



State of Hawaii, Department of Health  
Wastewater Branch

**Date Received:**  
**Permit No:**

Permit Application for HAR, Chapter 11-62  
Individual Wastewater Management Permit

Before completing this form, read the Guidelines for WWB - Individual Permit Application. Alterations of the text in this form may delay the processing of this submittal.

This application is divided into four sections (A - D). Section A pertains to all applicants. The applicability of Sections B, C, and D depends on your facility's sludge use or disposal practices.

**SECTION A: GENERAL INFORMATION**  
Must be completed by all applicants

A1. Owner Information (see Guidelines for WWB - Form IP, Note A1)

Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Phone No.: (\_\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_\_) \_\_\_\_\_

A2. Owner Type (see Guidelines for WWB - Form IP, Note A2)

\_\_\_\_ City \_\_\_\_ County \_\_\_\_ State \_\_\_\_ Federal \_\_\_\_ Private \_\_\_\_ Other

If Other is checked, specify type below:

\_\_\_\_\_

A3. Operator Information (see Guidelines for WWB - Form IP, Note A3)

Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Phone No.: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax No.: ( \_\_\_\_\_ ) \_\_\_\_\_

A4. Wastewater System Information (see Guidelines for WWB - Form IP, Note A4)

Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Phone No.: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax No.: ( \_\_\_\_\_ ) \_\_\_\_\_

Island: \_\_\_\_\_ TMK: \_\_\_\_\_

A5. General Description of Wastewater System Process (see Guidelines for WWB- Form IP, Note A5)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Design Capacity: \_\_\_\_\_ gpd/mt      Actual Capacity: \_\_\_\_\_ gpd/mt

Is This Facility a Class I Sludge Management Facility?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

Total Population Served: \_\_\_\_\_

A6. Sludge Received, Used, or Disposed (see Guidelines for WWB - Form IP, Note A6)

Amount of wastewater sludge received, used, or disposed

- a. Generated at the facility: \_\_\_\_\_ dry metric tons
- b. Total received from off site: \_\_\_\_\_ dry metric tons
- c. Treated or blended on site: \_\_\_\_\_ dry metric tons
- d. Sold or given away in a bag or other container for land application: \_\_\_\_\_ dry metric tons
- e. Total shipped off site for treatment or blending: \_\_\_\_\_ dry metric tons
- f. Total applied to the land in bulk form: \_\_\_\_\_ dry metric tons
- g. Placed on a surface disposal site: \_\_\_\_\_ dry metric tons
- h. Fired in a sludge incinerator: \_\_\_\_\_ dry metric tons
- i. Sent to a municipal solid waste landfill: \_\_\_\_\_ dry metric tons
- j. Stored on-site: \_\_\_\_\_ dry metric tons
- j. Used or disposed by another practice: \_\_\_\_\_ dry metric tons

Describe: \_\_\_\_\_

A7. Wastewater Effluent Use or Disposal (see Guidelines for WWB - Form IP, Note A7)

- a. Amount of R-1 Water produced: \_\_\_\_\_ mgd
- b. Amount of R-2 Water produced: \_\_\_\_\_ mgd
- c. Amount of R-3 Water produced: \_\_\_\_\_ mgd
- d. Amount of Other produced: \_\_\_\_\_ mgd
- e. Effluent discharge to: \_\_\_\_\_

A8. Existing or Pending Permits, Licenses, or Approvals (see Guidelines for WWB - Form IP, Note A8)

Provide the status and corresponding permit or file numbers on any existing or pending environmental permits, registration, licenses, or approvals.

- a. Wastewater Branch approvals, registration, permits: \_\_\_\_\_
- b. NPDES Permit or NGPC File No.: \_\_\_\_\_
- c. UIC Permit: \_\_\_\_\_
- d. Solid Waste Permit: \_\_\_\_\_
- e. Other Permits (specify): \_\_\_\_\_

A9. Additional Information (see Guidelines for WWB - Form IP, Note A9)

\_\_\_\_\_  
\_\_\_\_\_

A10. Contractor Information (see Guidelines for WWB - Form IP, Note A10)

Are any operational or maintenance aspects of this facility the responsibility of a contractor?

