



United States  
Environmental Protection Agency

Office of Water  
Washington, D.C.

EPA Form 3510-2S  
Revised ~~March 2019~~Month  
2021

Water Permits Division

# Application Form 2S

## New and Existing Treatment Works Treating Domestic Sewage

### NPDES Permitting Program

**Note:** Complete Form 2S if you are a new or existing treatment works treating domestic sewage.

### **Paperwork Reduction Act Notice**

The U.S. Environmental Protection Agency estimates the average burden to collect and complete Form 2S to be 9.1 hours. This estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. Send comments about the burden estimate or any other aspect of this collection of information to the Chief, Information Policy Branch (PM-223), U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, 725 17<sup>th</sup> Street, NW, Washington, DC 20503, marked "Attention: Desk Officer for EPA."

## FORM 2S—GENERAL INSTRUCTIONS

### Who Must Complete Form 2S?

A person must complete Form 2S to apply for a National Pollutant Discharge Elimination System (NPDES) permit covering sewage sludge (biosolids) use or disposal standards if they own or operate a treatment works treating domestic sewage (TWTDS). A person is an owner or operator of a TWTDS if the facility generates, changes the quality of, or provides final disposition of solids, practices for which are ultimately subject to Part 503 of Title 40 of the *Code of Federal Regulations* (CFR).<sup>1</sup>

The TWTDS that are *required* to apply for NPDES permits include the following:

- All generators of sewage sludge that are regulated by 40 CFR 503 (i.e., it is applied to the land, placed on a surface disposal site, fired in a sewage sludge incinerator, or placed in a municipal solid waste landfill unit).
- Industrial facilities that *separately* treat domestic sewage and generate sewage sludge that are regulated by 40 CFR 503.
- All surface disposal site owners/operators.
- All sewage sludge incinerator owners/operators.
- Any person (e.g., individual, corporation, or government entity) who changes the quality of sewage sludge regulated by 40 CFR 503 (e.g., sewage sludge blenders or processors).<sup>2</sup>
- Any other person or facility designated by the NPDES permitting authority as a TWTDS.

TWTDSs and other persons that *may* be required to apply for an NPDES permit<sup>3</sup> include the following:

- Sewage sludge land appliers, haulers, persons who store, or transporters who do not generate or do not change the quality of the sewage sludge.
- Landowners of property on which sewage sludge are applied.
- Domestic septage pumpers/haulers/treaters/appliers.
- Sewage sludge packagers/baggers that do not change the quality of the sewage sludge.

If any of the above TWTDS categories are owned and operated by different persons/entities, it is the operator's duty to obtain the NPDES permit.

#### Notes

<sup>1</sup>The U.S. Environmental Protection Agency (EPA) developed regulations in 1993 as required by the Clean Water Act (CWA) Amendments of 1987 to protect public health and the environment from any reasonably anticipated adverse effects of pollutants that might be present in sewage sludge biosolids. The regulation, *The Standards for the Use or Disposal of Sewage Sludge* (40 CFR 503) was published in the *Federal Register* on February 19, 1993 (58 CFR 9248 to 9404) and became effective March 22, 1993. The regulations are often referred to as "the Part 503 rule" or "Part 503."

<sup>2</sup>If all the sewage sludge received by a sewage sludge blender or composter are of exceptional quality (EQ) per 40 CFR 503, then no permit will be required for the person who receives or processes the EQ sludge.

<sup>3</sup>The NPDES permitting authority may request permit applications from these facilities when necessary to protect public health and the environment from reasonably anticipated effects of pollutants that may be present in sewage sludge.

If you are a TWTDS POTW and discharge wastewater to surface water, you must also complete NPDES application Form 2A. If you are a federally-owned or privately-owned treatment works and discharge wastewater to surface water, contact your permitting authority to determine the appropriate form(s) to submit (see 64 FR 42436).

40 CFR 503 defines "sewage sludge" as a solid, semi-solid, or liquid residue generated during the treatment of domestic sewage in a treatment works. Sewage sludge includes scum or solids removed in primary, secondary, or advanced wastewater treatment processes and any material derived from sewage sludge (e.g., a blended sewage sludge/fertilizer product) but does not include grit and screenings or ash generated by the firing of sewage sludge in an incinerator.

40 CFR 503 considers domestic septage as sewage sludge and sets separate requirements for domestic septage applied to agricultural land, forests, or reclamation sites. "Domestic septage" is defined as a liquid or solid material removed from a septic tank, cesspool, portable toilet, Type III marine sanitation device, or similar system that receives only domestic sewage. The 40 CFR 503 definition of domestic septage excludes grease-trap pumpings and commercial or industrial waste.

At the state level, either EPA or an approved state agency administers the NPDES permit program. If you are located in a jurisdiction in which an EPA regional office administers the NPDES permit program, you should use Form 2S. If you are located in a jurisdiction where a state administers the NPDES permit program, contact the state to determine the forms you should complete. States often develop their own application forms rather than use the federal forms. See <http://www.epa.gov/npdes/npdes-state-program-information> for a list of states that have approved NPDES permit programs and those that do not.

Exhibit 2S-1 (see end of this section) provides contact information for each of EPA's 10 regional offices. Since the exhibit's content is subject to change, consult EPA's website for the latest information: <http://www.epa.gov/aboutepa#regional>.

### Where to File Your Completed Form

- If you are in a jurisdiction with an approved state sewage sludge NPDES permit program, file according to the instructions on the state forms.
- If you are in a jurisdiction where EPA is the sewage sludge NPDES permitting authority (i.e., the state is *not* a sewage-sludge-authorized state), mail the completed application forms to the EPA regional office that covers the state in which your facility is located (see Exhibit 2S-1).
- To determine where to send your completed Form 2S, visit <http://www.epa.gov/biosolids/forms/contact-us-about-biosolids>.

### When to File Your Completed Form

A TWTDS with a currently effective NPDES permit must submit a permit application at the time of its next NPDES permit renewal application (i.e., at least 180 days before your present NPDES

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permit expires). Any other TWTDS must submit the information in Part 1 of Form 2S within one year after publication of a standard applicable to its sewage sludge or disposal practice(s). The

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**FORM 2S—GENERAL INSTRUCTIONS CONTINUED**

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NPDES permitting authority will determine when such TWTDS must submit a full permit application. The NPDES permitting authority may require permit applications from a TWTDS at any time if it determines that a permit is necessary to protect public health and the environment from any potential adverse effects that may occur from toxic pollutants in sewage sludge. Any TWTDS that commences operations after promulgation of an applicable "standard for sewage sludge use or disposal" must submit an application to the NPDES permitting authority at least 180 days prior to the date proposed for commencing operations.

**Fees**

EPA does not require applicants to pay a fee for applying for NPDES permits. However, states that administer the NPDES programs may charge fees. Consult with state officials for further information.

**Public Availability of Submitted Information**

EPA will make information from NPDES permit application forms available to the public for inspection and copying upon request. You may not claim any information on Form 2S (or related attachments) as confidential.

You may make a claim of confidentiality for any information that you submit to EPA that goes beyond the information required by Form 2S. Note that NPDES authorities will deny claims for treating any biosolids data as confidential. If you do not assert a claim of confidentiality at the time you submit your information to the NPDES permitting authority, EPA may make the information available to the public without further notice to you. EPA will handle claims of confidentiality in accordance with the Agency's business confidentiality regulations at Part 2 of Title 40 of the CFR.

**Completion of Forms**

Print or type in the specified areas only. If you do not have enough space on the form to answer a question, you may continue on additional sheets, as necessary, using a format consistent with the form.

**Provide your EPA Identification Number from the Facility Registry Service, NPDES permit number, and facility name at the top of each page of Form 2S and any attachments. If your facility is new (i.e., not yet constructed), write or type "New Facility" in the space provided for the EPA Identification Number and NPDES permit number. If you do not know your EPA Identification Number, contact your NPDES permitting authority. See Exhibit 2S-1 for contact information.**

Do not leave any response areas blank unless the form directs you to skip them. If the form directs you to respond to an item that does not apply to your facility or activity, enter "NA" for "not applicable" to show that you considered the item and determined a response was not necessary for your facility.

If you have previously submitted information that answers a specific question to EPA or an approved state NPDES agency, you may either repeat the information in the space provided or attach a copy of the previous submission. Some items in the form require narrative explanations. If more space is necessary to answer a question, attach a separate sheet titled "Additional Information." Provide your information on this attachment in a format that is consistent with the form.

Upon request of the NPDES permitting authority, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

The NPDES permitting authority will consider your application complete when it and any supplementary material are received and completed according to the authority's satisfaction. The NPDES permitting authority will judge the completeness of any application independently of the status of any other permit application or permit for the same facility or activity.

**Which Parts of the Form Apply?**

Form 2S is presented in a modular format, enabling information collection to be tailored to your facility's sewage sludge generation, treatment, use, or disposal practices. The form specifies which parts must be filled out for each type of applicant.

Part 1 requests a limited amount of information from "sludge-only" facilities (facilities without a currently effective NPDES permit) that are not directed by the permitting authority to submit a full permit application at this time. It is intended to allow the permitting authority to identify these facilities, track sewage sludge use and disposal, and establish priorities for permitting.

Part 2 is for any facility that is submitting a full NPDES permit application. See Exhibit 2S-2, at the end of these general instructions, to determine which sections of Part 2 cover your facility's sewage sludge use or disposal practices.

Complete the "Preliminary Information" section on page 1 by indicating whether your facility has an effective NPDES permit or you have been directed by your NPDES permitting authority to submit a full Form 2S permit application. If yes, skip Part 1 and complete Part 2 of the application package (see the line-by-line instructions for Part 2). If no, complete only Part 1 of the application package.

**Definitions**

The legal definitions of all key terms used in the various NPDES application forms are included in the "Glossary" at the end of these instructions.

**FORM 2S—GENERAL INSTRUCTIONS CONTINUED**

**Exhibit 2S–1. Addresses of EPA Regional Contacts and Covered States**

<p><b>REGION 1</b>  U.S. Environmental Protection Agency, Region 1  5 Post Office Square, Suite 100, Boston, MA 02109-3912  Phone: (617) 918-1111; toll free: (888) 372-7341  Fax: (617) 918-0101  Website: <a href="http://www.epa.gov/aboutepa/epa-region-1-new-england">http://www.epa.gov/aboutepa/epa-region-1-new-england</a>  Covered states: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont</p>	<p><b>REGION 6</b>  U.S. Environmental Protection Agency, Region 6  1445 Ross Avenue, Suite 1200, Dallas, TX 75202-2733  Phone: (214) 665-2200; toll free: (800) 887-6063  Fax: (214) 665-7113  Website: <a href="http://www.epa.gov/aboutepa/epa-region-6-south-central">http://www.epa.gov/aboutepa/epa-region-6-south-central</a>  Covered states: Arkansas, Louisiana, New Mexico, Oklahoma, and Texas</p>
<p><b>REGION 2</b>  U.S. Environmental Protection Agency, Region 2  290 Broadway, New York, NY 10007-1866  Phone: (212) 637-3000; toll free: (877) 251-4575  Fax: (212) 637-3526  Website: <a href="http://www.epa.gov/aboutepa/epa-region-2">http://www.epa.gov/aboutepa/epa-region-2</a>  Covered states: New Jersey, New York, Virgin Islands, and Puerto Rico</p>	<p><b>REGION 7</b>  U.S. Environmental Protection Agency, Region 7  11201 Renner Boulevard, Lenexa, KS 66219  Phone: (913) 551-7003; toll free: (800) 223-0425  Website: <a href="http://www.epa.gov/aboutepa/epa-region-7-midwest">http://www.epa.gov/aboutepa/epa-region-7-midwest</a>  Covered states: Iowa, Kansas, Missouri, and Nebraska</p>
<p><b>REGION 3</b>  U.S. Environmental Protection Agency, Region 3  1650 Arch Street, Philadelphia, PA 19103-2029  Phone: (215) 814-5000; toll free: (800) 438-2474  Fax: (215) 814-5103  Website: <a href="http://www.epa.gov/aboutepa/epa-region-3-mid-atlantic">http://www.epa.gov/aboutepa/epa-region-3-mid-atlantic</a>  Covered states: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia</p>	<p><b>REGION 8</b>  U.S. Environmental Protection Agency, Region 8  1595 Wynkoop Street, Denver, CO 80202-1129  Phone: (303) 312-6312; toll free: (800) 227-8917  Fax: (303) 312-6339  Website: <a href="http://www.epa.gov/aboutepa/epa-region-8-mountains-and-plains">http://www.epa.gov/aboutepa/epa-region-8-mountains-and-plains</a>  Covered states: Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming</p>
<p><b>REGION 4</b>  U.S. Environmental Protection Agency, Region 4  Sam Nunn Atlanta Federal Center  61 Forsyth Street, SW, Atlanta, GA 30303-8960  Phone: (404) 562-9900; toll free: (800) 241-1754  Fax: (404) 562-8174  Website: <a href="http://www.epa.gov/aboutepa/about-epa-region-4-southeast">http://www.epa.gov/aboutepa/about-epa-region-4-southeast</a>  Covered states: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee</p>	<p><b>REGION 9</b>  U.S. Environmental Protection Agency, Region 9  75 Hawthorne Street, San Francisco, CA 94105  Phone: (415) 947-8000; toll free: (866) EPA-WEST  Fax: (415) 947-3553  Website: <a href="http://www.epa.gov/aboutepa/epa-region-9-pacific-southwest">http://www.epa.gov/aboutepa/epa-region-9-pacific-southwest</a>  Covered states: Arizona, California, Hawaii, Nevada, Guam, American Samoa, and Trust Territories</p>
<p><b>REGION 5</b>  U.S. Environmental Protection Agency, Region 5  77 West Jackson Boulevard, Chicago, IL 60604-3507  Phone: (312) 353-2000; toll free: (800) 621-8431  Fax: (312) 353-4135  Website: <a href="http://www.epa.gov/aboutepa/epa-region-5">http://www.epa.gov/aboutepa/epa-region-5</a>  Covered states: Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin</p>	<p><b>REGION 10</b>  U.S. Environmental Protection Agency, Region 10  1200 Sixth Avenue, Suite 900, Seattle, WA 98101  Phone: (206) 553-1200; toll free: (800) 424-4372  Fax: (206) 553-2955  Website: <a href="http://www.epa.gov/aboutepa/epa-region-10-pacific-northwest">http://www.epa.gov/aboutepa/epa-region-10-pacific-northwest</a>  Covered states: Alaska, Idaho, Oregon, and Washington</p>

FORM 2S—GENERAL INSTRUCTIONS CONTINUED

Exhibit 2S-2. Part 2 Sections to Complete

Activity(ies) Performed	Part 2 Sections to Complete				
	1	2	3	4	5
	GENERAL INFORMATION	GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE	LAND APPLICATION OF BULK SEWAGE SLUDGE	SURFACE DISPOSAL	INCINERATION
Generates sewage sludge or derives material from sewage sludge that: <ul style="list-style-type: none"> <li>Meets ceiling concentrations in Table 1 of 40 CFR 503.13, pollutant concentrations in Table 3 of Section 503.13, Class A pathogen requirements in Section 503.32, and one of the eight vector attraction reduction options in 40 CFR 503.33(b)(1)–(8)</li> <li>Is sold or given away in bags or other containers for application to the land (and not already addressed in Item 2.4)</li> <li>Is shipped off site for treatment or blending</li> <li>Is placed on a surface disposal site</li> <li>Is fired in an incinerator</li> <li>Is sent to a municipal solid waste landfill</li> </ul>	✓	✓			
Generates sewage sludge or derives material from sewage sludge that is applied to the land in bulk form	✓	✓	✓		
Applies bulk sewage sludge to land or generates sewage sludge that is applied to the land by others	✓		✓		
Owns or operates a surface disposal site	✓			✓	
Owns or operates a sewage sludge incinerator	✓				✓

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**FORM 2S—PART 1 LINE-BY-LINE INSTRUCTIONS**

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**Part 1—Limited Background Information**

Complete Part 1 if your facility is a "sludge-only" facility (i.e., a facility that does not currently have, and is not applying for, an NPDES permit for a direct discharge to a surface body of water).

**EPA Identification Number, NPDES Permit Number, and Facility Name**

Provide your EPA Identification Number from the Facility Registry Service, NPDES permit number, and facility name at the top of each page of Form 2S and any attachments. If your facility is new (i.e., not yet constructed), write or type "New Facility" in the space provided for the EPA Identification Number and NPDES permit number. If you do not know your EPA Identification Number, contact your NPDES permitting authority. See Exhibit 2S-1 for contact information.

**Section 1. Facility Information**

**Item 1.1.** Enter the facility's official or legal name. Do not use a colloquial name. Provide the *mailing* address of the facility. Next, give the name (first and last), title, work telephone number, and email address of the person who is thoroughly familiar with the operation of the facility and with the facts reported in this application.

Include a complete *location* address for the facility if different from the mailing address. If the facility or site lacks a street name or route number, give the most accurate alternative geographic information (e.g., section number or quarter section number from county records or "at intersection of Routes 425 and 22").

**Item 1.2.** Indicate the legal status of the owner of the facility by marking the appropriate box. If the facility is a federal facility (i.e., owned by the U.S. government), check the box for "Public—federal." If the facility is owned by a state government, check the box for "Public—state." If the facility is owned by a county government, municipal (e.g., city or town) government, tribal government, school district, water district, or other local government entity, check the box for "Other public" and specify the type of government entity. If the facility is owned by a corporation or other private entity, check the box for "Private." If the facility has mixed ownership (e.g., public/private) or is not owned by an entity previously listed, check the box for "Other" and specify the type of entity.

**Section 2. Applicant Information**

**Item 2.1.** Indicate if the applicant is different from the entity listed under Item 1.1. If yes, continue to Item 2.2. If no, skip to Item 2.3 (Part 1, Section 2).

**Item 2.2.** Enter the applicant's name and mailing address. Provide the name (first and last), title, work telephone number, and email address of the contact person for the applicant.

**Item 2.3.** Indicate if the applicant is the facility's owner, operator, or both.

**Item 2.4.** Specify whether the NPDES permitting authority should send correspondence to the facility or the applicant.

**Section 3. Sewage Sludge Amount**

disposal practices. Provide the average monthly concentration in milligrams per kilogram (mg/kg) dry weight, analytical method, and detection level. If available, base data on three or more samples taken at least one month apart, no more than 4.5 years old. If providing the monitoring data in a separate attachment, check the box to indicate that this information has been attached to the application package.

**Section 5. Treatment Provided at Your Facility**

**Item 5.1.** In the "Use or Disposal Practice" column, check the sewage sludge use or disposal practice used at your facility. In the following columns, indicate the amount of sewage sludge used or disposed of, the pathogen class and reduction alternative, and the vector attraction reduction option associated with the practice. To determine the applicable pathogen class and reduction alternative, see 40 CFR 503.32. To determine the applicable vector attraction reduction option, see 40 CFR 503.33. Vector attraction reduction options 1 through 8 are typically met at the point where sewage sludge is generated or where a material is derived from sewage sludge, and options 9 through 11 are typically met at the point of use or disposal. Complete Item 5.1 for each sewage sludge use or disposal practice by attaching additional sheets, as necessary.

**Item 5.2.** For each use or disposal practice indicated in Item 5.1, identify the treatment process(es) used at your facility to reduce pathogens or vector attraction properties in sewage sludge. If you check "Other," specify the treatment process(es) in the space provided or in a separate attachment.

**Section 6. Sewage Sludge Sent to Other Facilities**

**Item 6.1.** Indicate whether the sewage sludge meets ceiling concentrations in Table 1 of 40 CFR 503.13, pollutant concentrations in Table 3 of 40 CFR 503.13, Class A pathogen reduction requirements at 40 CFR 503.32(a), and one of the vector attraction reduction requirements at 40 CFR 503.33(b)(1)–(8). If yes, skip to Item 8.1 (Part 1, Section 8). If no, continue to Item 6.2.

