | | | | |

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| **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 | | | | | | | | | |

|  |  |  |  |  |
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| **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 | | |

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| **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. | | |

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| **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* | | | | | | | | | | |

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| **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 | | |

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| **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. | | | |