\_\_\_\_\_ No                      \_\_\_\_\_ Yes    If yes, provide the following information for each contractor

Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Phone No.: ( \_\_\_\_\_ ) \_\_\_\_\_                      Fax No.: ( \_\_\_\_\_ ) \_\_\_\_\_

Responsibility of contractor: \_\_\_\_\_

A11. Certification. (see Guidelines, WWB - Form IP, Note A11)

a. Indicate which parts of the application form you have completed and are submitting:

- Section A. General Information
- Section B. Generation of Wastewater Sludge or Preparation of a Material Derived From Wastewater Sludge
- Section C. Land Application of Bulk Wastewater Sludge
- Section D. Surface Disposal

b. Indicate one of the following:

- I certify that for a municipal agency, I am a principal executive officer or ranking elected official.
- I certify that for a state agency, I am a principal executive officer or ranking elected official.
- I certify that for a non-federal public agency, I am a principal executive officer or ranking elected official.
- I certify that for a federal public agency, I am a principal executive officer of the agency, or I am the senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency.
- I certify that I am a general partner for a partnership.
- I certify that I am the proprietor for a sole proprietorship.
- I certify that for a corporation, I am the President, Vice President, Secretary, or Treasurer of the corporation and in charge of the principal business function, or I perform similar policy or decision making functions for the corporation.
- I certify that for a trust, I am a trustee.
- I certify that for a limited liability company (LLC), I am the Manager or Member authorized to make management decisions for the LLC and am in charge of a principal business function, or I perform similar policy or decision-making functions for the LLC.

\_\_\_\_\_ I certify that for a corporation, I am the Manager of one or more manufacturing, production, or operating facilities an authorized to make management decisions which govern the operation of the regulated facility or facilities 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. I can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements and authority to sign documents has been assigned or delegated to me in accordance with corporate procedures.

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name & Title: \_\_\_\_\_

Company/Organization Name: \_\_\_\_\_

Phone No.: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax No.: ( \_\_\_\_\_ ) \_\_\_\_\_

Upon request, you must submit any other information necessary to assess the wastewater and/or wastewater sludge use or disposal practices at your facility or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

Wastewater Branch  
919 Ala Moana Boulevard, #309  
Honolulu, Hawaii 96814

**SECTION B. GENERATION OF WASTEWATER SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM WASTEWATER SLUDGE.**

**Complete this section if your facility generates wastewater sludge or derives a material from wastewater sludge.**

B1. Amount Generated On Site (see Note WWB- Form IP, Note B1.)

Total amount per 365-day period generated at your facility: \_\_\_\_\_ dry metric tons

B2. Amount Received from Off Site. (see Guidelines, WWB - Form IP, Note B2)

If your facility receives wastewater sludge from another facility for treatment, use, or disposal, provide the following information for each facility from which wastewater sludge is received.

a. Facility Name: \_\_\_\_\_

b. Mailing Address: \_\_\_\_\_

c. City, State, & Zip Code: \_\_\_\_\_

d. Street Address: \_\_\_\_\_

e. City, State, & Zip Code: \_\_\_\_\_

f. Contact Person & Title: \_\_\_\_\_

g. Phone No.: (\_\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_\_) \_\_\_\_\_

h. Total amount per 365-day period received from this facility: \_\_\_\_\_ dry metric tons

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

\_\_\_\_\_

B3. Treatment Provided at Your Facility

a. Which class of pathogen reduction is achieved for the wastewater sludge at your facility?

\_\_\_\_\_ Class A                  \_\_\_\_\_ Class B                  \_\_\_\_\_ Neither or unknown

b. Which pathogen reduction option is met for the wastewater sludge at your facility?