**Item 6.2.** Indicate whether sewage sludge from your facility is provided to another facility for treatment, distribution or disposal. If yes, continue to Item 6.3. If no, skip to Item 7.1 (Part 1, Section 7).

**Item 6.3.** Enter the name and mailing address of the receiving facility. Provide the name (first and last), title, work telephone number, and email address of the contact person for the receiving facility.

**Item 6.4.** Indicate the activities provided by the receiving facility. If you check "Other," provide a description in the space provided or in a separate attachment.

**Section 7. Use and Disposal Sites**

Complete Items 7.1 through 7.2 for each site on which sewage sludge from the facility is used or disposed of. Check the box to indicate that this information has been attached to the application package.

**Item 7.1.** Specify the site name or number and mailing address. Provide the name (first and last), title, work telephone number, and email address of the contact person for the use or disposal site.



**Item 3.1.** Provide the total dry metric tons of sewage sludge generated, treated, used (i.e., received from off site), and disposed over the last 365-day period.

#### **Section 4. Pollutant Concentrations**

**Item 4.1.** Provide the most recent sewage sludge monitoring data available on the quality of the sewage sludge, including for pollutants for which limits in sewage sludge have been established in 40 CFR 503 for your facility's expected use or

### **FORM 2S—PART 1 LINE-BY-LINE INSTRUCTIONS CONTINUED**

Include a complete location address for the site if different from the mailing address. If the facility or site lacks a street name or route number, give the most accurate alternative geographic information (e.g., section number or quarter section number from county records or "at intersection of Routes 425 and 22").

**Item 7.2.** Identify the type of use or disposal site (e.g., agricultural, surface disposal, reclamation, lawn or home garden, public contact, municipal solid waste landfill, forest, incineration). If you check "Other," provide a description in the space provided or in a separate attachment.

#### **Section 8. Checklist and Certification Statement**

**Item 8.1.** Review the checklist provided. In Column 1, mark the sections of Form 2S, Part 1, that you have completed and are submitting with your application. For each section that you have completed, indicate in Column 2 whether you are submitting attachments.

**Item 8.2.** The CWA provides for severe penalties for submitting false information on this application form. CWA Section 309(c)(2) provides that "Any person who knowingly makes any false statement, representation, or certification in any application, ...shall upon conviction, be punished by a fine of no more than \$10,000 or by imprisonment for not more than six months, or both."

#### **FEDERAL REGULATIONS AT 40 CFR 122.22 REQUIRE THIS APPLICATION TO BE SIGNED AS FOLLOWS:**

- A. For a corporation, by a responsible corporate officer. For the purpose of this section, a responsible corporate officer means: (1) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or (2) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- B. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively.
- C. For a municipality, state, federal, or other public facility, by either a principal executive officer or ranking elected official. For purposes of this section, a principal executive officer of a federal agency includes: (1) The chief executive officer of the agency, or (2) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrators of EPA).

#### **END OF PART 1**

**Submit your completed Part 1 of Form 2S  
and all associated attachments  
to your NPDES permitting authority.**

## FORM 2S—PART 2 LINE-BY-LINE INSTRUCTIONS

### Part 2—Permit Application Information

Complete Part 2 if you have an effective NPDES permit or have been directed by the NPDES permitting authority to submit a full permit application. Part 2 is divided into five sections. Section 1 pertains to all applicants. The applicability of Sections 2 to 5 depends on your facility's sewage sludge use or disposal practices. See Exhibit 2S-2 at the end of the general instructions to determine the sections that you are required to complete.

#### EPA Identification Number, NPDES Permit Number, and Facility Name

Provide your EPA Identification Number from the Facility Registry Service, NPDES permit number, and facility name at the top of each page of Form 2S and any attachments. If your facility is new (i.e., not yet constructed), write or type "New Facility" in the space provided for the EPA Identification Number and NPDES permit number. If you do not know your EPA Identification Number, contact your NPDES permitting authority. See Exhibit 2S-1 for contact information.

### Section 1. General Information

#### Facility Information

**Item 1.1.** Enter the facility's official or legal name. Do not use a colloquial name. Provide the *mailing address* of the facility. Next, give the name (first and last), title, work telephone number, and email address of the person who is thoroughly familiar with the operation of the facility and with the facts reported in this application.

Include a complete *location address* for the facility if different from the mailing address. If the facility or site lacks a street name or route number, give the most accurate alternative geographic information (e.g., section number or quarter section number from county records or "at intersection of Routes 425 and 22").

**Item 1.2.** Indicate whether the facility is a Class I sludge management facility.

**Item 1.3.** Provide the facility design flow rate in million gallons per day (mgd).

**Item 1.4.** Provide the total population served by the facility. Enter the best estimate of the actual population served at the time of application for all areas served by the treatment works (municipalities and unincorporated service areas). If another treatment works discharges into this treatment works, provide on a separate attachment the name of the other treatment works and the actual population it serves. It is not necessary to list the communities served by the other treatment works.

**Item 1.5.** Indicate the ownership status of the owner of the facility by marking the appropriate box. If the facility is a federal facility (i.e., owned by the U.S. government), check the box for "Public—federal." If the facility is owned by a state government, check the box for "Public—State." If the facility is owned by a county government, municipal (e.g., city or town) government, tribal government, school district, water district, or other local government entity, check the box for "Other public" and specify

**Item 1.7.** Enter the applicant's name and mailing address. Provide the name (first and last), title, work telephone number, and email address of the contact person for the applicant.

**Item 1.8.** Indicate if the applicant is the facility's owner, operator, or both.

**Item 1.9.** Specify whether the NPDES permitting authority should send correspondence to the facility or the applicant.

#### Permit Information

**Item 1.10.** Provide the facility's NPDES permit number or check the box to indicate that you do not have an NPDES permit number but are otherwise required to submit Part 2 of Form 2S by your NPDES permitting authority.

**Item 1.11.** Indicate all other federal, state, and local permits or construction approvals received or applied for that regulate the facility's sewage sludge management practices. If you check "Other," specify the permit or approval in the space provided. You may list permits or approvals and corresponding permit numbers in a separate attachment. If so, check the box to indicate that this information has been attached to the application package.

#### Indian Country

**Item 1.12.** Indicate whether any generation, treatment, storage, application to land, or disposal of sewage sludge from the facility occurs in Indian Country. If yes, continue to Item 1.13. If no, skip to Item 1.14 (Part 2, Section 1).

**Item 1.13.** In the space provided or in a separate attachment, describe the generation, treatment, storage, land application, or disposal of sewage sludge that occurs in Indian Country.

#### Topographic Map

**Item 1.14.** Provide a topographic map(s) of the area extending at least 1 mile beyond the property boundaries of the facility that clearly shows the following:

- The legal boundaries of the facility.
- All sewage sludge management facilities, including onsite treatment, storage, and disposal sites.
- Wells, springs, and other surface water bodies that are within ¼ mile of the property boundaries and listed in public records or otherwise known to applicant.

On the map, include the map scale, a meridian arrow showing north, and latitude and longitude to the nearest second or equivalent decimal degrees (e.g., 38.893829, -77.029289). Latitude and longitude coordinates may be obtained in a variety of ways, including use of hand held devices (e.g., a GPS enabled smartphone), internet mapping tools (e.g., <https://mynasadata.larc.nasa.gov/latitude/longitude-finder/>), geographic information systems (e.g., ArcView), or paper maps from trusted sources (e.g., U.S. Geological Survey or USGS).

You may develop your map by going to USGS's National Map website at <http://nationalmap.gov/>. (For a map from this site, use the traditional 7.5-minute quadrangle format. If none is available, use a USGS 15-minute series map.) You may also use a plat or other appropriate map.

**Commented [AS1]:** Note that I added this in both the Part 1 and Part 2 line-by-line instructions.

the type of government entity. If the facility is owned by a corporation or other private entity, check the box for "Private." If the facility has mixed ownership (e.g., public/private) or is not owned by an entity previously listed, check the box for "Other" and specify the type of entity.

#### **Applicant Information**

**Item 1.6.** Indicate if the applicant is different from the entity listed under Item 1.1. If yes, continue to Item 1.7. If no, skip to Item 1.18 (Part 2, Section 1).

### **FORM 2S—PART 2 LINE-BY-LINE INSTRUCTIONS CONTINUED**

Note that you have completed your topographic map and attached it to the application.

#### **Line Drawing**

**Item 1.15.** Provide a line drawing and/or narrative description that identifies all sewage sludge practices that will be employed during the permit term, including all units used for collecting, dewatering, storing, or treating sewage sludge; the destination(s) of all liquids and solids leaving each such unit; and all processes used for pathogen reduction and vector attraction reduction. Answer "Yes" when a line drawing and/or narrative description containing all required information has been attached to the application.

#### **Contractor Information**

**Item 1.16.** Indicate whether contractors have any operational or maintenance responsibilities related to sewage sludge generation, treatment, use, or disposal at the facility. If yes, continue to Item 1.17. If no, skip to Item 1.8 (Part 2, Section 1).

**Item 1.17.** Provide the company name, mailing address, contact name (first and last), telephone number, and email address for each contractor and describe the contractor's responsibilities. The application form provides reporting space for three contractors. If your facility has more than three contractors, attach additional sheets as necessary.

#### **Pollutant Concentrations**

**Item 1.18.** Provide the most recent sewage sludge monitoring data available on the quality of the sewage sludge, including for pollutants for which limits in sewage sludge have been established in 40 CFR 503 for your facility's expected use or disposal practices. Provide the average monthly concentration in milligrams per kilogram (mg/kg) dry weight, analytical method, and detection level. If available, base data on three or more samples taken at least one month apart, no more than 4.5 years old. If providing the monitoring data in a separate attachment, check the box to indicate that this information has been attached to the application package.

#### **Checklist and Certification Statement**

**Item 1.19.** Review the checklist provided. In Column 1, mark the sections of Form 2S, Part 2, that you have completed and are submitting with your application. For each section that you have completed, indicate in Column 2 whether you are submitting attachments.

president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or (2) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

- B. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively.
- C. For a municipality, state, federal, or other public facility, by either a principal executive officer or ranking elected official. For purposes of this section, a principal executive officer of a federal agency includes: (1) The chief executive officer of the agency, or (2) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrators of EPA).

#### **Section 2. Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge**

Complete this section if you are a "person who prepares sewage sludge." This section pertains to any POTW or other TWTDS that generates sewage sludge, as well as to any facility that derives a material from sewage sludge (e.g., it composts sewage sludge or blends sewage sludge with another material). Simply distributing sewage sludge or placing it in a bag or other container for sale or give-away for application to the land is not considered "deriving a material" from sewage sludge (because it does not change sludge quality), and thus a facility that only distributes or bags a sewage sludge is not required to provide the information in this section.

**Item 2.1.** Answer "Yes" or "No" to indicate if the facility generates sewage sludge or derives a material from sewage sludge (e.g., it composts sewage sludge or blends sewage sludge with another material). If yes, continue to Item 2.2. If no, skip to Part 2, Section 3.

Note that all POTWs generate sewage sludge and should check "Yes" regardless of whether the sludge is removed on a regular basis.

**Commented [AS2]:** Question for EPA: Are the clarifications here and in the Item 2.2 instructions below appropriate? See request from Region 9 below.

In Part 2.2.1, the instructions should note that all POTWs generate sewage sludge, whether or not they remove it on a regular basis. If the sludge is collecting in a lagoon, they should give an rough estimate of the amount collected. (An example of a TWTDS that does not generate sewage sludge would be a third party compost operation).

**FORM 2S—PART 2 LINE-BY-LINE INSTRUCTIONS CONTINUED**

**Item 1.20.** The CWA provides for severe penalties for submitting false information on this application form. Section 309(c)(2) of the CWA provides that "Any person who knowingly makes any false statement, representation, or certification in any application, ...shall upon conviction, be punished by a fine of no more than \$10,000 or by imprisonment for not more than six months or both."

**FEDERAL REGULATIONS AT 40 CFR 122.22 REQUIRE THIS APPLICATION TO BE SIGNED AS FOLLOWS:**

- A. For a corporation, by a responsible corporate officer. For the purpose of this section, a responsible corporate officer means: (1) a president, secretary, treasurer, or vice-

**Amount Generated On Site**

**Item 2.2.** Provide the total dry metric tons of sewage sludge generated at the facility over a 365-day period. If sludge is generated but is not removed (e.g., sludge collecting in a lagoon), provide an estimate of the amount generated.

**Amount Received from Offsite Facility**

**Item 2.3.** Indicate whether the facility receives sewage sludge from another facility for treatment, use, or disposal. If yes, continue to Item 2.4. If no, skip to Item 2.87 (Part 2, Section 2).

**Item 2.4.** Indicate the total number of facilities from which your facility receives sewage sludge for treatment, use, or disposal.

**Item 2.5.** Complete Items 2.5 through 2.7 for each facility from which your facility receives sewage sludge for treatment, use or

disposal. Check the box to indicate that this information has been attached to the application package.

Enter the name and mailing address of the facility. Provide the name (first and last), title, work telephone number, and email address of the contact person for the facility. Provide a complete location address for the facility if different from the mailing address. If the facility or site lacks a street name or route number, give the most accurate alternative geographic information (e.g., section number or quarter section number from county records or "at intersection of Routes 425 and 22").

**Item 2.6.** Indicate the amount of sewage sludge received, the applicable pathogen class and reduction alternative, and the applicable vector attraction reduction option provided at the offsite facility. To determine the applicable pathogen class and reduction alternative, see 40 CFR 503.32. To determine the applicable vector attraction reduction option, see 40 CFR 503.33. Vector attraction reduction options 1 through 8 are typically met at the point where sewage sludge is generated or where a material is derived from sewage sludge, and options 9 through 11 are typically met at the point of use or disposal.

**Item 2.7.** Identify the treatment process(es) that are known to occur at the offsite facility, including blending activities and treatment to reduce pathogens or vector attraction properties in sewage sludge. If you check "Other," specify the treatment process(es) in the space provided or in a separate attachment.

**Treatment Provided at Your Facility**

**Item 2.8.** In the "Use or Disposal Practice" column, check the sewage sludge use or disposal practice used at your facility. In the following columns, indicate the pathogen class and reduction alternative and the vector attraction reduction option associated with the practice. To determine the applicable pathogen class and reduction alternative, see 40 CFR 503.32. To determine the applicable vector attraction reduction option, see 40 CFR 503.33. Vector attraction reduction options 1 through 8 are typically met at the point where sewage sludge is generated or where a material is derived from sewage sludge, and options 9 through 11 are typically met at the point of use or

**Item 2.11.** Indicate whether the sewage sludge meets the ceiling concentrations in Table 1 of 40 CFR 503.13, the pollutant concentrations in Table 3 of 40 CFR 503.12, Class A pathogen reduction requirements at 40 CFR 503.32(a), and one of the vector attraction reduction requirements at 40 CFR 503.33(b)(1)–(8) and is land applied. Sewage sludge meeting all of these criteria is often referred to as "exceptional quality (EQ)" and is exempt from the general requirements of 40 CFR 503.12 and the management practices of 40 CFR 503.14, and thus fewer permitting and permit application requirements typically pertain to facilities generating such sludge. For this reason, if you check "Yes" for Item 2.11, complete Items 2.12 and 2.13; then you may skip Items 2.14 through 2.16, Items 2.17 through 2.26, and Items 2.27 through 2.31 unless specifically required to complete any of them by the permitting authority. If you check "No," skip to Item 2.14 (Part 2, Section 2).

**Item 2.12.** Provide the total dry metric tons of sewage sludge, meeting the requirements specified in Item 2.11 that is applied to land per 365-day period.

**Item 2.13.** Indicate whether the subject sewage sludge is placed in a bag or other container and sold or given away for land application. Check the box indicating completion of Items 2.11 through 2.13 and skip to Item 2.32 (Part 2, Section 2).

**Sale or Give-Away in a Bag or Other Container for Application to the Land**

**Item 2.14.** Indicate whether the subject sewage sludge is placed in a bag or other container and sold or given away for land application. If yes, continue to Item 2.15. If no, skip to Item 2.17 (Part 2, Section 2).

**Item 2.15.** Provide the dry metric tons of sewage sludge placed in a bag or other container and sold or given away for land application per 365-day period.

**Item 2.16.** When sewage sludge is placed in a bag or other container for sale or give-away for application to the land, either a label must be affixed to the bag or other container, or an information sheet must be provided to the person receiving the sewage sludge. The information that must be on the label or information sheet is listed at 40 CFR 503.14(e). Attach copies of all labels or notices that

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**FORM 2S—PART 2 LINE-BY-LINE INSTRUCTIONS CONTINUED**

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disposal. Complete Item 2.8 for each sewage sludge use or disposal practice by attaching additional sheets, as necessary.

**Item 2.9.** For each use or disposal practice indicated in Item 2.8, identify the treatment process(es) used at your facility to reduce pathogens or vector attraction properties in sewage sludge. If you check "Other," specify the treatment process(es) in the space provided or in a separate attachment.

**Item 2.10.** Use the space provided to describe any other sewage sludge treatment or blending activities not identified in Items 2.8 and 2.9. Check the box if your description has been attached to the application package.

**Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements, and One of Vector Attraction Reduction Options 1 to 8**

accompany sewage sludge being sold or given away in a bag or other container for land application. Check the box to indicate that these copies have been attached to the application package.

Check the box indicating completion of Items 2.14 through 2.16 and skip to Item 2.32 (Part 2, Section 2).

**Shipment Off Site for Treatment or Blending**

**Item 2.17.** Indicate whether another facility provides treatment or blending of your facility's sewage sludge. (This does not pertain to dewatered sludge sent directly to a land application or surface disposal site.) If yes, continue to Item 2.18. If no, skip to Item 2.32 (Part 2, Section 2).

**Item 2.18.** Indicate the total number of facilities that provide treatment or blending of your facility's sewage sludge. Complete Items 2.19 through 2.26 for each facility that provides treatment or

blending of your facility's sewage sludge. Check the box to indicate if this information has been attached to the application package.

**Item 2.19.** Enter the name and mailing address of the receiving facility. Provide the name (first and last), title, work telephone number, and email address of the contact person for the receiving facility. Include a complete location address for the facility if different from the mailing address. If the facility or site lacks a street name or route number, give the most accurate alternative geographic information (e.g., section number or quarter section number from county records or "at intersection of Routes 425 and 22").

**Item 2.20.** Provide the dry metric tons of sewage sludge provided to the receiving facility per 365-day period.

**Item 2.21** Indicate whether the receiving facility provides any additional treatment to reduce pathogens in, or vector attraction properties of, the sewage sludge from your facility. If yes, continue to Item 2.22. If no, skip to Item 2.24 (Part 2, Section 2).

**Item 2.22.** Indicate the pathogen class and reduction alternative and the vector attraction reduction option met for the sewage sludge at the receiving facility. To determine the applicable pathogen class and reduction alternative, see 40 CFR 503.32. To determine the applicable vector attraction reduction option, see 40 CFR 503.33. Vector attraction reduction options 1 through 8 are typically met at the point where sewage sludge is generated or where a material is derived from sewage sludge, and options 9 through 11 are typically met at the point of use or disposal.

**Item 2.23.** Identify the treatment process(es) used at the receiving facility to reduce pathogens or vector attraction properties of sewage sludge from your facility. If you check "Other," specify the treatment process(es) in the space provided or in a separate attachment.

**Item 2.24.** Attach a copy of any information you provide to the receiving facility to comply with the "notice and necessary information" requirement under 40 CFR 503.12(g). Check the box to indicate that this information has been attached to the application package.

**Item 2.25.** Indicate whether the receiving facility places sewage sludge from your facility in a bag or other container to sell or give away for land application. If yes, continue to Item 2.26. If no, skip to Item 2.32 (Part 2, Section 2).

**Item 2.26.** When sewage sludge is placed in a bag or other container for sale or give-away for application to the land, either a label must be affixed to the bag or other container, or an information sheet must be provided to the person receiving the sewage sludge. The information that must be on the label or information sheet is listed at 40 CFR 503.14(e). Attach copies of all labels or notices that accompany sewage sludge being sold or given away in a bag or other container for land application. Check the box to indicate that this information has been attached to the application package.

