

FACILITY NAME AND PERMIT NUMBER:

SLUDGE ADDENDUM

Complete this part if you have an effective LAS 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 LAS permit.

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

APPLICATION OVERVIEW – SEWAGE SLUDGE USE OR DISPOSAL INFORMATION

1. **PART A: SEWAGE SLUDGE GENERATION AND MANAGEMENT**
Part A must be completed by all applicants.
2. **PART B: DISPOSAL IN A SOLID WASTE LANDFILL**
Part B must be completed by applicants that dispose sludge in a solid waste landfill.
3. **PART C: LAND APPLICATION OF SEWAGE SLUDGE**
Part C must be completed by applicants who either:
 - 1) Apply bulk sewage to the land, or
 - 2) Sell or give away sewage sludge in a bag or other container for application to the land.
4. **PART D: OFFSITE TREATMENT OR BLENDING**
Part D must be completed by applicants who send sewage sludge offsite for treatment or blending.
5. **PART E: INCINERATION**
Part E must be completed by applicants who incinerate sewage sludge.

PART A: SEWAGE SLUDGE GENERATION AND MANAGEMENT

A.1. Sewage Sludge Management.

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

| | |
|--|--|
| Landfill | <input type="checkbox"/> |
| Send offsite for treatment or blending | <input type="checkbox"/> |
| Land Application | <input type="checkbox"/> |
| Incineration | <input type="checkbox"/> |
| Sell or giveaway in bag or other container | <input type="checkbox"/> |
| Other (specify) | <input type="checkbox"/> _____ _____ _____ _____ _____ |

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

A.3. Contractor Information.

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

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

- a. Name _____
- b. Mailing Address _____

- c. Telephone Number _____
- d. Responsibilities of contractor _____

PART A: SEWAGE SLUDGE GENERATION AND MANAGEMENT CONTINUED

A.4. Sewage Sludge Amount.

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

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

A.5. Amount Received from Off Site.

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

a. Facility Name _____

b. Facility Permit Number _____

c. Mailing Address _____

d. Contact person _____

Title _____

Telephone Number _____

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

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

PART B: DISPOSAL IN A MUNICIPAL SOLID WASTE LANDFILL

B. Disposal in a Solid Waste Landfill.

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

1. Name of landfill _____

2. Contact person _____

Title _____

Telephone Number _____

Contact is _____ Landfill Owner _____ Landfill Operator

3. Mailing Address _____

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

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

| Permit Number | Type of Permit |
|---------------|----------------|
| | |
| | |
| | |
| | |

PART C: LAND APPLICATION OF SEWAGE SLUDGE

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

C.1. Treatment Provided At Your Facility.

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

_____ Class A _____ Class B _____ Neither or Unknown

b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge:

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

C.2. Identification of Land Application Sites.

a. Site name or identification number _____

b. Site location (Complete 1 and 2)

1. Street or Route # _____

County _____ City or Town _____

State _____ Zip _____

2. Latitude _____ Longitude _____

Method of latitude/longitude determination

_____ USGS map _____ Field survey _____ Other

c. Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.

PART C: LANDFILL APPLICATION OF SEWAGE SLUDGE CONTINUED

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

C.3. Owner Information.

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

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

Name _____

Telephone number _____

Mailing Address _____

C.4. Applier Information.

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

_____ Yes _____ No

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

Name _____

Telephone number _____

Mailing Address _____

C.5. Site Type.

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

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

_____ Reclamation site _____ Other (Describe) _____

PART D: OFFSITE TREATMENT OR BLENDING

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

D. Shipment Offsite for Treatment or Blending.

1. Receiving facility name _____
2. Mailing Address _____

3. Contact person _____
Title _____
Telephone number _____
4. Total dry tons per 365-day period of sewage sludge provided to receiving facility:
_____ (total dry tons per 365 day period)

PART E: INCINERATION

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

E. Incineration.

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

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

2. Incinerator facility name or identification number: _____

3. Contact person _____

Title _____

Telephone number _____

Contact is: Incinerator owner Incinerator operator