\_\_\_\_\_ 11-62-46(a)(3), Class A - Alternative 1, Time and temperature

\_\_\_\_\_ 11-62-46(a)(4), Class A - Alternative 2, pH, time and temperature

\_\_\_\_\_ 11-62-46(a)(5), Class A - Alternative 3, Concentration of enteric viruses and helminth ova

\_\_\_\_\_ 11-62-46(a)(6), Class A - Alternative 4, PFRP

\_\_\_\_\_ Composting

\_\_\_\_\_ Heat drying

\_\_\_\_\_ Heat treatment

\_\_\_\_\_ Thermophilic aerobic digestion

\_\_\_\_\_ Beta ray irradiation

\_\_\_\_\_ Gamma ray irradiation

\_\_\_\_\_ Pasteurization

\_\_\_\_\_ 11-62-46(a)(7), Class A - Alternative 5, Equivalent to PFRP

Describe: \_\_\_\_\_

\_\_\_\_\_ 11-62-46(b)(3), Class B - Alternative 1, Density of fecal coliform

\_\_\_\_\_ 11-62-46(b)(3), Class B - Alternative 2, PSRP

\_\_\_\_\_ Aerobic digestion

\_\_\_\_\_ Air drying

\_\_\_\_\_ Anaerobic digestion

\_\_\_\_\_ Composting

\_\_\_\_\_ Lime stabilization

\_\_\_\_\_ 11-62-46(b)(3), Class B - Alternative 5, Equivalent to PSRP

Describe: \_\_\_\_\_

\_\_\_\_\_ 11-62-42(c), Domestic septage

c. Describe in detail the treatment processes used at your facility to reduce pathogens in wastewater sludge:

\_\_\_\_\_

d. Which vector attraction reduction option is met for the wastewater sludge at your facility?

- \_\_\_\_\_ Option 1, 38% VSR
- \_\_\_\_\_ Option 2, Bench scale anaerobic digestion
- \_\_\_\_\_ Option 3, Bench scale aerobic digestion
- \_\_\_\_\_ Option 4, Aerobic digestion, SOUR
- \_\_\_\_\_ Option 5, Aerobic digestion, 14 days @ >40°C
- \_\_\_\_\_ Option 6, Alkaline stabilization
- \_\_\_\_\_ Option 7, Drying stabilized solids to  $\geq 75\%$
- \_\_\_\_\_ Option 8, Drying unstabilized solids to  $\geq 90\%$
- \_\_\_\_\_ Option 9, Injection
- \_\_\_\_\_ Option 10, Incorporation
- \_\_\_\_\_ Option 11, Surface disposal daily cover
- \_\_\_\_\_ Option 12, Domestic septage pH

e. Describe the treatment process used at your facility to reduce vector attraction in the wastewater sludge:

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**B4. Pollutant Concentration**

Using the table below, provide wastewater sludge monitoring data for the pollutants listed. All data must be based on three or more samples taken at least one month apart and must be no more than four years old. Submit copies of laboratory data sheets.

Pollutant	Average Concentration (mg/kg dry weight)	Maximum Value (mg/kg dry weight)	Analytical Method	Detection Level for Analysis
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

B5. Exceptional Quality Sludge (see Guidelines, WWB - Form IP, Note B5)

Complete this section if your facility generates exceptional quality sludge for land application in a bag or other container.

a. Total per 365-day period of wastewater sludge subject to this section that is applied to the land:

\_\_\_\_\_ dry metric tons.

b. Is the wastewater sludge subject to this section placed in bags or other containers for sale or give-away for application to the land?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

c. Attach a copy of all labels or notices that accompany the wastewater sludge for application to the land.

B6. Shipment Off Site for Treatment or Blending (see Guidelines, WWB - IP, Note B6).  
Complete this section if your facility ships wastewater sludge for treatment or blending. Provide the following information for each facility for wastewater sludge is shipped.