Check the box indicating completion of Items 2.17 through 2.26 and skip to Item 2.32 (Part 2, Section 2).

the name (first and last), title, work telephone number, and email address of the contact person for the surface disposal site.

**Item 2.37.** Indicate whether the site contact is the owner and/or operator of the surface disposal site.

**Item 2.38.** Provide the total dry metric tons of sewage sludge from your facility placed on the surface disposal site per 365-day period.

#### Incineration

**Item 2.39.** Answer "Yes" or "No" to indicate if sewage sludge from your facility is fired in a sewage sludge incinerator. If yes, continue to Item 2.40. If no, skip to Item 2.46 (Part 2, Section 2).

**Item 2.40.** Provide the total dry metric tons of sewage sludge from your facility fired in all sewage sludge incinerators per 365-day period.

**Item 2.41.** Answer "Yes" or "No" to indicate if you own or operate all sewage sludge incinerators to which you send sewage sludge for firing. If yes, skip to Item 2.46. If no, continue to Item 2.42 (Part 2, Section 2).

**Item 2.42.** Indicate the total number of sewage sludge incinerators used that you do not own or operate. Complete Items 2.43 through 2.45 for each sewage sludge incinerator used that you do not own or operate. Check the box to indicate that this information has been attached to the application package.

**Item 2.43.** Enter the name or number and mailing address of sewage sludge incinerator used that you do not own or operate. Provide the name (first and last), title, work telephone number, and email address of the contact person for the incinerator.

Include a complete location address for the incinerator if different from the mailing address. If the incinerator lacks a street name or route number, give the most accurate alternative geographic information (e.g., section number or quarter section number from county records or "at intersection of Routes 425 and 22").

**Item 2.44.** Indicate whether the site contact is the owner and/or operator of the incinerator.

**Item 2.45.** Provide the total dry metric tons of sewage sludge from your facility fired in the sewage sludge incinerator per 365-day period.

#### Disposal in a Municipal Solid Waste Landfill

**Item 2.46.** Indicate whether sewage sludge from your facility is placed on a municipal solid waste landfill. If yes, continue to Item 2.47. If no, skip to Part 2, Section 3.

**Item 2.47.** Provide the total number of municipal solid waste landfills to which you send sewage sludge. Complete Items 2.48 through 2.52 for each landfill used. Check the box to indicate that this information has been attached to the application package.

**Item 2.48.** Enter the name and mailing address of the municipal solid waste landfill. Provide the name (first and last), title, work telephone number, and email address of the contact person for the landfill.

Include a complete location address for the landfill if different from the mailing address. If the landfill lacks a street name or route

**Commented [AS3]:** These are the instructions that were omitted from the last version of the forms.

### **Land Application of Bulk Sewage**

**Item 2.27.** Answer "Yes" or "No" to indicate whether sewage sludge from your facility is applied to the land. If yes, continue to Item 2.28. If no, skip to Item 2.32 (Part 2, Section 2).

**Item 2.28.** Provide the total dry metric tons of sewage sludge applied to all land application sites per 365-day period.

**Item 2.29.** Indicate whether all land application sites were identified in Part 2, Section 3 of this application. If no, submit a copy of the land application plan with your application package. Current regulations require you to submit a land application plan at the time of permit application if you intend to apply sewage sludge that does not meet the EQ requirements to land application sites that have not been identified at the time of permit application. The minimum requirements for this plan are listed in 40 CFR 122.21(q)(9)(v). The NPDES permitting authority will work with you to develop additional details of the land application plan on a case-by-case basis. Such details could include site selection criteria (site slope, runoff and runoff control, etc.) and site management guidelines (sludge application rates, access controls, etc.). A land application plan provides for public notice when it is developed as part of the permit, and it discusses how the public will be notified about new sites.

**Item 2.30.** Indicate whether there are any land application sites in states other than the state where you generate sewage sludge or derive a material from the sewage sludge. If yes, continue to Item 2.31. If no, skip to Item 2.32 (Part 2, Section 2).

**Item 2.31.** If any land application sites are in states other than the state where you generate the bulk sewage sludge or derive the material from sewage sludge, the notice to the permitting authority in the states where the land application sites are located must contain the requirements listed at 40 CFR 503.12(i). In a separate attachment, describe how you notify the NPDES permitting authority for the states where the land application sites are located. Check the boxes to indicate if the explanation and/or the notification have been attached to the application package.

### **Surface Disposal**

**Item 2.32.** Indicate whether sewage sludge from your facility is placed on a surface disposal site. If yes, continue to Item 2.33. If no, skip to Item 2.39 (Part 2, Section 2).

**Item 2.33.** Provide the total dry metric tons of sewage sludge from your facility placed on all surface disposal sites per 365-day period.

**Item 2.34.** Indicate whether you own or operate all surface disposal sites to which you send sewage sludge for disposal. If yes, skip to Item 2.39 (Part 2, Section 2). If no, continue to Item 2.35.

**Item 2.35.** Provide the total number of surface disposal sites to which you send sewage sludge. Complete Items 2.36 through 2.38 for each surface disposal site to which you send your sewage sludge. Check the box to indicate that this information has been attached to the application package.



**FORM 2S—PART 2 LINE-BY-LINE INSTRUCTIONS CONTINUED**

**Item 2.36.** Enter the site name or number and mailing address of the surface disposal site you do not own or operate. Provide

number, give the most accurate alternative geographic information (e.g., section number or quarter section number from county records or "at intersection of Routes 425 and 22").

**Item 2.49.** Provide the total dry metric tons of sewage sludge from your facility placed in each municipal solid waste landfill per 365-day period.

**Item 2.50.** In the space provided or in a separate attachment, list the number and type of all other federal, state, and local permits that regulate the operation of this municipal solid waste landfill.

**Item 2.51.** Attach information to determine whether the sewage sludge meets applicable requirements for disposal in a municipal solid waste landfill (e.g., results of paint filter liquids test and toxicity characteristic leaching procedure, or TCLP, test). Check the box to indicate that this information has been attached to the application package.

**Item 2.524.** Sewage sludge placed on a municipal solid waste landfill must meet requirements in 40 CFR 258 concerning the quality of materials placed on a landfill unit. Part 258 specifies minimum federal criteria for municipal solid waste landfills, including landfills that accept sewage sludge along with household waste. In contrast to 40 CFR 503, 40 CFR 258 controls sewage sludge placed in municipal solid waste landfills through a facility design and management practice approach. In 40 CFR 503, EPA has adopted the 40 CFR 258 criteria as the appropriate standard for sewage sludge disposed of with municipal waste. EPA concluded that if sewage sludge is disposed of in a municipal solid waste landfill complying with 40 CFR 258 criteria, public health and the environment are protected. Note that the POTW is legally responsible for knowing whether a municipal solid waste landfill is in compliance with 40 CFR 258 and may be liable if it sends sludge to a municipal solid waste landfill that is not in compliance with 40 CFR 258. Indicate whether the municipal solid waste landfill complies with applicable criteria set forth in 40 CFR 258.

**Section 3. Land Application of Bulk Sewage Sludge**

Complete this section if you completed Section 2B, Items 2.27 through 2.31. Unless the NPDES permitting authority specifically requires you to complete this section, you may skip this section for sewage sludge that is covered in any of the following portions of this application:

- Section 2B, Items 2.11 through 3.13. Such sewage sludges are exempt from the general requirements and management practices of 40 CFR 503 when they are land applied (unless the permitting authority requires otherwise), and thus the site information in Section 3G is not required for permitting.
- Section 2B, Items 2.17 through 2.26. Section 3C does not apply to a generator that sends sewage sludge to another facility for treatment or for blending, because the 40 CFR

Provide the information in this section for each land application site that has been identified at the time of permit application. In cases where the sewage sludge is applied to numerous sites with similar characteristics, you may combine the information for several sites under a single response (the name and address of each site must still be provided, however).

**Item 3.1.** Indicate whether your facility applies sewage sludge to land. If yes, continue to Item 3.2. If no, skip to Part 2, Section 4.

**Item 3.2.** Indicate if any of the following conditions apply:

- The sewage sludge meets the ceiling concentrations in Table 1 of 40 CFR 503.13, the pollutant concentrations in Table 3 of 40 CFR 503.13, Class A pathogen requirements at 40 CFR 503.32(a), and one of the vector attraction reduction requirements at 40 CFR 503.33(b)(1)–(8).
- The sewage sludge is sold or given away in a bag or other container for application to the land.
- You provide the sewage sludge to another facility for treatment or blending.

If yes, skip to Part 2, Section 4. If no, continue to Item 3.3.

**Item 3.3.** Complete the remainder of Section 3 for each site on which sewage sludge is applied. Check the box to indicate if this information has been attached to the application package.

**Identification of Land Application Site**

**Item 3.4.** Enter the name or number and location address for the land application site. If the site lacks a street name or route number, give the most accurate alternative geographic information (e.g., section number or quarter section number from county records or "at intersection of Routes 425 and 22").

Provide the latitude and longitude to the nearest second or equivalent decimal degrees (e.g., 38.893829, -77.029289) for the site and method of determination. The location of the land application site (i.e., where the coordinates are collected) shall be the approximate center of the area where the sewage sludge is directly released to the environment. Latitude and longitude coordinates may be obtained in a variety of ways, including use of hand held devices (e.g., a GPS enabled smartphone), internet mapping tools (e.g., <https://mynasadata.larc.nasa.gov/latitudelongitude-finder/>), geographic information systems (e.g., ArcView), or paper maps from trusted sources (e.g., USGS). For further guidance, refer to <http://www.epa.gov/geospatial/latitudelongitude-data-standard>.

**Item 3.5.** Check the box to indicate that a topographic map (or other appropriate map if a topographic map is unavailable) showing the site location has been attached to the application. See Item 1.14 (Part 2, Section 1) for guidance on obtaining a topographic map.

**Owner Information**

**Item 3.6.** Indicate whether you are the owner of the land application site. If yes, skip to Item 3.8 (Part 2, Section 3). If no, continue to Item 3.7.

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**FORM 2S—PART 2 LINE-BY-LINE INSTRUCTIONS CONTINUED**

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503 requirements addressed by Section 3G will largely be the responsibility of the receiving facility.

**Item 3.7.** Enter the name and mailing address of the owner of the land application site. Provide the name (first and last), title, work telephone number, and email address of the contact person for the owner.

### Applier Information

**Item 3.8.** Indicate whether you are the person who applies, or is responsible for application of, sewage sludge to this land application site. If yes, skip to Item 3.10 (Part 2, Section 3). If no, continue to Item 3.9.

**Item 3.9.** Enter the name and mailing address of the applier. Provide the name (first and last), title, work telephone number, and email address of the contact person for the applier.

### Site Type

**Item 3.10.** Identify the type of land application site (e.g., agricultural land, forest, reclamation site, public contact site, or other). If you check "Other," provide a description in the space provided or in a separate attachment.

### Crop or Other Vegetation Grown on Site

**Item 3.11.** In the space provided or in a separate attachment, describe the type of crop or other vegetation that is grown on the site. If the crop or vegetation to be grown on the site is not yet known, or is likely to change in an unforeseeable manner during the life of the permit, you may so indicate instead of providing the type of crop or other vegetation.

**Item 3.12.** In the space provided or in a separate attachment, indicate the nitrogen requirement for the crop or other vegetation identified in Item 3.11. You can get information on the nitrogen content of vegetation grown on the site from local agricultural extension services, a local Farm Advisor's Office, or published sources.

### Vector Attraction Reduction

**Item 3.13.** Indicate whether the vector attraction reduction requirements at 40 CFR 503.33(b)(9) and (b)(10) are met when sewage sludge is applied to the land application site. If yes, continue to Item 3.14. If no, skip to Item 3.16 (Part 2, Section 3).

**Item 3.14.** Indicate which vector attraction option (Option 9, injection below land surface, or Option 10, incorporation into soil within 6 hours) is met when sewage sludge is applied to the land application site.

**Item 3.15.** In the space provided or in a separate attachment, describe any treatment processes used at the land application site to reduce vector attraction properties of sewage sludge. Check the box to indicate that your description has been attached to the application package.

### Cumulative Loadings and Remaining Allotments

**Item 3.16.** Indicate whether the sewage sludge applied to this site since July 20, 1993, is subject to the cumulative pollutant loading rates (CPLRs) at 40 CFR 503.13(b)(2). If yes, continue to Item 3.17. If no, skip to Part 2, Section 4.

**Item 3.17.** Indicate whether you have contacted the NPDES permitting authority in the state where the bulk sewage sludge subject to CPLRs will be applied, to ascertain whether bulk sewage sludge subject to CPLRs has been applied to this site on or since July 20, 1993. If yes, continue to Item 3.18. If no, because sewage sludge subject to CPLRs may not be applied to this site, skip to Part 2, Section 4.

**Item 3.18.** Provide your NPDES permitting authority's name, contact person, telephone number, and email address.

**Item 3.19.** Indicate, based on your inquiry, whether bulk sewage sludge subject to CPLRs has been applied to the site since July 20, 1993. If yes, continue to Item 3.20. If no, skip to Part 2, Section 4.

**Item 3.20.** Provide the name and mailing address for every facility other than yours that is sending, or has sent, bulk sewage sludge subject to CPLRs to this site since July 20, 1993. Give the name (first and last), title, work telephone number, and email address of the contact person for the facility that is sending, or has sent, bulk sewage sludge subject to CPLRs to this site since July 20, 1993.

### Section 4. Surface Disposal

Complete this section if you own or operate a surface disposal site and are required to submit a full permit application (i.e., Part 2 of Form 2S) at this time. A sewage sludge surface disposal site is, by definition, a TWTDS, and the owner/operator of the site is required to apply for a permit.

**Item 4.1.** Indicate whether you own or operate a surface disposal site. If yes, continue to Item 4.2. If no, skip to Part 2, Section 5.

**Item 4.2.** Complete the remainder of Section 4 for each active sewage sludge unit you own or operate. Check the box to indicate that this information has been attached to the application package.

### Information on Active Sewage Sludge Units

Most requirements for surface disposal of sewage sludge under 40 CFR 503 pertain to individual active sewage sludge units at a surface disposal site. The information required in Items 4.3 through 4.15 may be developed on a unit-by-unit basis, or may be developed for the entire surface disposal site if all units are sufficiently similar.

**Item 4.3.** Enter the name or number and mailing address of the active sewage sludge unit. Provide the name (first and last), title, work telephone number, and email address of the contact person for the active sewage sludge unit.

Include a complete location address for the unit if different from the mailing address. If the unit lacks a street name or route number, give the most accurate alternative geographic information (e.g., section number or quarter section number from county records or "at intersection of Routes 425 and 22").

Provide the latitude and longitude to the nearest second or equivalent decimal degrees (e.g., 38.893829, -77.029289) for the unit and method of determination. The location of the unit (i.e., where the coordinates are collected) shall be the approximate center of the area where the sewage sludge is directly released to the environment. Latitude and longitude coordinates may be obtained in a variety of ways, including use of hand held devices (e.g., a GPS enabled smartphone), internet mapping tools (e.g., <https://myasadata.larc.nasa.gov/latitude-longitude-finder/>), geographic information systems (e.g., ArcView), or paper maps from trusted sources (e.g., USGS). For further guidance, refer to <http://www.epa.gov/geospatial/latitude-longitude-data-standard>.

**Item 4.4.** Check the box to indicate that a topographic map (or other appropriate map if a topographic map is unavailable)

**FORM 2S—PART 2 LINE-BY-LINE INSTRUCTIONS CONTINUED**

showing the site location has been attached to the application. See Item 1.14 (Part 2, Section 1) for guidance on obtaining a topographic map.

**Item 4.5.** Provide the total dry metric tons of sewage sludge placed on the active sewage sludge unit per 365-day period.

**Item 4.6.** Provide the total dry metric tons of sewage sludge placed on the active sewage sludge unit over the life of the unit.

**Item 4.7.** Indicate whether the active sewage sludge unit has a liner with a maximum permeability of  $10^{-7}$  centimeters per second (cm/sec). If yes, continue to Item 4.8. If no, skip to Item 4.9 (Part 2, Section 4).

**Item 4.8.** In the space provided or in a separate attachment, describe the liner. Check the box to indicate that a description has been attached to the application package.

**Item 4.9.** Indicate whether the active sewage sludge unit has a leachate collection system. If yes, continue to Item 4.10. If no, skip to Item 4.11 (Part 2, Section 4).

**Item 4.10.** In the space provided or in a separate attachment, describe the leachate collection system and the leachate disposal method. Also provide the numbers of any federal, state, or local permit(s) for leachate disposal. Check the box to indicate that this description has been attached to the application package.

**Item 4.11.** Indicate if the boundary of the active sewage sludge site is less than 150 meters from the property line of the surface disposal site. If yes, continue to Item 4.12. If no, skip to Item 4.13 (Part 2, Section 4).

**Item 4.12.** Provide the distance, in meters, between the active sewage sludge site boundary and the surface disposal site property line.

**Item 4.13.** Provide the remaining capacity of active sewage sludge in dry metric tons.

**Item 4.14.** List the anticipated closure date for the active sewage sludge unit, using the format MM/DD/YYYY, if known.

**Item 4.15.** Submit a copy of any closure plan that has been developed for this active sewage sludge unit. Check the box to indicate that you have attached a copy to the application package.

**Sewage Sludge from Other Facilities**

**Item 4.16.** Indicate whether sewage sludge is sent to this active sewage sludge unit from any facilities other than yours. If yes, continue to Item 4.17. If no, skip to Item 4.21 (Part 2, Section 4).

**Item 4.17.** Indicate the total number of facilities, other than yours, that send sewage sludge to this active sewage sludge unit. Complete Items 4.18 through 4.20 for each such facility.

Check the box to indicate that this information has been attached to the application package.

**Item 4.18.** Enter the name and mailing address of the facility that sends sewage sludge to this active sewage sludge unit.

Provide the name (first and last), title, work telephone number, and email address of the contact person for the facility.

**Item 4.19.** Indicate the pathogen class and reduction alternative and the vector attraction reduction option met for the sewage sludge before leaving the other facility. To determine the applicable pathogen class and reduction alternative, see 40 CFR 503.32. To determine the applicable vector attraction reduction option, see 40 CFR 503.33. Vector attraction reduction options 1 through 8 are typically met at the point where sewage sludge is generated or where a material is derived from sewage sludge, and options 9 through 11 are typically met at the point of use or disposal.

**Item 4.20.** Identify the treatment process(es) used at the other facility to reduce pathogens or vector attraction properties of sewage sludge before leaving the other facility. If you check "Other," specify the treatment process(es) in the space provided or in a separate attachment.

**Vector Attraction Reduction**

**Item 4.21.** Indicate which, if any, vector attraction reduction option (Option 9, injection below land surface; Option 10, incorporation into soil within 6 hours; Option 11, covering active sewage sludge unit daily; or none) is met when sewage sludge is placed on this active sewage sludge unit.

**Item 4.22.** In the space provided or in a separate attachment, describe any treatment processes used at the active sewage sludge unit to reduce vector attraction properties of sewage sludge. Check the box to indicate that this description has been attached to the application package.

**Groundwater Monitoring**

Placement of sewage sludge on an active sewage sludge unit must not contaminate an aquifer. Compliance must be demonstrated through either (1) the results of a groundwater monitoring program developed by a qualified groundwater scientist or (2) certification by a qualified groundwater scientist that contamination has not occurred. This section solicits existing groundwater monitoring data and other documentation to indicate the potential for contamination of an aquifer at the active sewage sludge unit, and the capability of the owner/operator of the surface disposal site to demonstrate that contamination has not occurred.

**Item 4.23.** Indicate whether groundwater monitoring is currently conducted at, or ground monitoring data is otherwise available for, this active sewage sludge unit. If yes, continue to Item 4.24. If no, skip to Item 4.26 (Part 2, Section 4).