- a. Facility Name: \_\_\_\_\_
- b. Mailing Address: \_\_\_\_\_
- c. City, State, & Zip Code: \_\_\_\_\_
- d. Street Address: \_\_\_\_\_
- e. City, State, & Zip Code: \_\_\_\_\_
- f. Contact Person & Title: \_\_\_\_\_
- g. Phone No.: (\_\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_\_) \_\_\_\_\_
- h. Total amount per 365-day period shipped to this facility: \_\_\_\_\_ dry metric tons
- i. Describe any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics.

\_\_\_\_\_

B7. Land Application of Bulk Wastewater Sludge (see Guidelines, WWB - IP, Note B7).  
Complete this section if wastewater sludge from your facility is land applied in bulk.

- a. Total amount per 365-day period applied to all land application sites: \_\_\_\_\_ dry metric tons
- b. Do you identify all land application sites in Section C of this application?  
\_\_\_\_\_ Yes          \_\_\_\_\_ No. If no, submit a copy of the land application plan with this application.

- c. Are any land application sites located outside of Hawaii?  Yes           No

If yes, describe how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.

\_\_\_\_\_

- d. Submit a copy of the notice required under §11-62-43(e) to the land owner.

B8. Surface Disposal (see Guidelines, WWB - IP, Note B8)

Complete this section if wastewater sludge from your facility is placed on a surface disposal site.

a. Total amount per 365-day period placed on a surface disposal site: \_\_\_\_\_ dry metric tons

b. Do you own or operate all surface disposal sites to which you send wastewater sludge for disposal?

\_\_\_\_\_ Yes \_\_\_\_\_ No. If no, provide the following (c - j) for each surface disposal site that you do not own or operate.

c. Facility Name: \_\_\_\_\_

d. Mailing Address: \_\_\_\_\_

e. City, State, & Zip Code: \_\_\_\_\_

f. Street Address: \_\_\_\_\_

g. City, State, & Zip Code: \_\_\_\_\_

h. Contact Person & Title: \_\_\_\_\_

i. Phone No.: (\_\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_\_) \_\_\_\_\_

j. Total amount per 365-day period placed in this facility: \_\_\_\_\_ dry metric tons

B9. Disposal in a Municipal Solid Waste Landfill (see Guidelines, WWB - IP, Note B9)

Complete this section if wastewater sludge from your facility is placed into a municipal solid waste landfill. Provide the following information for each landfill wastewater sludge is placed.

a. Facility Name: \_\_\_\_\_

b. Mailing Address: \_\_\_\_\_

c. City, State, & Zip Code: \_\_\_\_\_

d. Street Address: \_\_\_\_\_

e. City, State, & Zip Code: \_\_\_\_\_

f. Contact Person & Title: \_\_\_\_\_

g. Phone No.: (\_\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_\_) \_\_\_\_\_

h. Total amount per 365-day period received from this facility: \_\_\_\_\_ dry metric tons

i. List the number of all other Federal, State, and local permits that regulate the operation of this municipal solid waste landfill.

Permit Type

Permit Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

j. Submit information to determine whether the wastewater sludge meets applicable requirements for disposal of wastewater sludge in a municipal solid waste landfill (e.g., results of paint filter liquid tests and TCLP test).

k. Does the municipal solid waste landfill comply with the applicable criteria set forth in 40 CFR Part 258?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

**C. LAND APPLICATION OF BULK WASTEWATER SLUDGE.**

**Complete Section C for wastewater sludge that is applied to the land, unless any of the following conditions apply:**

- **The wastewater sludge met the criteria for exceptional quality sludge and is applied at a rate of less than ten dry tons per acre (fill out section B5 instead)**
- **The wastewater sludge is sold in a bag or other container (fill out section B5 instead)**
- **You provide the wastewater sludge to another facility for treatment or blending (fill out section B6 instead)**

**Complete Section C for every site on which the wastewater sludge that you reported in Section B7 is applied.**

C1. Identification of Land Application Sites (see Guidelines, WWB - Form IP, Note C1)

a. Site name or number: \_\_\_\_\_

b. Street Address: \_\_\_\_\_

c. City, State, & Zip Code: \_\_\_\_\_

d. Contact Person & Title: \_\_\_\_\_

e. Phone No.: (\_\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_\_) \_\_\_\_\_

f. Tax Map Key: \_\_\_\_\_

g. Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Method of latitude/longitude determination

\_\_\_\_\_ USGS map      \_\_\_\_\_ Field Survey      \_\_\_\_\_ Other

h. \_\_\_\_\_ Located above the UIC Line      \_\_\_\_\_ Located below the UIC Line

i. Provide a topographic map that shows the site location. Indicate property lines, distance to any US waters and/or State waters, potable wells, nearest occupied buildings, and other pertinent structures.

C2. Owner Information (see Guidelines, WWB - Form IP, Note C2)

a. Are you the owner of this land application site?

\_\_\_\_\_ Yes                      No. If no, provide the following information about the owner.

b. Owner's Name: \_\_\_\_\_

c. Mailing Address: \_\_\_\_\_

d. City, State, & Zip Code: \_\_\_\_\_

e. Phone No.: ( \_\_\_\_\_ ) \_\_\_\_\_                      Fax No.: ( \_\_\_\_\_ ) \_\_\_\_\_

C3. Applier Information (see Guidelines, WWB - Form IP, Note C3)

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

\_\_\_\_\_ Yes                      No. If no, provide the following information about the owner.

b. Applier's Name: \_\_\_\_\_

c. Mailing Address: \_\_\_\_\_

d. City, State, & Zip Code: \_\_\_\_\_

e. Phone No.: ( \_\_\_\_\_ ) \_\_\_\_\_                      Fax No.: ( \_\_\_\_\_ ) \_\_\_\_\_

C4. Site Information (see Guidelines, WWB - Form IP, Note C4)

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

\_\_\_\_\_ Agricultural land      \_\_\_\_\_ Forest      \_\_\_\_\_ Public contact site

\_\_\_\_\_ Reclamation site      \_\_\_\_\_ Other. Describe: \_\_\_\_\_

b. What type of crop or other vegetation is grown on this site?

\_\_\_\_\_

c. What is the nitrogen requirement for this crop or vegetation?

\_\_\_\_\_

d. Submit nitrogen balance calculations.

C5. Vector Attraction Reduction (see Guidelines, WWB - Form IP, Note C5)

a. Are any vector attraction reduction requirements met when the wastewater sludge is applied to the land application site?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No. If not answer C5b.

b. Indicate which vector attraction reduction option is met:

\_\_\_\_\_ Option 9. Injection below land surface

\_\_\_\_\_ Option 10. Incorporation into the soil within 6 hours.

Describe the treatment processes used at the land application site to reduce vector attraction properties of the wastewater sludge.

\_\_\_\_\_

C6. Site Restrictions (see Guidelines, WWB - Form IP, Note C6)

a. Which class of pathogens was met prior to the wastewater sludge being applied to the land application site?

\_\_\_\_\_ Class A                      \_\_\_\_\_ Class B. If Class B answer C6c.

b. Depth to groundwater table: \_\_\_\_\_ feet

c. Describe all management practices indicating how the spacing and site restrictions and the management requirements in §11-62-43(g) and (h) will be met.