**Item 4.24.** Provide a copy of available groundwater monitoring data. Check the box to indicate that the data have been attached to the application package.

**Item 4.25.** In the space provided or in a separate attachment, describe the well locations, the approximate depth to groundwater, and the groundwater monitoring procedures used to obtain the data.

Check the box to indicate that the descriptions have been attached to the application package.

**Item 4.26.** Indicate whether a groundwater monitoring program has

been prepared for this active sewage sludge unit. If yes, continue to Item 4.27. If no, skip to Item 4.28 (Part 2, Section 4).

**Item 4.27.** Submit a copy of the groundwater monitoring program that has been developed for this active sewage sludge unit. Check the box to indicate that this documentation has been attached to the application package.

**Item 4.28.** Indicate whether you have obtained certification from a qualified groundwater scientist that the aquifer below the active sewage sludge unit has not been contaminated. If yes, continue to Item 4.29. If no, skip to Item 4.30 (Part 2, Section 4).

**Item 4.29.** Submit a copy of the certification indicating that the aquifer below the active sewage sludge unit has not been contaminated. Check the box to indicate that this certification has been attached to the application package.

#### Site-Specific Limits

After August 18, 1993, you are allowed to seek site-specific pollutant limits only for good cause, and must do so within 180 days of becoming aware that good cause exists. If you request site-specific pollutant limits with this permit application, you are required to submit information supporting the request, including a demonstration that existing values for site parameters specified by the permitting authority differ from the values for those parameters used to develop the pollutant limits in Table 1 of 40 CFR 503.23. You must also submit follow-up information at the request of the NPDES permitting authority. If the NPDES permitting authority determines that site-specific pollutant limits are appropriate, he or she may specify site-specific limits in the permit as long as the existing concentrations of the pollutants in the sewage sludge are not exceeded.

**Item 4.30.** Indicate whether you are seeking site-specific pollutant limits for the sewage sludge placed on the active sewage sludge unit. If yes, continue to Item 4.31. If no, skip to Part 2, Section 5.

**Item 4.31.** Submit information to support the request for site-specific pollutant limits. Check the box to indicate that this information has been attached to the application package.

#### Section 5. Incineration

Complete this section if you own or operate a sewage sludge incinerator. A sewage sludge incinerator is, by definition, a treatment works treating domestic sewage, and the owner/operator of a sewage sludge incinerator is required to submit a full permit application.

##### Incinerator Information

**Item 5.1.** Indicate whether you fire sewage sludge in a sewage sludge incinerator. If yes, continue to Item 5.2. If no, skip to the end.

**Item 5.2.** Indicate the total number of incinerators used at your facility. Complete the remainder of Section 5 for each incinerator. Check the box to indicate that you have attached information for one or more incinerators.

**Item 5.3.** Enter the incinerator's name or number. Include a complete location address for the incinerator. If the incinerator lacks a street name or route number, give the most accurate alternative geographic information (e.g., section number or quarter section number from county records or "at intersection of Routes 425 and 22").

Provide the latitude and longitude to the nearest second or equivalent decimal degrees (e.g., 38.893829, -77.029289) for the incinerator and method of determination. The location of the incinerator (i.e., where the coordinates are collected) shall be the approximate center of the area where the sewage sludge is directly released to the environment. Latitude and longitude coordinates may be obtained in a variety of ways, including use of hand held devices (e.g., a GPS enabled smartphone), internet mapping tools (e.g., <https://mynasadata.larc.nasa.gov/latitude/longitude-finder/>), geographic information systems (e.g., ArcView), or paper maps from trusted sources (e.g., U.S. Geological Survey or USGS). For further guidance, refer to <http://www.epa.gov/geospatial/latitude/longitude-data-standard>.

##### Amount Fired

**Item 5.4.** Provide the dry metric tons of sewage sludge fired in the sewage sludge incinerator per 365-day period.

##### Beryllium NESHAP

The firing of sewage sludge in a sewage sludge incinerator must not violate the National Emission Standard for Hazardous Air Pollutants (NESHAP) for beryllium as established in Subpart C of 40 CFR 61. The beryllium NESHAP only applies, however, to sewage sludge incinerators firing "beryllium-containing waste." The beryllium NESHAP is 10 grams of beryllium in the exit gas over a 24-hour period, unless the incinerator owner/operator has been approved to meet a 30-day average ambient concentration limit on beryllium in the vicinity of the sewage sludge incinerator of 0.01 µg/m<sup>3</sup>. Complete this section to demonstrate compliance with the beryllium NESHAP.

**Item 5.5.** Submit information, test data, and a description of measures taken that demonstrate whether the sewage sludge incinerated is beryllium-containing waste and will continue to remain as such. Check the box to indicate that this material has been attached to the application package.

**Item 5.6.** Indicate whether the sewage sludge fired in the incinerator is beryllium-containing waste as defined at 40 CFR 61.31. If yes, continue to Item 5.7. If no, skip to Item 5.8 (Part 2, Section 5).

**Item 5.7.** Submit a complete report of the latest beryllium emission testing and documentation of ongoing incinerator operating parameters indicating that the NESHAP emission rate limit for beryllium has been and will continue to be met. Check the box to indicate that this documentation has been attached to the application package.

##### Mercury NESHAP

The firing of sewage sludge in a sewage sludge incinerator must not violate the NESHAP for mercury as established in Subpart E of 40 CFR 61. Complete this section to demonstrate compliance with the mercury NESHAP. Information on stack testing and sewage sludge sampling can be found at 40 CFR 61.53 and 61.54.

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**FORM 2S—PART 2 LINE-BY-LINE INSTRUCTIONS CONTINUED**

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**Item 5.8.** Indicate whether compliance with the mercury NESHAP is being demonstrated via stack testing. If yes, continue to Item 5.9. If no, skip to Item 5.11 (Part 2, Section 5).

**Item 5.9.** Submit a complete report of stack testing *and* documentation of ongoing incinerator operating parameters indicating that the NESHAP emission rate limit for mercury has been and will continue to be met. Check the box to indicate that this documentation has been attached to the application package.

**Item 5.10.** Provide copies of mercury emission rate tests for the two most recent years in which testing was conducted. Check the box to indicate that this information has been attached to the application package.

**Item 5.11.** Indicate whether you demonstrate compliance with the mercury NESHAP by performing sewage sludge sampling. If yes, continue to Item 5.12. If no, skip to Item 5.13 (Part 2, Section 5).

**Item 5.12.** Submit a complete report of sewage sludge sampling *and* documentation of ongoing incinerator operating parameters indicating that the incinerator has been meeting and will continue to meet the NESHAP emission rate limit for mercury. Check the box to indicate that this documentation has been attached to the application package.

**Dispersion Factor**

**Item 5.13.** Provide the dispersion factor in micrograms/cubic meter per gram/second.

**Item 5.14.** Specify the name and type of dispersion model.

**Item 5.15** Submit a copy of the modeling results and supporting documentation. Check the box to indicate that the documentation has been attached to the application package.

**Control Efficiency**

**Item 5.16.** Provide the control efficiency, in hundredths, for arsenic, cadmium, chromium, lead, and nickel.

**Item 5.17.** Submit the results of performance testing and supporting documentation, including test dates. Check the box to indicate that this documentation has been attached to the application package.

**Risk-specific Concentration for Chromium**

**Item 5.18.** Provide the risk-specific concentration (RSC) used for chromium in micrograms per cubic meter.

**Item 5.19.** Indicate whether the RSC was determined using Table 2 at 40 CFR 503.43. If yes, continue to Item 5.20. If no, skip to Item 5.21 (Part 2, Section 5).

**Item 5.20.** Identify the incinerator used as the basis, as either fluidized bed with wet scrubber, other types with wet scrubber, fluidized bed with wet scrubber and wet electrostatic precipitator, or other types with wet scrubber and wet electrostatic precipitator.

**Item 5.21.** Indicate whether the RSC was determined using Table 2 at 40 CFR 503.43 (site-specific determination). If yes, continue to Item 5.22. If no, skip to Item 5.23 (Part 2, Section 5).

**Item 5.22.** Provide the decimal fraction of hexavalent chromium to total chromium concentration in the stack exit gas.

**Item 5.23.** Submit the results of incinerator stack testing for hexavalent and total chromium concentrations, including test dates. Check the box to indicate that these results have been attached to the application package, or check "Not applicable."

**Incinerator Parameters**

**Item 5.24.** Indicate whether you monitor total hydrocarbons (THC) in the exit gas of the sewage sludge incinerator.

**Item 5.25.** Indicate whether you monitor carbon monoxide (CO) in the exit gas of the sewage sludge incinerator.

**Item 5.26.** Specify the type of sewage sludge incinerator used.

**Item 5.27.** Provide the incinerator stack height in meters.

**Item 5.28.** Indicate whether the value submitted in Item 5.27 is the actual stack height or creditable stack height.

**Performance Test Operating Parameters**

**Item 5.29.** Provide the maximum performance test combustion temperature.

**Item 5.30.** Provide the performance test sewage sludge feed rate, in dry metric tons/day.

**Item 5.31.** Indicate whether the value submitted in Item 5.30 is the average use rate or maximum design rate.

**Item 5.32.** Supply supporting documentation describing how the feed rate was calculated. Check the box to indicate that this documentation has been attached to the application package.

**Item 5.33.** Submit information documenting the performance test operating parameters for the air pollution control device(s) used for this sewage sludge incinerator. Check the box to indicate that this information has been attached to the application package.

**Monitoring Equipment**

**Item 5.34.** Use the table provided or a separate attachment, to indicate the equipment in place to monitor total hydrocarbons or carbon monoxide, percent oxygen, percent moisture, combustion temperature, and any other parameters not listed.

**Air Pollution Control Equipment**

**Item 5.35.** List all air pollution control equipment used with this sewage sludge incinerator. Check the box to indicate that the list has been attached to the application package.

**END OF PART 2**

**Submit your completed Part 2 of Form 2S  
and all associated attachments  
to your NPDES permitting authority.**

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**FORM 2S—GLOSSARY**

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**Note:** This glossary includes terms used in the various NPDES application forms, including Form 2S. The definitions are from the NPDES regulations at 40 CFR 122.2 unless otherwise specified. If you have any questions concerning the meaning of any of these terms, contact your NPDES permitting authority.

**ANIMAL FEEDING OPERATION** (defined at § 122.23) means a lot or facility (other than an aquatic animal production facility) where the following conditions are met;

- Animals (other than aquatic animals) have been, are, or will be stabled or confined and fed or maintained for a total of 45 days or more in any 12-month period; and
- Crops, vegetation, forage growth, or post-harvest residues are not sustained in the normal growing season over any portion of the lot or facility.

**APPLICATION** means the EPA standard national forms for applying for a permit, including any additions, revisions, or modifications to the forms; or forms approved by EPA for use in approved states, including any approved modifications or revisions.

**APPROVED PROGRAM** or **APPROVED STATE** means a State or interstate program which has been approved or authorized by EPA under part 123.

**AQUACULTURE PROJECT** (defined at § 122.25) means a defined managed water area which uses discharges of pollutants into that designated area for the maintenance or production of harvestable freshwater, estuarine, or marine plants or animals. **DESIGNATED PROJECT AREA** means the portions of the waters of the United States within which the permittee or permit applicant plans to confine the cultivated species, using a method or plan or operation (including, but not limited to, physical confinement) which, on the basis of reliable scientific evidence, is expected to ensure that specific individual organisms comprising an aquaculture crop will enjoy increased growth attributable to the discharge of pollutants, and be harvested within a defined geographic area.

**AVERAGE MONTHLY DISCHARGE LIMITATION** means the highest allowable average of daily discharges over a calendar month, calculated as the sum of all daily discharges measured during that month divided by the number of daily discharges measured during that month.

**AVERAGE WEEKLY DISCHARGE LIMITATION** means the highest allowable average of daily discharges over a calendar week, calculated as the sum of all daily discharges measured during a calendar week divided by the number of daily discharges measured during that week.

**BEST MANAGEMENT PRACTICES (BMPs)** means schedules of activities, prohibitions of practices, maintenance procedures, and other management practices to prevent or reduce the pollution of waters of the United States. BMPs include treatment requirements, operation procedures, and practices to control plant site runoff, spillage or leaks, sludge or waste disposal, or drainage from raw material storage.

**BIOSOLIDS** (*see sewage sludge*).

**BYPASS** (defined at § 122.41(m)) means the intentional diversion of waste streams from any portion of a treatment facility.

**COMBINED SEWER OVERFLOW (CSO)** means a discharge from a combined sewer system (CSS) at a point prior to the Publicly Owned Treatment Works (POTW) Treatment Plant (defined at § 403.3(r)).

**COMBINED SEWER SYSTEM (CSS)** means a wastewater collection system owned by a State or municipality (as defined by section 502(4) of the CWA) which conveys sanitary wastewaters (domestic, commercial and industrial wastewaters) and storm water through a single-pipe system to a Publicly Owned Treatment Works (POTW) Treatment Plant (as defined at § 403.3(r)).

**CONCENTRATED ANIMAL FEEDING OPERATION** (defined at § 122.23) means an animal feeding operation that is defined as a Large CAFO or as a Medium CAFO by the terms of (A) or (B) below, or that is designated as a CAFO in accordance with 40 CFR 122.23(c). Two or more AFOs under common ownership are considered to be a single AFO for the purposes of determining the number of animals at an operation, if they adjoin each other or if they use a common area or system for the disposal of wastes.

A. **LARGE CONCENTRATED ANIMAL FEEDING OPERATION (LARGE CAFO)** means an AFO that stables or confines as many as or more than the numbers of animals specified in any of the following categories:

1. 700 mature dairy cows, whether milked or dry;
2. 1,000 veal calves;
3. 1,000 cattle other than mature dairy cows or veal calves. Cattle includes but is not limited to heifers, steers, bulls and cow/calf pairs;
4. 2,500 swine each weighing 55 pounds or more;
5. 10,000 swine each weighing less than 55 pounds;
6. 500 horses;
7. 10,000 sheep or lambs;

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**FORM 2S—GLOSSARY CONTINUED**

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8. 55,000 turkeys;
  9. 30,000 laying hens or broilers, if the AFO uses a liquid manure handling system;
  10. 125,000 chickens (other than laying hens), if the AFO uses other than a liquid manure handling system;
  11. 82,000 laying hens, if the AFO uses other than a liquid manure handling system;
  12. 30,000 ducks (if the AFO uses other than a liquid manure handling system); or
  13. 5,000 ducks (if the AFO uses a liquid manure handling system).
- B. **MEDIUM CONCENTRATED ANIMAL FEEDING OPERATION (MEDIUM CAFO)** means any AFO with the type and number of animals that fall within any of the ranges listed below and which has been defined or designated as a CAFO. An AFO is defined as a Medium CAFO if:
1. The type and number of animals that it stables and confines falls within any of the following ranges:
    - a. 200 to 699 mature dairy cows, whether milked or dry;
    - b. 300 to 999 veal calves;
    - c. 300 to 999 cattle other than mature dairy cows or veal calves. Cattle includes but is not limited to heifers, steers, bulls and cow/calf pairs;
    - d. 750 to 2,499 swine each weighing 55 pounds or more;
    - e. 3,000 to 9,999 swine each weighing less than 55 pounds;
    - f. 150 to 499 horses;
    - g. 3,000 to 9,999 sheep or lambs;
    - h. 16,500 to 54,999 turkeys;
    - i. 9,000 to 29,999 laying hens or broilers, if the AFO uses a liquid manure handling system;
    - j. 37,500 to 124,999 chickens (other than laying hens), if the AFO uses other than a liquid manure handling system;
    - k. 25,000 to 81,999 laying hens, if the AFO uses other than a liquid manure handling system;
    - l. 10,000 to 29,999 ducks (if the AFO uses other than a liquid manure handling system); or
    - m. 1,500 to 4,999 ducks (if the AFO uses a liquid manure handling system); and
  2. Either one of the following conditions are met:
    - a. Pollutants are discharged into waters of the United States through a man-made ditch, flushing system, or other similar man-made device; or
    - b. Pollutants are discharged directly into waters of the United States which originate outside of and pass over, across, or through the facility or otherwise come into direct contact with animals confined in the operation.

**CONCENTRATED AQUATIC ANIMAL PRODUCTION FACILITY** (defined at § 122.24) means a hatchery, fish farm, or other facility which contains, grows, or holds aquatic animals in either of the following categories, or which the Director designates as such on a case-by-case basis:

- A. Cold water fish species or other cold water aquatic animals including, but not limited to, the *Salmonidae* family of fish (e.g., trout and salmon) in ponds, raceways, or other similar structures which discharge at least 30 days per year but does not include:
  1. Facilities which produce less than 9,090 harvest weight kilograms (approximately 20,000 pounds) of aquatic animals per year; and
  2. Facilities which feed less than 2,272 kilograms (approximately 5,000 pounds) of food during the calendar month of maximum feeding.
- B. Warm water fish species or other warm water aquatic animals including, but not limited to, the *Ameiuridae*, *Cetrarchidae*, and *Cyprinidae* families of fish (e.g., respectively, catfish, sunfish, and minnows) in ponds, raceways, or other similar structures which discharge at least 30 days per year, but does not include:
  1. Closed ponds which discharge only during periods of excess runoff; or
  2. Facilities which produce less than 45,454 harvest weight kilograms (approximately 100,000 pounds) of aquatic animals per year.

**CWA** means the Clean Water Act (formerly referred to as the Federal Water Pollution Control Act or Federal Water Pollution Control Act Amendments of 1972) Public Law 92–500, as amended by Public Law 95–217, Public Law 95–576, Public Law 96–483 and Public Law 97–117, 33 U.S.C. 1251 *et seq.*

**CWA AND REGULATIONS** means the Clean Water Act (CWA) and applicable regulations promulgated thereunder. In the case of an approved State program, it includes State program requirements.

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**FORM 2S—GLOSSARY CONTINUED**

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**DAILY DISCHARGE** means the “discharge of a pollutant” measured during a calendar day or any 24-hour period that reasonably represents the calendar day for purposes of sampling. For pollutants with limitations expressed in units of mass, the “daily discharge” is calculated as the total mass of the pollutant discharged over the day. For pollutants with limitations expressed in other units of measurement, the “daily discharge” is calculated as the average measurement of the pollutant over the day.

**DIRECT DISCHARGE** means the “discharge of a pollutant.”

**DIRECTOR** means the Regional Administrator or the State Director, as the context requires, or an authorized representative. When there is no “approved State program,” and there is an EPA administered program, “Director” means the Regional Administrator. When there is an approved State program, “Director” normally means the State Director. In some circumstances, however, EPA retains the authority to take certain actions even when there is an approved State program. (For example, when EPA has issued an NPDES permit prior to the approval of a State program, EPA may retain jurisdiction over that permit after program approval, see § 123.1.) In such cases, the term “Director” means the Regional Administrator and not the State Director.

**DISCHARGE (OF A POLLUTANT)** means:

- Any addition of any pollutant or combination of pollutants to waters of the United States from any point source; or
- Any addition of any pollutant or combination of pollutants to the waters of the contiguous zone or the ocean from any point source other than a vessel or other floating craft which is being used as a means of transportation.

This definition includes discharges into waters of the United States from: surface runoff which is collected or channelled by man; discharges through pipes, sewers, or other conveyances owned by a State, municipality, or other person which do not lead to a treatment works; and discharges through pipes, sewers, or other conveyances, leading into privately owned treatment works. This term does not include an addition of pollutants by any “indirect discharger”.

**DISCHARGE MONITORING REPORT** means the EPA uniform national form, including any subsequent additions, revisions, or modifications for the reporting of self-monitoring results by permittees. DMRs must be used by “approved States” as well as by EPA. EPA will supply DMRs to any approved State upon request. The EPA national forms may be modified to substitute the state agency name, address, logo, and other similar information, as appropriate, in place of EPA’s.

**DRAFT PERMIT** means a document prepared under § 124.6 indicating the Director’s tentative decision to issue or deny, modify, revoke and reissue, terminate, or reissue a “permit.” A notice of intent to terminate a permit, and a notice of intent to deny a permit, as discussed in § 124.5, are types of “draft permits.” A denial of a request for modification, revocation and reissuance, or termination, as discussed in § 124.5, is not a “draft permit.” A “proposed permit” is not a “draft permit.”

**EFFLUENT LIMITATION** means any restriction imposed by the Director on quantities, discharge rates, and concentrations of “pollutants” which are “discharged” from “point sources” into “waters of the United States,” the waters of the “contiguous zone,” or the ocean.

**EFFLUENT LIMITATIONS GUIDELINES** means a regulation published by the Administrator under section 304(b) of the CWA to adopt or revise “effluent limitations.”

**ENVIRONMENTAL PROTECTION AGENCY (EPA)** means the United States Environmental Protection Agency.

**FACILITY** or **ACTIVITY** means any NPDES “point source” or any other facility or activity (including land or appurtenances thereto) that is subject to regulation under the NPDES program.

**GENERAL PERMIT** means an NPDES “permit” issued under § 122.28 authorizing a category of discharges under the CWA within a geographical area.

**HAZARDOUS SUBSTANCE** means any substance designated under 40 CFR part 116 pursuant to section 311 of the CWA.

**INDIAN COUNTRY** (or **INDIAN LANDS**) means:

- All land within the limits of any Indian reservation under the jurisdiction of the United States Government, notwithstanding the issuance of any patent, and, including rights-of-way running through the reservation;
- All dependent Indian communities with the borders of the United States whether within the originally or subsequently acquired territory thereof, and whether within or without the limits of a state; and
- All Indian allotments, the Indian titles to which have not been extinguished, including rights-of-way running through the same.

**INDIAN TRIBE** means any Indian Tribe, band, group, or community recognized by the Secretary of the Interior and exercising governmental authority over a Federal Indian reservation.

**INDIRECT DISCHARGE** means a nondomestic discharger introducing “pollutants” to a “publicly owned treatment works.”



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**FORM 2S—GLOSSARY CONTINUED**

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**LARGE MUNICIPAL SEPARATE STORM SEWER SYSTEM** (defined at § 122.26(b)(4)) means all municipal separate storm sewers that are either:

- (i) Located in an incorporated place with a population of 250,000 or more as determined by the 1990 Decennial Census by the Bureau of the Census (Appendix F of 40 CFR 122); or
- (ii) Located in the counties listed in appendix H of 40 CFR 122, except municipal separate storm sewers that are located in the incorporated places, townships or towns within such counties; or
- (iii) Owned or operated by a municipality other than those described in paragraphs (i) or (ii) and that are designated by the Director as part of the large or medium municipal separate storm sewer system due to the interrelationship between the discharges of the designated storm sewer and the discharges from municipal separate storm sewers described under paragraphs (i) or (ii). In making this determination the Director may consider the following factors:
  - (A) Physical interconnections between the municipal separate storm sewers;
  - (B) The location of discharges from the designated municipal separate storm sewer relative to discharges from municipal separate storm sewers described in paragraph (i);
  - (C) The quantity and nature of pollutants discharged to waters of the United States;
  - (D) The nature of the receiving waters; and
  - (E) Other relevant factors; or
- (iv) The Director may, upon petition, designate as a large municipal separate storm sewer system, municipal separate storm sewers located within the boundaries of a region defined by a storm water management regional authority based on a jurisdictional, watershed, or other appropriate basis that includes one or more of the systems described in paragraphs (i), (ii), (iii).

**LOG SORTING AND LOG STORAGE FACILITIES** (defined at § 122.27) means facilities whose discharges result from the holding of unprocessed wood, for example, logs or roundwood with bark or after removal of bark held in self-contained bodies of water (mill ponds or log ponds) or stored on land where water is applied intentionally on the logs (wet decking). (See 40 CFR 429, subpart I, including the effluent limitations guidelines.)

**MAJOR FACILITY** means any NPDES “facility or activity” classified as such by the Regional Administrator, or, in the case of “approved State programs,” the Regional Administrator in conjunction with the State Director.

**MAXIMUM DAILY DISCHARGE LIMITATION** means the highest allowable “daily discharge.”

**MEDIUM MUNICIPAL SEPARATE STORM SEWER SYSTEM** (defined at § 122.26(b)(7)) means all municipal separate storm sewers that are either:

- (i) Located in an incorporated place with a population of 100,000 or more but less than 250,000, as determined by the 1990 Decennial Census by the Bureau of the Census (appendix G of 40 CFR 122); or
- (ii) Located in the counties listed in appendix I of 40 CFR 122, except municipal separate storm sewers that are located in the incorporated places, townships or towns within such counties; or
- (iii) Owned or operated by a municipality other than those described in paragraph (i) or (ii) and that are designated by the Director as part of the large or medium municipal separate storm sewer system due to the interrelationship between the discharges of the designated storm sewer and the discharges from municipal separate storm sewers described under paragraph (i) or (ii). In making this determination the Director may consider the following factors:
  - (A) Physical interconnections between the municipal separate storm sewers;
  - (B) The location of discharges from the designated municipal separate storm sewer relative to discharges from municipal separate storm sewers described in paragraph (i);
  - (C) The quantity and nature of pollutants discharged to waters of the United States;
  - (D) The nature of the receiving waters; or
  - (E) Other relevant factors; or
- (iv) The Director may, upon petition, designate as a medium municipal separate storm sewer system, municipal separate storm sewers located within the boundaries of a region defined by a storm water management regional authority based on a jurisdictional, watershed, or other appropriate basis that includes one or more of the systems described in paragraphs (i), (ii), (iii) of this section.

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**FORM 2S—GLOSSARY CONTINUED**

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**MUNICIPALITY** means a city, town, borough, county, parish, district, association, or other public body created by or under State law and having jurisdiction over disposal of sewage, industrial wastes, or other wastes, or an Indian tribe or an authorized Indian tribal organization, or a designated and approved management agency under section 208 of the CWA.

**MUNICIPAL SEPARATE STORM SEWER** (defined at § 122.26(b)(8)) means a conveyance or system of conveyances (including roads with drainage systems, municipal streets, catch basins, curbs, gutters, ditches, man-made channels, or storm drains):

- Owned or operated by a State, city, town, borough, county, parish, district, association, or other public body (created by or pursuant to State law) having jurisdiction over disposal of sewage, industrial wastes, stormwater, or other wastes, including special districts under State law such as a sewer district, flood control district or drainage district, or similar entity, or an Indian tribe or an authorized Indian tribal organization, or a designated and approved management agency under section 208 of the CWA that discharges to waters of the United States.
- Designed or used for collecting or conveying stormwater.
- Which is not a combined sewer; and
- Which is not part of a POTW as defined at 40 CFR 122.2.

**MUNICIPAL SLUDGE** (*see sewage sludge*)

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)** means the national program for issuing, modifying, revoking and reissuing, terminating, monitoring and enforcing permits, and imposing and enforcing pretreatment requirements, under sections 307, 402, 318, and 405 of the CWA. The term includes an "approved program."

**NEW DISCHARGER** means any building, structure, facility, or installation:

- From which there is or may be a "discharge of pollutants;"
- That did not commence the "discharge of pollutants" at a particular "site" prior to August 13, 1979;
- Which is not a "new source;" and
- Which has never received a finally effective NPDES permit for discharges at that "site."

This definition includes an "indirect discharger" which commences discharging into "waters of the United States" after August 13, 1979. It also means any existing mobile point source (other than an offshore or coastal oil and gas exploratory drilling rig or a coastal oil and gas developmental drilling rig) such as a seafood processing rig, seafood processing vessel, or aggregate plant, that begins discharging at a "site" for which it does not have a permit; and any offshore or coastal mobile oil and gas exploratory drilling rig or coastal mobile oil and gas developmental drilling rig that commences the discharge of pollutants after August 13, 1979, at a "site" under EPA's permitting jurisdiction for which it is not covered by an individual or general permit and which is located in an area determined by the Regional Administrator in the issuance of a final permit to be an area of biological concern. In determining whether an area is an area of biological concern, the Regional Administrator shall consider the factors specified in 40 CFR 125.122(a)(1) through (10).

An offshore or coastal mobile exploratory drilling rig or coastal mobile developmental drilling rig will be considered a "new discharger" only for the duration of its discharge in an area of biological concern.

**NEW SOURCE** means any building, structure, facility, or installation from which there is or may be a "discharge of pollutants," the construction of which commenced:

- After promulgation of standards of performance under section 306 of the CWA which are applicable to such source, or
- After proposal of standards of performance in accordance with section 306 of the CWA which are applicable to such source, but only if the standards are promulgated in accordance with section 306 within 120 days of their proposal.

**OWNER OR OPERATOR** means the owner or operator of any "facility or activity" subject to regulation under the NPDES program.

**PERMIT** means an authorization, license, or equivalent control document issued by EPA or an "approved State" to implement the requirements of this part and parts 123 and 124. "Permit" includes an NPDES "general permit" (§ 122.28). Permit does not include any permit which has not yet been the subject of final agency action, such as a "draft permit" or a "proposed permit."

**PESTICIDE DISCHARGES TO WATERS OF THE UNITED STATES FROM PESTICIDE APPLICATION** means the application of biological pesticides, and the application of chemical pesticides that leave a residue, from point sources to waters of the United States. In the context of this definition of pesticide discharges to waters of the United States from pesticide application, this does not include agricultural storm water discharges and return flows from irrigated agriculture, which are excluded by law (33 U.S.C. 1342(l); 33 U.S.C. 1362(14)).

**PESTICIDE RESIDUE** for the purpose of determining whether a NPDES permit is needed for discharges to waters of the United States from pesticide application, means that portion of a pesticide application that is discharged from a point source to waters of the United States and no longer provides pesticidal benefits. It also includes any degradates of the pesticide.

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**FORM 2S—GLOSSARY CONTINUED**

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**POINT SOURCE** means any discernible, confined, and discrete conveyance, including but not limited to, any pipe, ditch, channel, tunnel, conduit, well, discrete fissure, container, rolling stock, concentrated animal feeding operation, landfill leachate collection system, vessel or other floating craft from which pollutants are or may be discharged. This term does not include return flows from irrigated agriculture or agricultural stormwater runoff. (See § 122.3).

**POLLUTANT** means dredged spoil, solid waste, incinerator residue, filter backwash, sewage, garbage, sewage sludge, munitions, chemical wastes, biological materials, radioactive materials (except those regulated under the Atomic Energy Act of 1954, as amended (42 U.S.C. 2011 *et seq.*)), heat, wrecked or discarded equipment, rock, sand, cellar dirt and industrial, municipal, and agricultural waste discharged into water. It does not mean:

- Sewage from vessels; or
- Water, gas, or other material which is injected into a well to facilitate production of oil or gas, or water derived in association with oil and gas production and disposed of in a well, if the well used either to facilitate production or for disposal purposes is approved by authority of the State in which the well is located, and if the State determines that the injection or disposal will not result in the degradation of ground or surface water resources. Note: Radioactive materials covered by the Atomic Energy Act are those encompassed in its definition of source, byproduct, or special nuclear materials. Examples of materials not covered include radium and accelerator-produced isotopes. See *Train v. Colorado Public Interest Research Group, Inc.*, 426 U.S. 1 (1976).

**PRIMARY INDUSTRY CATEGORY** means any industry category listed in the NRDC settlement agreement (*Natural Resources Defense Council et al. v. Train*, 8 E.R.C. 2120 (D.D.C. 1976), modified 12 E.R.C. 1833 (D.D.C. 1979)); also listed in appendix A of part 122.

**PRIVATELY OWNED TREATMENT WORKS** means any device or system which is (1) used to treat wastes from any facility whose operator is not the operator of the treatment works and (2) not a "POTW."

**PROCESS WASTEWATER** means any water which, during manufacturing or processing, comes into direct contact with or results from the production or use of any raw material, intermediate product, finished product, byproduct, or waste product.

**PROPOSED PERMIT** means a state NPDES "permit" prepared after the close of the public comment period (and, when applicable, any public hearing and administrative appeals) which is sent to EPA for review before final issuance by the State. A "proposed permit" is not a "draft permit."

**PUBLICLY OWNED TREATMENT WORKS** or **POTW** (defined at § 403.3) means a treatment works as defined by CWA Section 212, which is owned by a state or municipality (as defined by CWA Section 502(4)). This definition includes any devices or systems used in the storage, treatment, recycling, and reclamation) of municipal sewage or industrial wastes of a liquid nature. This definition also includes sewers, pipes, and other conveyances only if they convey wastewater to a POTW. The term also means the municipality as defined in CWA Section 502(4), which has jurisdiction over the indirect discharges to and the discharges from such a treatment works.

**REGIONAL ADMINISTRATOR** means the Regional Administrator of the appropriate Regional Office of the Environmental Protection Agency or the authorized representative of the Regional Administrator.

**ROCK CRUSHING AND GRAVEL WASHING FACILITIES** (defined at § 122.27) means facilities which process crushed and broken stone, gravel, and riprap (See 40 CFR 436, subpart B, including the effluent limitations guidelines).

**SCHEDULE OF COMPLIANCE** means a schedule of remedial measures included in a "permit", including an enforceable sequence of interim requirements (for example, actions, operations, or milestone events) leading to compliance with the CWA and regulations.

**SECONDARY INDUSTRY CATEGORY** means any industry category which is not a primary industry category.

**SEWAGE FROM VESSELS** means human body wastes and the wastes from toilets and other receptacles intended to receive or retain body wastes that are discharged from vessels and regulated under section 312 of the CWA, except that with respect to commercial vessels on the Great Lakes this term includes graywater. For the purposes of this definition, "graywater" means galley, bath, and shower water.

**SEWAGE SLUDGE** means any solid, semi-solid, or liquid residue removed during the treatment of municipal waste water or domestic sewage. Sewage sludge includes, but is not limited to, solids removed during primary, secondary, or advanced waste water treatment, scum, septage, portable toilet pumpings, type III marine sanitation device pumpings (33 CFR 159), and sewage sludge products. Sewage sludge does not include grit or screenings, or ash generated during the incineration of sewage sludge.

**SILVICULTURAL POINT SOURCE** (defined at § 122.27) means any discernible, confined, and discrete conveyance related to rock crushing, gravel washing, log sorting, or log storage facilities which are operated in connection with silvicultural activities and from which pollutants are discharged into waters of the United States. This term does not include non-point source silvicultural activities such as nursery operations, site preparation, reforestation and subsequent cultural treatment, thinning, prescribed burning, pest and fire control, harvesting operations, surface drainage, or road construction and maintenance from which there is natural runoff. However, some of these activities (such as stream crossing for roads) may involve point source discharges of dredged or fill material which may require a CWA Section 404 permit (see 33 CFR 209.120 and part 233).

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**FORM 2S—GLOSSARY CONTINUED**

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**SITE** means the land or water area where any "facility or activity" is physically located or conducted, including adjacent land used in connection with the facility or activity.

**SLUDGE-ONLY FACILITY** means any "treatment works treating domestic sewage" whose methods of sewage sludge use or disposal are subject to regulations promulgated pursuant to section 405(d) of the CWA and is required to obtain a permit under § 122.1(b)(2).

**STANDARDS FOR SEWAGE SLUDGE USE OR DISPOSAL** means the regulations promulgated pursuant to section 405(d) of the CWA which govern minimum requirements for sludge quality, management practices, and monitoring and reporting applicable to sewage sludge or the use or disposal of sewage sludge by any person.

**STATE** means any of the 50 States, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Virgin Islands, American Samoa, the Commonwealth of the Northern Mariana Islands, the Trust Territory of the Pacific Islands, or an Indian Tribe as defined in these regulations which meets the requirements of § 123.31 of this chapter.

**STATE DIRECTOR** means the chief administrative officer of any State or interstate agency operating an "approved program," or the delegated representative of the State Director. If responsibility is divided among two or more State or interstate agencies, "State Director" means the chief administrative officer of the State or interstate agency authorized to perform the particular procedure or function to which reference is made.

**STORMWATER** (or **STORM WATER**) (defined at § 122.26(b)(13)) means stormwater runoff, snow melt runoff, and surface runoff and drainage.

**STORMWATER DISCHARGE ASSOCIATED WITH INDUSTRIAL ACTIVITY** (defined at § 122.26(b)(14)) means the discharge from any conveyance that is used for collecting and conveying stormwater and that is directly related to manufacturing, processing or raw materials storage areas at an industrial plant. The term does not include discharges from facilities or activities excluded from the NPDES program under this part 122. For the categories of industries identified in this section, the term includes, but is not limited to, stormwater discharges from industrial plant yards; immediate access roads and rail lines used or traveled by carriers of raw materials, manufactured products, waste material, or by-products used or created by the facility; material handling sites; refuse sites; sites used for the application or disposal of process waste waters (as defined at 40 CFR 401); sites used for the storage and maintenance of material handling equipment; sites used for residual treatment, storage, or disposal; shipping and receiving areas; manufacturing buildings; storage areas (including tank farms) for raw materials, and intermediate and final products; and areas where industrial activity has taken place in the past and significant materials remain and are exposed to stormwater. For the purposes of this paragraph, material handling activities include storage, loading and unloading, transportation, or conveyance of any raw material, intermediate product, final product, by-product or waste product. The term excludes areas located on plant lands separate from the plant's industrial activities, such as office buildings and accompanying parking lots as long as the drainage from the excluded areas is not mixed with stormwater drained from the above described areas. Industrial facilities (including industrial facilities that are federally, State, or municipally owned or operated that meet the description of the facilities listed in paragraphs 1 through 14 below) include those facilities designated under the provisions of 40 CFR 122.26(a)(1)(v). The following categories of facilities are considered to be engaging in "industrial activity" for purposes of 40 CFR 122.26(b)(14):

1. Facilities subject to stormwater effluent limitations guidelines, new source performance standards, or toxic pollutant effluent standards under 40 CFR Subchapter N (except facilities with toxic pollutant effluent standards which are exempted under paragraph 11 below);
2. Facilities classified as Standard Industrial Classification 24, Industry Group 241 that are rock crushing, gravel washing, log sorting, or log storage facilities operated in connection with silvicultural activities defined in 40 CFR 122.27(b)(2)–(3) and Industry Groups 242 through 249; 26 (except 265 and 267), 28 (except 283), 29, 311, 32 (except 323), 33, 3441, 373; (not included are all other types of silvicultural facilities);
3. Facilities classified as Standard Industrial Classifications 10 through 14 (mineral industry) including active or inactive mining operations (except for areas of coal mining operations no longer meeting the definition of a reclamation area under 40 CFR 434.11(1) because the performance bond issued to the facility by the appropriate SMCRA authority has been released, or except for areas of non-coal mining operations which have been released from applicable State or Federal reclamation requirements after December 17, 1990) and oil and gas exploration, production, processing, or treatment operations, or transmission facilities that discharge stormwater contaminated by contact with or that has come into contact with, any overburden, raw material, intermediate products, finished products, byproducts or waste products located on the site of such operations; (inactive mining operations are mining sites that are not being actively mined, but which have an identifiable owner/operator; inactive mining sites do not include sites where mining claims are being maintained prior to disturbances associated with the extraction, beneficiation, or processing of mined materials, nor sites where minimal activities are undertaken for the sole purpose of maintaining a mining claim);
4. Hazardous waste treatment, storage, or disposal facilities, including those that are operating under interim status or a permit under subtitle C of RCRA;
5. Landfills, land application sites, and open dumps that receive or have received any industrial wastes (waste that is received from any of the facilities described under this subsection) including those that are subject to regulation under subtitle D of RCRA;
6. Facilities involved in the recycling of materials, including metal scrapyards, battery reclaimers, salvage yards, and automobile junkyards, including but limited to those classified as Standard Industrial Classification 5015 and 5093;

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**FORM 2S—GLOSSARY CONTINUED**

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7. Steam electric power generating facilities, including coal handling sites;
8. Transportation facilities classified as Standard Industrial Classifications 40, 41, 42 (except 4221–25), 43, 44, 45, and 5171 which have vehicle maintenance shops, equipment cleaning operations, or airport deicing operations. Only those portions of the facility that are either involved in vehicle maintenance (including vehicle rehabilitation, mechanical repairs, painting, fueling, and lubrication), equipment cleaning operations, airport deicing operations, or which are otherwise identified under paragraphs 1–7 or 9–11 are associated with industrial activity;
9. Treatment works treating domestic sewage or any other sewage sludge or wastewater treatment device or system, used in the storage treatment, recycling, and reclamation of municipal or domestic sewage, including land dedicated to the disposal of sewage sludge that are located within the confines of the facility, with a design flow of 1.0 mgd or more, or required to have an approved pretreatment program under 40 CFR 403. Not included are farm lands, domestic gardens or lands used for sludge management where sludge is beneficially reused and which are not physically located in the confines of the facility, or areas that are in compliance with section 405 of the CWA;
10. Construction activity including clearing, grading and excavation, except operations that result in the disturbance of less than five acres of total land area. Construction activity also includes the disturbance of less than five acres of total land area that is a part of a larger common plan of development or sale if the larger common plan will ultimately disturb five acres or more;
11. Facilities under Standard Industrial Classifications 20, 21, 22, 23, 2434, 25, 265, 267, 27, 283, 285, 30, 31 (except 311), 323, 34 (except 3441), 35, 36, 37 (except 373), 38, 39, and 4221–25.