\_\_\_\_\_

\_\_\_\_\_

**SECTION D. SURFACE DISPOSAL**

**Complete this section if you own or operate a surface disposal site.**

**Complete Sections D1 - D5 for each active wastewater sludge unit.**

D1. Information on Active Wastewater Sludge Units.

a. Unit name or number: \_\_\_\_\_

b. Unit location:

Street Address: \_\_\_\_\_

City, State, & Zip Code: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Phone No.: (\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_\_

Tax Map Key: \_\_\_\_\_

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Method of latitude/longitude determination

\_\_\_\_\_ USGS map      \_\_\_\_\_ Field Survey      \_\_\_\_\_ Other

\_\_\_\_\_ Located above the UIC Line      \_\_\_\_\_ Located below the UIC Line

c. Provide a topographic map that shows the site location. Indicate property lines, distance to any US waters and/or State waters, potable wells, nearest occupied buildings, and other pertinent structures.

d. Total amount per 365-day period of wastewater sludge placed in this unit: \_\_\_\_\_ dry metric tons

e. Total amount place in the wastewater sludge unit over the life of this unit: \_\_\_\_\_ dry metric tons

f. Does the active wastewater sludge unit have a liner with a maximum hydraulic conductivity of  $1 \times 10^{-7}$  cm/sec?

\_\_\_\_\_ Yes      \_\_\_\_\_ No.

If yes, describe the liner:

\_\_\_\_\_

g. Does the active wastewater sludge unit have a leachate collection system?

\_\_\_\_\_ Yes          \_\_\_\_\_ No.

If yes, describe the leachate collection system and the method used for leachate disposal. Provide the numbers of any Federal, State, or local permits for the leachate disposal:

\_\_\_\_\_

\_\_\_\_\_

h. If you answered no to either D1.f or D1.g answer the following questions:

Is the boundary of the active wastewater sludge unit less than 150 meters from the property line of the surface disposal site?

\_\_\_\_\_ Yes          \_\_\_\_\_ No

Is yes, provide the actual distance: \_\_\_\_\_ meters

What is the remaining capacity of the active wastewater sludge unit: \_\_\_\_\_ dry metric tons

What is the anticipated closure date for the wastewater sludge unit, if known? \_\_\_\_\_

Provide a copy of any closure plan that has been developed for this active wastewater sludge unit.

D2. Wastewater Sludge from Other Facilities.

Provide the following for each facility that sends wastewater sludge to your surface disposal site.

a. Facility Name: \_\_\_\_\_

b. Mailing Address: \_\_\_\_\_

c. City, State, & Zip Code: \_\_\_\_\_

d. Street Address: \_\_\_\_\_

e. City, State, & Zip Code: \_\_\_\_\_

f. Contact Person & Title: \_\_\_\_\_

g. Phone No.: (\_\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_\_) \_\_\_\_\_

h. Total amount per 365-day period received from this facility: \_\_\_\_\_ dry metric tons

i. If known, describe any treatment processes used to treat pathogens and/or vector attraction reduction at the other facility.

\_\_\_\_\_

D3. Vector Attraction Reduction

a. Which vector attraction option, if any, is met when wastewater sludge is placed on this active wastewater sludge unit?

\_\_\_\_\_ Option 9. Injection below surface

\_\_\_\_\_ Option 10. Incorporation into soil within 6 hours

\_\_\_\_\_ Option 11. Covering active wastewater sludge unit daily

b. Describe any treatment process used at the active wastewater sludge unit to reduce vector attraction properties of the wastewater sludge.

\_\_\_\_\_

D4. Groundwater Monitoring.

a. Is groundwater monitoring currently conducted at this active wastewater sludge unit, or are groundwater monitoring data otherwise available for this active wastewater sludge unit?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, provide a copy of available groundwater monitoring data. Also, provide a written description of the well locations, the approximate depth to groundwater, and the groundwater monitoring procedures used to obtain these data.

\_\_\_\_\_

b. Has a groundwater monitoring program been prepared for this active wastewater sludge unit?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, submit a copy of the groundwater monitoring program

c. Have you obtained a certification from a qualified groundwater scientist that the aquifer below the active wastewater sludge unit has not been contaminated?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, submit a copy of the certification.

D5. Site Specific Limits.

Are you seeking site specific pollutant limits for the wastewater sludge placed on the active wastewater sludge unit?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, submit information to support the request for site specific pollutant limits.