**TOXIC POLLUTANT** means any pollutant listed as toxic under section 307(a)(1) or, in the case of “sludge use or disposal practices,” any pollutant identified in regulations implementing section 405(d) of the CWA.

**TREATMENT WORKS TREATING DOMESTIC SEWAGE (TWTDS)** means a POTW or any other sewage sludge or waste water treatment devices or systems, regardless of ownership (including federal facilities), used in the storage, treatment, recycling, and reclamation of municipal or domestic sewage, including land dedicated for the disposal of sewage sludge. This definition does not include septic tanks or similar devices. For purposes of this definition, “domestic sewage” includes waste and waste water from humans or household operations that are discharged to or otherwise enter a treatment works. In States where there is no approved State sludge management program under section 405(f) of the CWA, the Regional Administrator may designate any person subject to the standards for sewage sludge use and disposal in 40 CFR 503 as a “treatment works treating domestic sewage,” where he or she finds that there is a potential for adverse effects on public health and the environment from poor sludge quality or poor sludge handling, use or disposal practices, or where he or she finds that such designation is necessary to ensure that such person is in compliance with 40 CFR 503.


**UPSET** (defined at § 122.41(n)) means an exceptional incident in which there is unintentional and temporary noncompliance with technology based permit effluent limitations because of factors beyond the reasonable control of the permittee. An upset does not include noncompliance to the extent caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, or careless or improper operation.

**VARIANCE** means any mechanism or provision under section 301 or 316 of the CWA or under 40 CFR 125, or in the applicable “effluent limitations guidelines” which allows modification to or waiver of the generally applicable effluent limitation requirements or time deadlines of the CWA. This includes provisions which allow the establishment of alternative limitations based on fundamentally different factors or on sections 301(c), 301(g), 301(h), 301(i), or 316(a) of the CWA.

**WATERS OF THE UNITED STATES** as defined at § 122.2.

**WHOLE EFFLUENT TOXICITY (WET)** means the aggregate toxic effect of an effluent measured directly by a toxicity test.

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EPA Identification Number		NPDES Permit Number		Facility Name		Form Approved 03/06/19XX/XX/21 OMB No. 2040-0004	
Form 2S NPDES			U.S Environmental Protection Agency Application for NPDES Permit for Sewage Sludge Management NEW AND EXISTING TREATMENT WORKS TREATING DOMESTIC SEWAGE				
PRELIMINARY INFORMATION							
Does your facility currently have an effective NPDES permit or have you been directed by your NPDES permitting authority to submit a full Form 2S permit application? <input type="checkbox"/> Yes → Complete Part 2 of application package (begins p. 7). <input type="checkbox"/> No → Complete Part 1 of application package (below).							
PART 1		LIMITED BACKGROUND INFORMATION (40 CFR 122.21(c)(2)(ii))					
Complete this part only if you are a "sludge-only" facility (i.e., a facility that does not currently have, and is not applying for, an NPDES permit for a direct discharge to a surface body of water).							
PART 1, SECTION 1. FACILITY INFORMATION (40 CFR 122.21(c)(2)(ii)(A))							
Facility Information	1.1	Facility name					
		Mailing address (street or P.O. box)					
		City or town		State	ZIP code		
		Contact name (first and last)	Title	Phone number	Email address		
		Location address (street, route number, or other specific identifier)					<input type="checkbox"/> Same as mailing address
		City or town		State	ZIP code		
	1.2	Ownership Status					
<input type="checkbox"/> Public—federal		<input type="checkbox"/> Public—state		<input type="checkbox"/> Other public (specify) _____			
<input type="checkbox"/> Private		<input type="checkbox"/> Other (specify) _____					
PART 1, SECTION 2. APPLICANT INFORMATION (40 CFR 122.21(c)(2)(ii)(B))							
Applicant Information	2.1	Is applicant different from entity listed under Item 1.1 above? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.3 (Part 1, Section 2).					
	2.2	Applicant name					
		Applicant address (street or P.O. box)					
		City or town		State	ZIP code		
		Contact name (first and last)	Title	Phone number	Email address		
2.3	Is the applicant the facility's owner, operator, or both? (Check only one response.) <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Both						
2.4	To which entity should the NPDES permitting authority send correspondence? (Check only one response.) <input type="checkbox"/> Facility <input type="checkbox"/> Applicant <input type="checkbox"/> Facility and applicant (they are one and the same)						
PART 1, SECTION 3. SEWAGE SLUDGE AMOUNT (40 CFR 122.21(c)(2)(ii)(D))							
Sewage Sludge Amount	3.1	Provide the total dry metric tons per the latest 365-day period of sewage sludge generated, treated, used, and disposed of:					
		Practice				Dry Metric Tons per 365-Day Period	
		Amount generated at the facility					
		Amount treated at the facility					
		Amount used (i.e., received from off site) at the facility					
		Amount disposed of at the facility					

**Commented [AS4]:** Question for EPA: Can the suggested change below be implemented without a regulatory revision to 40 CFR 122.21(c)(2)(ii)(D)? This change may increase the ICR burden since the previous version of the forms only required reporting of 1 year (i.e., the last 365 days) of data. See Region 9 request for change below.

When reporting the amount generated, (Pat 1 3.1 and Part 2 2.2) the facility should also report the amount stored on site from previous years, and the estimated amount collecting in long-term treatment lagoons. The amount stored from previous years should be reported so that EPA or the state can determine if the facility has justified continued storage of the sludge and has adequate plans for use or disposal. The estimated amount in long-term treatment lagoons or sludge lagoons should also be given so that EPA or the state can determine if plans for removal are adequate.

EPA Identification Number	NPDES Permit Number	Facility Name	Form Approved 03/06/19XX/XX/21 OMB No. 2040-0004																																																																															
PART 1, SECTION 4. POLLUTANT CONCENTRATIONS (40 CFR 122.21(c)(2)(ii)(E))																																																																																		
Pollutant Concentrations	4.1	Using the table below or a separate attachment, provide existing sewage sludge monitoring data for the pollutants for which limits in sewage sludge have been established in 40 CFR 503 for your facility's expected use or disposal practices. If available, base data on three or more samples taken at least one month apart and no more than 4.5 years old. <input type="checkbox"/> Check here if you have provided a separate attachment with this information.																																																																																
		<table><thead><tr><th>Pollutant</th><th>Concentration (mg/kg dry weight)</th><th>Analytical Method</th><th>Detection Level for Analysis</th></tr></thead><tbody><tr><td>Arsenic</td><td></td><td></td><td></td></tr><tr><td>Cadmium</td><td></td><td></td><td></td></tr><tr><td>Chromium</td><td></td><td></td><td></td></tr><tr><td>Copper</td><td></td><td></td><td></td></tr><tr><td>Lead</td><td></td><td></td><td></td></tr><tr><td>Mercury</td><td></td><td></td><td></td></tr><tr><td>Molybdenum</td><td></td><td></td><td></td></tr><tr><td>Nickel</td><td></td><td></td><td></td></tr><tr><td>Selenium</td><td></td><td></td><td></td></tr><tr><td>Zinc</td><td></td><td></td><td></td></tr><tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr><tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr><tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr><tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr><tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr><tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr><tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr><tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr><tr><td>Other (specify) _____</td><td></td><td></td><td></td></tr></tbody></table>	Pollutant	Concentration (mg/kg dry weight)	Analytical Method	Detection Level for Analysis	Arsenic				Cadmium				Chromium				Copper				Lead				Mercury				Molybdenum				Nickel				Selenium				Zinc				Other (specify) _____				Other (specify) _____				Other (specify) _____				Other (specify) _____				Other (specify) _____				Other (specify) _____				Other (specify) _____				Other (specify) _____				Other (specify) _____			
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**Commented [AS5]:** Question for EPA: Are these changes acceptable? See Region 9 request for change below.

Change 2 of the terms in "use or disposal practices" Part 1 5.1 and Part 2 2.8) from "surface disposal in landfill" and "other surface disposal" to "disposal in landfill" and "surface disposal". The requirements for surface disposal in 40 CFR 503 are very different from the requirements for disposal in a municipal or private landfill. The mixing of these terms here confuses many POTWs and they submit reports for "surface disposal" when they had actually had their biosolids disposed in a landfill covered under 40 CFR 258.

EPA Identification Number	NPDES Permit Number	Facility Name	Form Approved <del>03/06/19</del> XX/XX/21 OMB No. 2040-0004		
<b>PART 1, SECTION 7. USE AND DISPOSAL SITES (40 CFR 122.21(c)(2)(ii)(C))</b>					
Use and Disposal Sites	Provide the following information for each site on which sewage sludge from this facility is used or disposed of. <input type="checkbox"/> Check here if you have provided separate attachments with this information.				
	7.1	Site name or number			
		Mailing address (street or P.O. box)			
		City or town		State	ZIP code
		Contact name (first and last)	Title	Phone number	Email address
		Location address (street, route number, or other specific identifier)			<input type="checkbox"/> Same as mailing address
		City or town		State	ZIP code
		County		County code	<input type="checkbox"/> Not available
	7.2	Site type (check all that apply)			
	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Lawn or home garden	<input type="checkbox"/> Forest		
<input type="checkbox"/> Surface disposal	<input type="checkbox"/> Public contact	<input type="checkbox"/> Incineration			
<input type="checkbox"/> Reclamation	<input type="checkbox"/> Municipal solid waste landfill	<input type="checkbox"/> Other (describe)			
<b>PART 1, SECTION 8. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))</b>					
Checklist and Certification Statement	8.1	In Column 1 below, mark the sections of Form 2S, Part 1, that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.			
		<b>Column 1</b>		<b>Column 2</b>	
		<input type="checkbox"/> Section 1: Facility Information	<input type="checkbox"/> w/ attachments		
		<input type="checkbox"/> Section 2: Applicant Information	<input type="checkbox"/> w/ attachments		
		<input type="checkbox"/> Section 3: Sewage Sludge Amount	<input type="checkbox"/> w/ attachments		
		<input type="checkbox"/> Section 4: Pollutant Concentrations	<input type="checkbox"/> w/ attachments		
		<input type="checkbox"/> Section 5: Treatment Provided at Your Facility	<input type="checkbox"/> w/ attachments		
		<input type="checkbox"/> Section 6: Sewage Sludge Sent to Other Facilities	<input type="checkbox"/> w/ attachments		
		<input type="checkbox"/> Section 7: Use and Disposal Sites	<input type="checkbox"/> w/ attachments		
<input type="checkbox"/> Section 8: Checklist and Certification Statement					

EPA Identification Number		NPDES Permit Number	Facility Name	Form Approved <del>03/06/19</del> <del>XX/XX/21</del> OMB No. 2040-0004
Checklist and Certification Statement Continued	8.2	<u>Provide the following certification. (See instructions to determine the appropriate person to submit the application.)</u>		
	<b>Certification Statement</b>			
	<i>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 submitted 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.</i>			
	Name (print or type first and last name)		Official title	Phone number
Signature		Date signed		

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**PART 1 APPLICANTS STOP HERE.**

Submit completed application package to your NPDES permitting authority.

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EPA Identification Number	NPDES Permit Number	Facility Name	Form Approved 03/05/19XX/XX/21 OMB No. 2040-0004	
<b>PART 2</b>		<b>PERMIT APPLICATION INFORMATION (40 CFR 122.21(q))</b>		
<p>Complete this part if you have an effective NPDES permit or have been directed by the NPDES permitting authority to submit a full permit application. In other words, complete this part if your facility has, or is applying for, an NPDES permit.</p> <p>Part 2 is divided into five sections. Section 1 pertains to all applicants. The applicability of Sections 2 to 5 depends on your facility's sewage sludge use or disposal practices. See the instructions to determine which sections you are required to complete.</p>				
<b>PART 2, SECTION 1. GENERAL INFORMATION (40 CFR 122.21(q)(1–7) AND (q)(13))</b>				
General Information	All Part 2 applicants must complete this section.			
	<b>Facility Information</b>			
	1.1	Facility name		
		Mailing address (street or P.O. box)		
		City or town	State	ZIP code      Phone number
		Contact name (first and last)	Title	Email address
		Location address (street, route number, or other specific identifier)		<input type="checkbox"/> Same as mailing address
		City or town	State	ZIP code
	1.2	Is this facility a Class I sludge management facility?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	1.3	Facility Design Flow Rate	million gallons per day (mgd)	
	1.4	Total Population Served		
	1.5	<b>Ownership Status</b>		
		<input type="checkbox"/> Public—federal <input type="checkbox"/> Public—state <input type="checkbox"/> Other public (specify) _____ <input type="checkbox"/> Private <input type="checkbox"/> Other (specify) _____		
	<b>Applicant Information</b>			
	1.6	Is applicant different from entity listed under Item 1.1 above?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.18 (Part 2, Section 1).		
	1.7	Applicant name		
	Applicant mailing address (street or P.O. box)			
	City or town	State	ZIP code	
	Contact name (first and last)	Title	Phone number      Email address	
1.8	Is the applicant the facility's owner, operator, or both? (Check only one response.)			
	<input type="checkbox"/> Operator <input type="checkbox"/> Owner <input type="checkbox"/> Both			
1.9	To which entity should the NPDES permitting authority send correspondence? (Check only one response.)			
	<input type="checkbox"/> Facility <input type="checkbox"/> Applicant <input type="checkbox"/> Facility and applicant (they are one and the same)			

**Commented [AS6]:** This was a typo that we addressed on the PDF form on 8/8/19. Making here so we have a Word file with the comprehensive set of edits.

EPA Identification Number	NPDES Permit Number	Facility Name	Form Approved <del>03/05/19</del> XX/XX/21 OMB No. 2040-0004
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General Information Continued	Permit Information			
	1.10	Facility's NPDES permit number <input type="checkbox"/> Check here if you do not have an NPDES permit but are otherwise required to submit Part 2 of Form 2S.	NPDES Permit Number	
	1.11	Indicate all other federal, state, and local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices below. <input type="checkbox"/> Check here if you have provided a separate attachment with this information.		
	Existing Environment Permits (check all that apply and print or type the corresponding permit number for each)			
	<input type="checkbox"/> RCRA (hazardous wastes) _____		<input type="checkbox"/> Nonattainment program (CAA) _____	
	<input type="checkbox"/> PSD (air emissions) _____		<input type="checkbox"/> Dredge or fill (CWA Section 404) _____	
	<input type="checkbox"/> Ocean dumping (MPRSA) _____		<input type="checkbox"/> UIC (underground injection of fluids) _____	
	<input type="checkbox"/> NESHAPs (CAA) _____			
	<input type="checkbox"/> Other (specify) _____			
	Indian Country			
	1.12	Does any generation, treatment, storage, application to land, or disposal of sewage sludge from this facility occur in Indian Country? <input type="checkbox"/> Yes <span style="margin-left: 150px;"><input type="checkbox"/> No → SKIP to Item 1.14 (Part 2, Section 1) below.</span>		
	1.13	Provide a description of the generation, treatment, storage, land application, or disposal of sewage sludge that occurs.		
	Topographic Map			
	1.14	Have you attached a topographic map containing all required information to this application? (See instructions for specific requirements.) <input type="checkbox"/> Yes <span style="margin-left: 150px;"><input checked="" type="checkbox"/> No</span>		
	Line Drawing			
1.15	Have you attached a line drawing and/or a narrative description that identifies all sewage sludge practices that will be employed during the term of the permit containing all the required information to this application? (See instructions for specific requirements.) <input type="checkbox"/> Yes <span style="margin-left: 150px;"><input checked="" type="checkbox"/> No</span>			
Contractor Information				
1.16	Do contractors have any operational or maintenance responsibilities related to sewage sludge generation, treatment, use, or disposal at the facility? <input type="checkbox"/> Yes <span style="margin-left: 150px;"><input type="checkbox"/> No → SKIP to Item 1.18 (Part 2, Section 1) below.</span>			
1.17	Provide the following information for each contractor. <input type="checkbox"/> Check here if you have attached additional sheets to the application package.			
	Contractor 1	Contractor 2	Contractor 3	
Contractor company name				
Mailing address (street or P.O. box)				
City, state, and ZIP code				
Contact name (first and last)				
Telephone number				
Email address				

EPA Identification Number	NPDES Permit Number	Facility Name		Form Approved <span style="color: red;">03/05/19XX/XX/21</span> OMB No. 2040-0004
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<b>General Information Continued</b>	1.17 cont.	Responsibilities of contractor	<b>Contractor 1</b>	<b>Contractor 2</b>	<b>Contractor 3</b>
	<b>Pollutant Concentrations</b>				
	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 503 for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than 4.5 years old.				
	<input type="checkbox"/> Check here if you have attached additional sheets to the application package.				
	1.18	<b>Pollutant</b>	<b>Average Monthly Concentration</b> <small>(mg/kg dry weight)</small>	<b>Analytical Method</b>	<b>Detection Level</b>
		Arsenic			
		Cadmium			
		Chromium			
		Copper			
		Lead			
	Mercury				
	Molybdenum				
	Nickel				
	Selenium				
	Zinc				
<b>Checklist and Certification Statement</b>					
1.19	In Column 1 below, mark the sections of Form 2S, Part 2, that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing. Note that not all applicants are required to complete all sections or provide attachments. See Exhibit 2S-2 in the Instructions.				
	<b>Column 1</b>		<b>Column 2</b>		
	<input type="checkbox"/> Section 1 (General Information)		<input type="checkbox"/> w/ attachments		
	<input type="checkbox"/> Section 2 (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)		<input type="checkbox"/> w/ attachments		
	<input type="checkbox"/> Section 3 (Land Application of Bulk Sewage Sludge)		<input type="checkbox"/> w/ attachments		
	<input type="checkbox"/> Section 4 (Surface Disposal)		<input type="checkbox"/> w/ attachments		
	<input type="checkbox"/> Section 5 (Incineration)		<input type="checkbox"/> w/ attachments		
1.20	<span style="color: red;">Provide the following certification. (See instructions to determine the appropriate person to sign the application.)</span>  <b>Certification Statement</b>  <i>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 submitted 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.</i>				
	Name (print or type first and last name)		Official title		
	Signature		Date signed		
	Telephone number				
Upon the request of the NPDES permitting authority, you must submit any other information the authority deems necessary to assess sewage sludge use or disposal practices at your facility and identify appropriate permitting requirements.					

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EPA Identification Number	NPDES Permit Number	Facility Name	Form Approved <span style="color:red;">03/06/19XX/XX/21</span> OMB No. 2040-0004
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PART 2, SECTION 2. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE (40 CFR 122.21(q)(8) THROUGH (12))

Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge	2.1	Does your facility generate sewage sludge or derive a material from sewage sludge?											
	<input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Part 2, Section 3.												
	<b>Amount Generated Onsite</b>												
	2.2	Total dry metric tons per <span style="color:red;">365-day period</span> generated at your facility:											
	<b>Amount Received from Off Site Facility</b>												
	2.3	Does your facility receive sewage sludge from another facility for treatment use or disposal?											
	<input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item <span style="color:red;">2.87</span> (Part 2, Section 2) below.												
	2.4	Indicate the total number of facilities from which you receive sewage sludge for treatment, use, or disposal:											
	Provide the following information for each of the facilities from which you receive sewage sludge. <input type="checkbox"/> Check here if you have attached additional sheets to the application package.												
	2.5	Name of facility Mailing address (street or P.O. box) City or town                      State                      ZIP code Contact name (first and last)    Title                      Phone number                      Email address Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address City or town                      State                      ZIP code County                      County code <input type="checkbox"/> Not available											
2.6	Indicate the amount of sewage sludge received, the applicable pathogen class and reduction alternative, and the applicable vector reduction option provided at the offsite facility. <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width:30%;">Amount (dry metric tons)</th> <th style="width:40%;">Pathogen Class and Reduction Alternative</th> <th style="width:30%;">Vector Attraction Reduction Option</th> </tr> </thead> <tbody> <tr> <td></td> <td> <input type="checkbox"/> Not applicable  <input type="checkbox"/> Class A, Alternative 1  <input type="checkbox"/> Class A, Alternative 2  <input type="checkbox"/> Class A, Alternative 3  <input type="checkbox"/> Class A, Alternative 4  <input type="checkbox"/> Class A, Alternative 5  <input type="checkbox"/> Class A, Alternative 6  <input type="checkbox"/> Class B, Alternative 1  <input type="checkbox"/> Class B, Alternative 2  <input type="checkbox"/> Class B, Alternative 3  <input type="checkbox"/> Class B, Alternative 4  <input type="checkbox"/> Domestic septage, pH adjustment               </td> <td> <input type="checkbox"/> Not applicable  <input type="checkbox"/> Option 1  <input type="checkbox"/> Option 2  <input type="checkbox"/> Option 3  <input type="checkbox"/> Option 4  <input type="checkbox"/> Option 5  <input type="checkbox"/> Option 6  <input type="checkbox"/> Option 7  <input type="checkbox"/> Option 8  <input type="checkbox"/> Option 9  <input type="checkbox"/> Option 10  <input type="checkbox"/> Option 11               </td> </tr> </tbody> </table>			Amount (dry metric tons)	Pathogen Class and Reduction Alternative	Vector Attraction Reduction Option		<input type="checkbox"/> Not applicable <input type="checkbox"/> Class A, Alternative 1 <input type="checkbox"/> Class A, Alternative 2 <input type="checkbox"/> Class A, Alternative 3 <input type="checkbox"/> Class A, Alternative 4 <input type="checkbox"/> Class A, Alternative 5 <input type="checkbox"/> Class A, Alternative 6 <input type="checkbox"/> Class B, Alternative 1 <input type="checkbox"/> Class B, Alternative 2 <input type="checkbox"/> Class B, Alternative 3 <input type="checkbox"/> Class B, Alternative 4 <input type="checkbox"/> Domestic septage, pH adjustment	<input type="checkbox"/> Not applicable <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4 <input type="checkbox"/> Option 5 <input type="checkbox"/> Option 6 <input type="checkbox"/> Option 7 <input type="checkbox"/> Option 8 <input type="checkbox"/> Option 9 <input type="checkbox"/> Option 10 <input type="checkbox"/> Option 11				
Amount (dry metric tons)	Pathogen Class and Reduction Alternative	Vector Attraction Reduction Option											
	<input type="checkbox"/> Not applicable <input type="checkbox"/> Class A, Alternative 1 <input type="checkbox"/> Class A, Alternative 2 <input type="checkbox"/> Class A, Alternative 3 <input type="checkbox"/> Class A, Alternative 4 <input type="checkbox"/> Class A, Alternative 5 <input type="checkbox"/> Class A, Alternative 6 <input type="checkbox"/> Class B, Alternative 1 <input type="checkbox"/> Class B, Alternative 2 <input type="checkbox"/> Class B, Alternative 3 <input type="checkbox"/> Class B, Alternative 4 <input type="checkbox"/> Domestic septage, pH adjustment	<input type="checkbox"/> Not applicable <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4 <input type="checkbox"/> Option 5 <input type="checkbox"/> Option 6 <input type="checkbox"/> Option 7 <input type="checkbox"/> Option 8 <input type="checkbox"/> Option 9 <input type="checkbox"/> Option 10 <input type="checkbox"/> Option 11											
2.7	Identify the treatment process(es) that are known to occur at the offsite facility, including blending activities and treatment to reduce pathogens or vector attraction properties. (Check all that apply.) <table style="width:100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Preliminary operations (e.g., sludge grinding and degritting)</td> <td><input type="checkbox"/> Thickening (concentration)</td> </tr> <tr> <td><input type="checkbox"/> Stabilization</td> <td><input type="checkbox"/> Anaerobic digestion</td> </tr> <tr> <td><input type="checkbox"/> Composting</td> <td><input type="checkbox"/> Conditioning</td> </tr> <tr> <td><input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)</td> <td><input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)</td> </tr> <tr> <td><input type="checkbox"/> Heat drying</td> <td><input type="checkbox"/> Thermal reduction</td> </tr> </table>			<input type="checkbox"/> Preliminary operations (e.g., sludge grinding and degritting)	<input type="checkbox"/> Thickening (concentration)	<input type="checkbox"/> Stabilization	<input type="checkbox"/> Anaerobic digestion	<input type="checkbox"/> Composting	<input type="checkbox"/> Conditioning	<input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)	<input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)	<input type="checkbox"/> Heat drying	<input type="checkbox"/> Thermal reduction
<input type="checkbox"/> Preliminary operations (e.g., sludge grinding and degritting)	<input type="checkbox"/> Thickening (concentration)												
<input type="checkbox"/> Stabilization	<input type="checkbox"/> Anaerobic digestion												
<input type="checkbox"/> Composting	<input type="checkbox"/> Conditioning												
<input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)	<input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)												
<input type="checkbox"/> Heat drying	<input type="checkbox"/> Thermal reduction												

**Commented [AS7]:** Question for EPA: Can the suggested change below be implemented without a regulatory revision to 40 CFR 122.21(c)(2)(ii)(D)? This change may increase the ICR burden since the previous version of the forms only required reporting of 1 year (i.e., the last 365 days) of data. See Region 9 request for change below.

When reporting the amount generated, (Pat 1 3.1 and Part 2 2.2) the facility should also report the amount stored on site from previous years, and the estimated amount collecting in long-term treatment lagoons. The amount stored from previous years should be reported so that EPA or the state can determine if the facility has justified continued storage of the sludge and has adequate plans for use or disposal. The estimated amount in long-term treatment lagoons or sludge lagoons should also be given so that EPA or the state can determine if plans for removal are adequate.



EPA Identification Number	NPDES Permit Number	Facility Name	Form Approved <span style="color: red;">03/06/19XX/XX/21</span> OMB No. 2040-0004	
<input type="checkbox"/> Methane or biogas capture and recovery <input type="checkbox"/> Other (specify) _____				
Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued	<b>Treatment Provided at Your Facility</b>			
	2.8	For each sewage sludge use or disposal practice, indicate the applicable pathogen class and reduction alternative and the applicable vector attraction reduction option provided at your facility. Attach additional pages, as necessary.		
		Use or Disposal Practice (check one)	Pathogen Class and Reduction Alternative	Vector Attraction Reduction Option
		<input type="checkbox"/> Land application of bulk sewage	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Not applicable
		<input type="checkbox"/> Land application of biosolids (bulk)	<input type="checkbox"/> Class A, Alternative 1	<input type="checkbox"/> Option 1
		<input type="checkbox"/> Land application of biosolids (bags)	<input type="checkbox"/> Class A, Alternative 2	<input type="checkbox"/> Option 2
		<input type="checkbox"/> <span style="color: red;">Surface disposal</span> in a landfill	<input type="checkbox"/> Class A, Alternative 3	<input type="checkbox"/> Option 3
		<input type="checkbox"/> <span style="color: red;">Other surface disposal</span>	<input type="checkbox"/> Class A, Alternative 4	<input type="checkbox"/> Option 4
		<input type="checkbox"/> Incineration	<input type="checkbox"/> Class A, Alternative 5	<input type="checkbox"/> Option 5
			<input type="checkbox"/> Class A, Alternative 6	<input type="checkbox"/> Option 6
		<input type="checkbox"/> Class B, Alternative 1	<input type="checkbox"/> Option 7	
		<input type="checkbox"/> Class B, Alternative 2	<input type="checkbox"/> Option 8	
		<input type="checkbox"/> Class B, Alternative 3	<input type="checkbox"/> Option 9	
		<input type="checkbox"/> Class B, Alternative 4	<input type="checkbox"/> Option 10	
		<input type="checkbox"/> Domestic septage, pH adjustment	<input type="checkbox"/> Option 11	
2.9	Identify the treatment process(es) used at your facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge? (Check all that apply.)			
	<input type="checkbox"/> Preliminary operations (e.g., sludge grinding and dewatering)	<input type="checkbox"/> Thickening (concentration)		
	<input type="checkbox"/> Stabilization	<input type="checkbox"/> Anaerobic digestion		
	<input type="checkbox"/> Composting	<input type="checkbox"/> Conditioning		
	<input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)	<input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)		
	<input type="checkbox"/> Heat drying	<input type="checkbox"/> Thermal reduction		
	<input type="checkbox"/> Methane or biogas capture and recovery			
2.10	Describe any other sewage sludge treatment or blending activities not identified in Items 2.8 and 2.9 (Part 2, Section 2) above. <input type="checkbox"/> Check here if you have attached the description to the application package.			
<b>Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements, and One of Vector Attraction Reduction Options 1 to 8</b>				
2.11	Does the sewage sludge from your facility meet the ceiling concentrations in Table 1 of 40 CFR 503.13, the pollutant concentrations in Table 3 of 40 CFR 503.13, Class A pathogen reduction requirements at 40 CFR 503.32(a), and one of the vector attraction reduction requirements at 40 CFR 503.33(b)(1)–(8) and is it land applied?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No → SKIP to Item 2.14 (Part 2, Section 2) below.		
2.12	Total dry metric tons per 365-day period of sewage sludge subject to this subsection that is applied to the land:			
2.13	Is sewage sludge subject to this subsection placed in bags or other containers for sale or give-away for application to the land?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Check here once you have completed Items 2.11 to 2.13, then → SKIP to Item 2.32 (Part 2, Section 2) below.				

**Commented [AS8]:** Question for EPA: Are these changes acceptable? See Region 9 request for change below.

Change 2 of the terms in "use or disposal practices" Part 1 5.1 and Part 2 2.8) from "surface disposal in landfill" and "other surface disposal" to "disposal in landfill" and "surface disposal". The requirements for surface disposal in 40 CFR 503 are very different from the requirements for disposal in a municipal or private landfill. The mixing of these terms here confuses many POTWs and they submit reports for "surface disposal" when they had actually had their biosolids disposed in a landfill covered under 40 CFR 258.

EPA Identification Number	NPDES Permit Number	Facility Name	Form Approved <span style="color:red;">03/05/19XX/XX/21</span> OMB No. 2040-0004
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Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued

Sale or Give-Away in a Bag or Other Container for Application to the Land																											
2.14	Do you place sewage sludge in a bag or other container for sale or give-away for land application? <input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No → SKIP to Item 2.17 (Part 2, Section 2) below.</span>																										
2.15	Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land:																										
2.16	Attach 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. <input type="checkbox"/> Check here to indicate that you have attached all labels or notices to this application package.																										
<input type="checkbox"/> Check here once you have completed Items 2.14 to 2.16, then → SKIP to Part 2, Section 2, Item 2.32.																											
Shipment Off Site for Treatment or Blending																											
2.17	Does another facility provide treatment or blending of your facility's sewage sludge? (This question does not pertain to dewatered sludge sent directly to a land application or surface disposal site.) <input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No → SKIP to Item <span style="color:red;">2.2732</span> (Part 2, Section 2) below.</span>																										
2.18	Indicate the total number of facilities that provide treatment or blending of your facility's sewage sludge. Provide the information in Items 2.19 to 2.26 (Part 2, Section 2) below <input type="checkbox"/> Check here if you have attached additional sheets to the application package.																										
2.19	<div>Name of receiving facility</div> <hr/> <div>Mailing address (street or P.O. box)</div> <hr/> <div> <div>City or town</div> <div>State</div> <div>ZIP code</div> </div> <hr/> <div> <div>Contact name (first and last)</div> <div>Title</div> <div>Phone number</div> <div>Email address</div> </div> <hr/> <div> <div>Location address (street, route number, or other specific identifier)</div> <div><input type="checkbox"/> Same as mailing address</div> </div> <hr/> <div> <div>City or town</div> <div>State</div> <div>ZIP code</div> </div>																										
2.20	Total dry metric tons per 365-day period of sewage sludge provided to receiving facility:																										
2.21	Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility or reduce the vector attraction properties of sewage sludge from your facility? <input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No → SKIP to Item 2.24 (Part 2, Section 2) below.</span>																										
2.22	<div>Indicate the pathogen class and reduction alternative and the vector attraction reduction option met for the sewage sludge at the receiving facility.</div> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="width:50%;">Pathogen Class and Reduction Alternative</th> <th style="width:50%;">Vector Attraction Reduction Option</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Not applicable</td> <td><input type="checkbox"/> Not applicable</td> </tr> <tr> <td><input type="checkbox"/> Class A, Alternative 1</td> <td><input type="checkbox"/> Option 1</td> </tr> <tr> <td><input type="checkbox"/> Class A, Alternative 2</td> <td><input type="checkbox"/> Option 2</td> </tr> <tr> <td><input type="checkbox"/> Class A, Alternative 3</td> <td><input type="checkbox"/> Option 3</td> </tr> <tr> <td><input type="checkbox"/> Class A, Alternative 4</td> <td><input type="checkbox"/> Option 4</td> </tr> <tr> <td><input type="checkbox"/> Class A, Alternative 5</td> <td><input type="checkbox"/> Option 5</td> </tr> <tr> <td><input type="checkbox"/> Class A, Alternative 6</td> <td><input type="checkbox"/> Option 6</td> </tr> <tr> <td><input type="checkbox"/> Class B, Alternative 1</td> <td><input type="checkbox"/> Option 7</td> </tr> <tr> <td><input type="checkbox"/> Class B, Alternative 2</td> <td><input type="checkbox"/> Option 8</td> </tr> <tr> <td><input type="checkbox"/> Class B, Alternative 3</td> <td><input type="checkbox"/> Option 9</td> </tr> <tr> <td><input type="checkbox"/> Class B, Alternative 4</td> <td><input type="checkbox"/> Option 10</td> </tr> <tr> <td><input type="checkbox"/> Domestic septage, pH adjustment</td> <td><input type="checkbox"/> Option 11</td> </tr> </tbody> </table>	Pathogen Class and Reduction Alternative	Vector Attraction Reduction Option	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Class A, Alternative 1	<input type="checkbox"/> Option 1	<input type="checkbox"/> Class A, Alternative 2	<input type="checkbox"/> Option 2	<input type="checkbox"/> Class A, Alternative 3	<input type="checkbox"/> Option 3	<input type="checkbox"/> Class A, Alternative 4	<input type="checkbox"/> Option 4	<input type="checkbox"/> Class A, Alternative 5	<input type="checkbox"/> Option 5	<input type="checkbox"/> Class A, Alternative 6	<input type="checkbox"/> Option 6	<input type="checkbox"/> Class B, Alternative 1	<input type="checkbox"/> Option 7	<input type="checkbox"/> Class B, Alternative 2	<input type="checkbox"/> Option 8	<input type="checkbox"/> Class B, Alternative 3	<input type="checkbox"/> Option 9	<input type="checkbox"/> Class B, Alternative 4	<input type="checkbox"/> Option 10	<input type="checkbox"/> Domestic septage, pH adjustment	<input type="checkbox"/> Option 11
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<input type="checkbox"/> Class A, Alternative 3	<input type="checkbox"/> Option 3																										
<input type="checkbox"/> Class A, Alternative 4	<input type="checkbox"/> Option 4																										
<input type="checkbox"/> Class A, Alternative 5	<input type="checkbox"/> Option 5																										
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**Commented [AS9]:** Sean, I think you had pointed out that the logic would mean that no one ever got to Item 2.27 unless they were specifically directed. I "THINK" this is where the mistake may have been.

Item 2.27 corresponds to 40 CFR 122.21(q)(9), which applies if the sludge is applied to land in bulk form and is not subject to (q)(8)(iv), (v), or (vi). [These correspond to Items 2.11-2.13, 2.14-2.16, and 2.17-2.26.]

So, if they answer "No" to Items 2.11, 2.14, and 2.17, they should go to 2.27.

EPA Identification Number	NPDES Permit Number	Facility Name	Form Approved 03/06/19XX/XX/21 OMB No. 2040-0004												
Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued	2.23	<p>Which treatment process(es) are used at the receiving facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge from your facility? (Check all that apply.)</p> <table border="0"> <tr> <td><input type="checkbox"/> Preliminary operations (e.g., sludge grinding and dewatering)</td> <td><input type="checkbox"/> Thickening (concentration)</td> </tr> <tr> <td><input type="checkbox"/> Stabilization</td> <td><input type="checkbox"/> Anaerobic digestion</td> </tr> <tr> <td><input type="checkbox"/> Composting</td> <td><input type="checkbox"/> Conditioning</td> </tr> <tr> <td><input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)</td> <td><input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)</td> </tr> <tr> <td><input type="checkbox"/> Heat drying</td> <td><input type="checkbox"/> Thermal reduction</td> </tr> <tr> <td><input type="checkbox"/> Methane or biogas capture and recovery</td> <td><input type="checkbox"/> Other (specify) _____</td> </tr> </table>		<input type="checkbox"/> Preliminary operations (e.g., sludge grinding and dewatering)	<input type="checkbox"/> Thickening (concentration)	<input type="checkbox"/> Stabilization	<input type="checkbox"/> Anaerobic digestion	<input type="checkbox"/> Composting	<input type="checkbox"/> Conditioning	<input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)	<input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)	<input type="checkbox"/> Heat drying	<input type="checkbox"/> Thermal reduction	<input type="checkbox"/> Methane or biogas capture and recovery	<input type="checkbox"/> Other (specify) _____
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	<input type="checkbox"/> Heat drying	<input type="checkbox"/> Thermal reduction													
	<input type="checkbox"/> Methane or biogas capture and recovery	<input type="checkbox"/> Other (specify) _____													
	2.24	<p>Attach a copy of any information you provide the receiving facility to comply with the "notice and necessary information" requirement of 40 CFR 503.12(g).</p> <p><input type="checkbox"/> Check here to indicate that you have attached material.</p>													
	2.25	<p>Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.32 (Part 2, Section 2) below.</p>													
	2.26	<p>Attach a copy of all labels or notices that accompany the product being sold or given away.</p> <p><input type="checkbox"/> Check here to indicate that you have attached material.</p>													
	<p><input type="checkbox"/> Check here once you have completed Items 2.17 to 2.26 (Part 2, Section 2), then → SKIP to Item 2.32 (Part 2, Section 2) below.</p>														
	<p><b>Land Application of Bulk Sewage Sludge</b></p>														
	2.27	<p>Is sewage sludge from your facility applied to the land?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.32 (Part 2, Section 2) below.</p>													
	2.28	<p>Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:</p>													
2.29	<p>Did you identify all land application sites in Part 2, Section 3 of this application?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → Submit a copy of the land application plan with your application.</p>														
2.30	<p>Are any land application sites located in states other than the state where you generate sewage sludge or derive a material from sewage sludge?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.32 (Part 2, Section 2) below.</p>														
2.31	<p>Describe how you notify the NPDES permitting authority for the states where the land application sites are located. Attach a copy of the notification.</p> <p><input type="checkbox"/> Check here if you have attached the explanation to the application package.</p> <p><input type="checkbox"/> Check here if you have attached the notification to the application package.</p>														
<p><b>Surface Disposal</b></p>															
2.32	<p>Is sewage sludge from your facility placed on a surface disposal site?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.39 (Part 2, Section 2) below.</p>														
2.33	<p>Total dry metric tons of sewage sludge from your facility placed on all surface disposal sites per 365-day period:</p>														
2.34	<p>Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?</p> <p><input type="checkbox"/> Yes → SKIP to Item 2.39 (Part 2, Section 2) below. <input type="checkbox"/> No</p>														
2.35	<p>Indicate the total number of surface disposal sites to which you send your sewage sludge. (Provide the information in Items 2.36 to 2.38 of Part 2, Section 2, for each facility.)</p> <p><input type="checkbox"/> Check here if you have attached additional sheets to the application package.</p>														

EPA Identification Number		NPDES Permit Number		Facility Name		Form Approved 03/06/19XX/XX/21 OMB No. 2040-0004		
Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued	2.36	Site name or number of surface disposal site you do not own or operate						
		Mailing address (street or P.O. box)						
		City or Town			State		ZIP Code	
		Contact Name (first and last)		Title		Phone Number		Email Address
	2.37	Site Contact (Check all that apply.) <input type="checkbox"/> Owner <input type="checkbox"/> Operator						
	2.38	Total dry metric tons of sewage sludge from your facility placed on this surface disposal site per 365-day period:						
	<b>Incineration</b>							
	2.39	Is sewage sludge from your facility fired in a sewage sludge incinerator? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 2.46 (Part 2, Section 2) below.						
	2.40	Total dry metric tons of sewage sludge from your facility fired in all sewage sludge incinerators per 365-day period:						
	2.41	Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? <input type="checkbox"/> Yes → SKIP to Item 2.46 (Part 2, Section 2) <input type="checkbox"/> No						
	2.42	Indicate the total number of sewage sludge incinerators used that you do not own or operate. (Provide the information in Items 2.43 to 2.45 directly below for each facility.) <input type="checkbox"/> Check here if you have attached additional sheets to the application package.						
	2.43	Incinerator name or number						
		Mailing address (street or P.O. box)						
		City or town			State		ZIP code	
		Contact name (first and last)		Title		Phone number		Email address
		Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address						
		City or town			State		ZIP code	
	2.44	Contact (check all that apply) <input type="checkbox"/> Incinerator owner <input type="checkbox"/> Incinerator operator						
2.45	Total dry metric tons of sewage sludge from your facility fired in this sewage sludge incinerator per 365-day period:							
<b>Disposal in a Municipal Solid Waste Landfill</b>								
2.46	Is sewage sludge from your facility placed on a municipal solid waste landfill? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Part 2, Section 3.							
2.47	Indicate the total number of municipal solid waste landfills used. (Provide the information in Items 2.48 to 2.52 directly below for each facility.) <input type="checkbox"/> Check here if you have attached additional sheets to the application package.							

EPA Identification Number		NPDES Permit Number		Facility Name		Form Approved <del>03/06/19</del> XX/XX/21 OMB No. 2040-0004		
Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued	2.48	Name of landfill						
		Mailing address (street or P.O. box)						
		City or town			State		ZIP code	
		Contact name (first and last)		Title		Phone number		Email address
		Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address						
		County			County code			<input type="checkbox"/> Not available
		City or town			State		ZIP code	
	2.49	Total dry metric tons of sewage sludge from your facility placed in this municipal solid waste landfill per 365-day period:						
	2.50	List the numbers of all other federal, state, and local permits that regulate the operation of this municipal solid waste landfill.						
		Permit Number		Type of Permit				
2.51	Attach to the application information to determine whether the sewage sludge meets applicable requirements for disposal of sewage sludge in a municipal solid waste landfill (e.g., results of paint filter liquids test and TCLP test). <input type="checkbox"/> Check here to indicate you have attached the requested information.							
2.52	Does the municipal solid waste landfill comply with applicable criteria set forth in 40 CFR 258? <input type="checkbox"/> Yes <input type="checkbox"/> No							

EPA Identification Number	NPDES Permit Number	Facility Name		Form Approved <span style="color:red;">03/06/19XX/XX/21</span> OMB No. 2040-0004
PART 2, SECTION 3—LAND APPLICATION OF BULK SEWAGE SLUDGE (40 CFR 122.21(q)(9))				
Land Application of Bulk Sewage Sludge	3.1	Does your facility apply sewage sludge to land? <input type="checkbox"/> Yes <span style="margin-left: 150px;"><input type="checkbox"/> No → SKIP to Part 2, Section 4.</span>		
	3.2	Do any of the following conditions apply? <ul style="list-style-type: none"> <li>The sewage sludge meets the ceiling concentrations in Table 1 of 40 CFR 503.12, the pollutant concentrations in Table 3 of 40 CFR 503.13, Class A pathogen reduction requirements at 40 CFR 503.32(a), and one of the vector attraction reduction requirements at 40 CFR 503.33(b)(1)–(8);</li> <li>The sewage sludge is sold or given away in a bag or other container for application to the land; or</li> <li>You provide the sewage sludge to another facility for treatment or blending.</li> </ul> <input type="checkbox"/> Yes → SKIP to Part 2, Section 4. <span style="margin-left: 100px;"><input type="checkbox"/> No</span>		
	3.3	Complete Section 3 for every site on which the sewage sludge is applied. <input type="checkbox"/> Check here if you have attached sheets to the application package for one or more land application sites.		
	Identification of Land Application Site			
	3.4	Site name or number <hr/> Location address (street, route number, or other specific identifier) <span style="float: right;"><input type="checkbox"/> Same as mailing address</span> <hr/> <div style="display: flex; justify-content: space-between;"> <div>County</div> <div>County code <span style="float: right;"><input type="checkbox"/> Not available</span></div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>City or town</div> <div>State</div> <div>ZIP code</div> </div> <hr/> <div style="background-color: #cccccc; font-weight: bold;">Latitude/Longitude of Land Application Site (see instructions)</div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; text-align: center; font-weight: bold;">Latitude</div> <div style="width: 45%; text-align: center; font-weight: bold;">Longitude</div> </div> <hr/> <div style="background-color: #cccccc; font-weight: bold;">Method of Determination</div> <hr/> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> USGS map</div> <div><input type="checkbox"/> Field survey</div> <div><input type="checkbox"/> Other (specify) _____</div> </div>		
	3.5	Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location. <input type="checkbox"/> Check here to indicate you have attached a topographic map for this site.		
	Owner Information			
	3.6	Are you the owner of this land application site? <input type="checkbox"/> Yes → SKIP to Item 3.8 (Part 2, Section 3) below. <span style="margin-left: 50px;"><input type="checkbox"/> No</span>		
	3.7	Owner name <hr/> Mailing address (street or P.O. box) <hr/> <div style="display: flex; justify-content: space-between;"> <div>City or town</div> <div>State</div> <div>ZIP code</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>Contact name (first and last)</div> <div>Title</div> <div>Phone number</div> <div>Email address</div> </div>		
	Applier Information			
	3.8	Are you the person who applies, or who is responsible for application of, sewage sludge to this land application site? <input type="checkbox"/> Yes → SKIP to Item 3.10 (Part 2, Section 3) below. <span style="margin-left: 50px;"><input type="checkbox"/> No</span>		
	3.9	Applier's name <hr/> Mailing address (street or P.O. box) <hr/> <div style="display: flex; justify-content: space-between;"> <div>City or town</div> <div>State</div> <div>ZIP code</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>Contact name (first and last)</div> <div>Title</div> <div>Phone number</div> <div>Email address</div> </div>		



EPA Identification Number	NPDES Permit Number	Facility Name		Form Approved <span style="color: red;">03/05/19XX/XX/21</span> OMB No. 2040-0004
PART 2, SECTION 4—SURFACE DISPOSAL (40 CFR 122.21(q)(10))				
Surface Disposal	4.1	Do you own or operate a surface disposal site? <input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No → SKIP to Part 2, Section 5.</span>		
	4.2	Complete all items in Section 4 for each active sewage sludge unit that you own or operate. <input type="checkbox"/> Check here to indicate that you have attached material to the application package for one or more active sewage sludge units.		
	Information on Active Sewage Sludge Units			
	4.3	Unit name or number		
		Mailing address (street or P.O. box)		
		City or town	State	ZIP code
		Contact name (first and last)	Title	Phone number      Email address
		Location address (street, route number, or other specific identifier)		<input type="checkbox"/> Same as mailing address
		County	County code	<input type="checkbox"/> Not available
		City or town	State	ZIP code
	Latitude/Longitude of Active Sewage Sludge Unit (see instructions)			
		Latitude	Longitude	
	Method of Determination			
		<input type="checkbox"/> USGS map <input type="checkbox"/> Field survey <input type="checkbox"/> Other (specify) _____		
4.4	Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location. <input type="checkbox"/> Check here to indicate that you have completed and attached a topographic map.			
4.5	Total dry metric tons of sewage sludge placed on the active sewage sludge unit per 365-day period:			
4.6	Total dry metric tons of sewage sludge placed on the active sewage sludge unit over the life of the unit:			
4.7	Does the active sewage sludge unit have a liner with a maximum permeability of $1 \times 10^{-7}$ centimeters per second (cm/sec)? <input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No → SKIP to Item 4.9 (Part 2, Section 4) below.</span>			
4.8	Describe the liner. <input type="checkbox"/> Check here to indicate that you have attached a description to the application package.			
4.9	Does the active sewage sludge unit have a leachate collection system? <input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No → SKIP to Item 4.11 (Part 2, Section 4) below.</span>			
4.10	Describe the leachate collection system and the method used for leachate disposal and provide the numbers of any federal, state, or local permit(s) for leachate disposal. <input type="checkbox"/> Check here to indicate that you have attached the description to the application package.			



EPA Identification Number		NPDES Permit Number		Facility Name		Form Approved <b>03/06/19XX/XX/21</b> OMB No. 2040-0004	
Surface Disposal Continued	4.11	Is the boundary of the active sewage sludge unit less than 150 meters from the property line of the surface disposal site? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.13 (Part 2, Section 4) below.					
	4.12	Provide the actual distance in meters:					_____ meters
	4.13	Remaining capacity of active sewage sludge unit in dry metric tons:					_____ dry metric tons
	4.14	Anticipated closure date for active sewage sludge unit, if known (MM/DD/YYYY):					_____
	4.15	Attach a copy of any closure plan that has been developed for this active sewage sludge unit. <input type="checkbox"/> Check here to indicate that you have attached a copy of the closure plan to the application package.					
	<b>Sewage Sludge from Other Facilities</b>						
	4.16	Is sewage sludge sent to this active sewage sludge unit from any facilities other than your facility? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.21 (Part 2, Section 4) below.					
	4.17	Indicate the total number of facilities (other than your facility) that send sewage sludge to this active sewage sludge unit. (Complete Items 4.18 to 4.20 directly below for each such facility.) <input type="checkbox"/> Check here to indicate that you have attached responses for each facility to the application package.					_____
	4.18	Facility name					
		Mailing address (street or P.O. box)					
		City or town			State	ZIP code	
		Contact name (first and last)		Title	Phone number	Email address	
4.19	Indicate the pathogen class and reduction alternative and the vector attraction reduction option met for the sewage sludge before leaving the other facility.						
	<b>Pathogen Class and Reduction Alternative</b>			<b>Vector Attraction Reduction Option</b>			
	<input type="checkbox"/> Not applicable <input type="checkbox"/> Class A, Alternative 1 <input type="checkbox"/> Class A, Alternative 2 <input type="checkbox"/> Class A, Alternative 3 <input type="checkbox"/> Class A, Alternative 4 <input type="checkbox"/> Class A, Alternative 5 <input type="checkbox"/> Class A, Alternative 6 <input type="checkbox"/> Class B, Alternative 1 <input type="checkbox"/> Class B, Alternative 2 <input type="checkbox"/> Class B, Alternative 3 <input type="checkbox"/> Class B, Alternative 4 <input type="checkbox"/> Domestic septage, pH adjustment			<input type="checkbox"/> Not applicable <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4 <input type="checkbox"/> Option 5 <input type="checkbox"/> Option 6 <input type="checkbox"/> Option 7 <input type="checkbox"/> Option 8 <input type="checkbox"/> Option 9 <input type="checkbox"/> Option 10 <input type="checkbox"/> Option 11			
4.20	Which treatment process(es) are used at the other facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge before leaving the other facility? (Check all that apply.)						
	<input type="checkbox"/> Preliminary operations (e.g., sludge grinding and degritting) <input type="checkbox"/> Stabilization <input type="checkbox"/> Composting <input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization) <input type="checkbox"/> Heat drying <input type="checkbox"/> Methane or biogas capture and recovery			<input type="checkbox"/> Thickening (concentration) <input type="checkbox"/> Anaerobic digestion <input type="checkbox"/> Conditioning <input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons) <input type="checkbox"/> Thermal reduction <input type="checkbox"/> Other (specify) _____			

EPA Identification Number		NPDES Permit Number	Facility Name	Form Approved 03/05/19XX/XX/21 OMB No. 2040-0004
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Surface Disposal Continued	<b>Vector Attraction Reduction</b>			
	4.21	Which vector attraction reduction option, if any, is met when sewage sludge is placed on this active sewage sludge unit?		
		<input type="checkbox"/> Option 9 (Injection below and surface)	<input type="checkbox"/> Option 11 (Covering active sewage sludge unit daily)	
		<input type="checkbox"/> Option 10 (Incorporation into soil within 6 hours)	<input type="checkbox"/> None	
	4.22	Describe any treatment processes used at the active sewage sludge unit to reduce vector attraction properties of sewage sludge.		
		<input type="checkbox"/> Check here if you have attached your description to the application package.		
	<b>Groundwater Monitoring</b>			
	4.23	Is groundwater monitoring currently conducted at this active sewage sludge unit, or are groundwater monitoring data otherwise available for this active sewage sludge unit?		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No → SKIP to Item 4.26 (Part 2, Section 4) below.	
	4.24	Provide a copy of available groundwater monitoring data.		
		<input type="checkbox"/> Check here to indicate you have attached the monitoring data.		
	4.25	Describe the well locations, the approximate depth to groundwater, and the groundwater monitoring procedures used to obtain these data.		
		<input type="checkbox"/> Check here if you have attached your description to the application package.		
	4.26	Has a groundwater monitoring program been prepared for this active sewage sludge unit?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No → SKIP to Item 4.28 (Part 2, Section 4) below.		
4.27	Submit a copy of the groundwater monitoring program with this permit application.			
	<input type="checkbox"/> Check here to indicate you have attached the monitoring program.			
4.28	Have you obtained a certification from a qualified groundwater scientist that the aquifer below the active sewage sludge unit has not been contaminated?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No → SKIP to Item 4.30 (Part 2, Section 4) below.		
4.29	Submit a copy of the certification with this permit application.			
	<input type="checkbox"/> Check here to indicate you have attached the certification to the application package.			
<b>Site-Specific Limits</b>				
4.30	Are you seeking site-specific pollutant limits for the sewage sludge placed on the active sewage sludge unit?			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No → SKIP to Part 2, Section 5.		
4.31	Submit information to support the request for site-specific pollutant limits with this application.			
	<input type="checkbox"/> Check here to indicate you have attached the requested information.			

EPA Identification Number	NPDES Permit Number	Facility Name	Form Approved <span style="color:red;">03/06/19XX/XX/21</span> OMB No. 2040-0004
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PART 2, SECTION 5—INCINERATION (40 CFR 122.21(q)(11))

Incineration	Incinerator Information		
	5.1	Do you fire sewage sludge in a sewage sludge incinerator? <input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No → SKIP to END.</span>	
	5.2	Indicate the total number of incinerators used at your facility. (Complete the remainder of Section 5 for each such incinerator.) <input type="checkbox"/> Check here to indicate that you have attached information for one or more incinerators.	
	5.3	Incinerator name or number	
		Location address (street, route number, or other specific identifier)	
		County	County code <input type="checkbox"/> Not available
		City or town	State <span style="margin-left: 20px;">ZIP code</span>
		Latitude/Longitude of Incinerator (see instructions)	
		Latitude	Longitude
		Method of Determination	
		<input type="checkbox"/> USGS map <span style="margin-left: 50px;"><input type="checkbox"/> Field survey</span> <span style="margin-left: 50px;"><input type="checkbox"/> Other (specify) _____</span>	
		Amount Fired	
	5.4	Dry metric tons per 365-day period of sewage sludge fired in the sewage sludge incinerator.	
	Beryllium NESHAP		
	5.5	Submit information, test data, and a description of measures taken that demonstrate whether the sewage sludge incinerated is beryllium-containing waste and will continue to remain as such. <input type="checkbox"/> Check here to indicate that you have attached this material to the application package.	
	5.6	Is the sewage sludge fired in this incinerator "beryllium-containing waste" as defined at 40 CFR 61.31? <input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No → SKIP to Item 5.8 (Part 2, Section 5) below.</span>	
	5.7	Submit with this application a complete report of the latest beryllium emission rate testing <i>and</i> documentation of ongoing incinerator operating parameters indicating that the NESHAP emission rate limit for beryllium has been and will continue to be met. <input type="checkbox"/> Check here to indicate that you have attached this information.	
Mercury NESHAP			
5.8	Is compliance with the mercury NESHAP being demonstrated via stack testing? <input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No → SKIP to Item 5.11 (Part 2, Section 5) below.</span>		
5.9	Submit a complete report of stack testing and documentation of ongoing incinerator operating parameters indicating that the incinerator has met and will continue to meet the mercury NESHAP emission rate limit. <input type="checkbox"/> Check here to indicate that you have attached this information.		
5.10	Provide copies of mercury emission rate tests for the two most recent years in which testing was conducted. <input type="checkbox"/> Check here to indicate that you have attached this information.		
5.11	Do you demonstrate compliance with the mercury NESHAP by sewage sludge sampling? <input type="checkbox"/> Yes <span style="margin-left: 100px;"><input type="checkbox"/> No → SKIP to Item 5.13 (Part 2, Section 5) below.</span>		
5.12	Submit a complete report of sewage sludge sampling and documentation of ongoing incinerator operating parameters indicating that the incinerator has met and will continue to meet the mercury NESHAP emission rate limit. <input type="checkbox"/> Check here to indicate that you have attached this information.		



EPA Identification Number		NPDES Permit Number	Facility Name	Form Approved <b>03/05/19XX/XX/21</b> OMB No. 2040-0004
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Incineration Continued	<b>Performance Test Operating Parameters</b>		
	5.29	Maximum performance test combustion temperature:	
	5.30	Performance test sewage sludge feed rate, in dry metric tons/day	
	5.31	Indicate whether value submitted in Item 5.30 is (check only one response): <input type="checkbox"/> Average use <input type="checkbox"/> Maximum design	
	5.32	Attach supporting documents describing how the feed rate was calculated. <input type="checkbox"/> Check here to indicate that you have attached this information.	
	5.33	Submit information documenting the performance test operating parameters for the air pollution control device(s) used for this sewage sludge incinerator. <input type="checkbox"/> Check here to indicate that you have attached this information.	
	<b>Monitoring Equipment</b>		
	5.34	List the equipment in place to monitor the listed parameters.	
		<b>Parameter</b>	<b>Equipment in Place for Monitoring</b>
		Total hydrocarbons or carbon monoxide	
		Percent oxygen	
		Percent moisture	
		Combustion temperature	
		Other (describe)	
	<b>Air Pollution Control Equipment</b>		
5.35	List all air pollution control equipment used with this sewage sludge incinerator. <input type="checkbox"/> Check here if you have attached the list to the application package for the noted incinerator.		

**END of PART 2**

**Submit completed application package to your NPDES permitting authority.**