



State of Ohio Environmental Protection Agency

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Ohio EPA Form 2S  
Revised 1/07

## National Pollutant Discharge Elimination System

### Application for Sewage Sludge Use or Disposal *NPDES Form 2S*

**Submit this application to the appropriate district office**

**District Offices**

Northeast District • 2110 East Aurora Road • Twinsburg, Ohio • 44087

Northwest District • 347 North Dunbridge Road • Bowling Green, Ohio • 43402

Central District • P.O. Box 1049 • Columbus, Ohio • 43216-1049

Southeast District • 2195 Front Street • Logan, Ohio • 43138

Southwest District • 401 East 5th Street • Dayton, Ohio • 45402

For Agency Use	Facility Name:	Date Received (yy/mm/dd)
	Ohio EPA Permit Number:	Application Number:



**Form 2S  
NPDES Application for Sewage Sludge Use or Disposal**

**I. General Information**

**A. Treatment System Description**

1. List all treatment units used for collecting, dewatering, storing, or treating sewage sludge:

Treatment Code	Treatment Type	Manufacturer

2. Provide a line drawing that identifies all sewage sludge treatment processes that will be employed during the term of the permit.

3. Is this facility a Class I sludge management facility? Class I facilities include POTWs required to have an approved pretreatment program.

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

4. Process design capacity of the sewage sludge treatment system (gallons of sludge/yr x 8.34 lb/gal x tons/2000 lb x percent solids): \_\_\_\_\_ dry tons/yr

5. Date of the sewage sludge treatment system construction or last major modification: \_\_\_\_\_

**B. Amount Generated On Site**

1. Total sewage sludge generated at your facility for the most recent year: \_\_\_\_\_ dry tons

2. Do you receive sewage sludge from other generators? \_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, total received from other generators for the most recent year: \_\_\_\_\_ dry tons

3. Do you receive domestic septage? \_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, total amount of domestic septage received for the most recent year: \_\_\_\_\_ gallons

**C. Pollutant Information.** Using the table below, provide data on the pollutant concentrations in sewage sludge from your facility during the previous year.

Laboratory Name: \_\_\_\_\_

Pollutant Name	CAS #	No. of Analyses	Average Concentration (mg/kg)	Maximum Monthly Average Concentration (mg/kg)	Range of Data (Min. - Max.) (mg/kg)	Minimum Detection Level
Arsenic	7440-38-2					
Cadmium	7440-43-9					
Copper	7440-50-8					
Lead	7439-92-1					
Mercury	7439-97-6					
Molybdenum	7439-98-7					
Nickel	7440-02-0					
Selenium	7782-49-2					
Zinc	7440-66-6					

**D. Sewage sludge treatment and disposal characteristics.** Complete the following to determine the applicability of your facility's sewage sludge use or disposal practices. If you answer yes to any question, you must complete the applicable section. Complete all sections that apply to your facility.

	Is sewage sludge from your facility hauled to another facility that provides treatment or blending? This section does <u>not</u> apply to sewage sludge hauled to land application or surface disposal sites. <b>(Section II: Shipment Off Site for Treatment)</b>
	Is sewage sludge from your facility applied to the land? This section includes exceptional quality sewage sludge (EQS) and sewage sludge applied to land reclamation sites. <b>(Section III: Land Application of Bulk Sewage Sludge)</b>
	Is sewage sludge from your facility placed on a surface disposal site? <b>(Section IV: Surface Disposal)</b>
	Is sewage sludge from your facility fired in a sewage sludge incinerator? <b>(Section V: Incineration)</b>
	Is sewage sludge from your facility placed on a municipal solid waste landfill? <b>(Section VI: Disposal In a Municipal Solid Waste Landfill)</b>

## II. Shipment Off Site for Treatment or Blending

A. Total sewage sludge hauled to all receiving facilities for the most recent year: \_\_\_\_\_ dry tons

**B. Information on off site treatment or blending.** Complete this section for each receiving facility (*Attach additional pages as necessary*)

1. Name of facility: \_\_\_\_\_

2. Facility contact: Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Facility location: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Total sewage sludge provided to this receiving facility for the most recent year: \_\_\_\_\_ dry tons

### III. Land Application of Bulk Sewage Sludge

#### A. Land Application Generation Information

- Total sewage sludge from your facility applied to all land application sites for the most recent year: \_\_\_\_\_ dry tons
- Total number of land application sites currently assigned an Ohio EPA site identification number: \_\_\_\_\_
- Total acreage of land application sites currently assigned an Ohio EPA site identification number: \_\_\_\_\_
- List all counties that you currently (or you expect during the life of the permit to) land apply sewage sludge.

5. Are any land application sites located in states other than Ohio? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe how you notify the permitting authority for the States where the land application sites are located.

6. Does sewage sludge from your facility meet the ceiling concentration limits in Table 1 of 40 CFR 503.13 and the pollutant concentrations in Table 3 of 40 CFR 503.13? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide total percentage from Section III A.1 that met the ceiling and pollutant concentrations for the most recent year that was land applied: \_\_\_\_\_

7. Does sewage sludge from your facility meet the ceiling concentrations in Table 1 of 40 CFR 503.13 but does not meet the pollutant concentrations in Table 3 of CFR 503.13? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide total percentage from Section III A.1 that met the ceiling concentrations but not the pollution concentrations for the most recent year that was land applied: \_\_\_\_\_

8. What percentage of sewage sludge from Section III A.1 (in dry tons per year) is achieved for each pathogen reduction class? \_\_\_\_\_ Class A \_\_\_\_\_ Class B

9. Which Pathogen Reduction Alternative is used to achieve the class? *(Choose all that apply)*

	Class A		Class B
	Thermally Treated Biosolids		Monitoring of Indicator Organisms
	Biosolids Treated in a High pH- Temp.		PSRP, Aerobic Digestion
	Biosolids Treated in Other Processes		PSRP, Air Drying
	Biosolids Treated in Unknown Processes		PSRP, Anaerobic Digestion
	PFRP, Composting		PSRP, Composting
	PFRP, Heat Drying		PSRP, Lime Stabilization
	PFRP, Thermophilic Aerobic Digestion		Biosolids Treated in a PSRP Equivalent
	PFRP, Beta Ray Irradiation		
	PFRP, Gamma Ray Irradiation		
	PFRP, Pasteurization		
	PFRP, Heat Treatment		
	Biosolids Treated in a PFRP Equivalent		

10. Which Vector Attraction Reduction option is met for the sewage sludge at your facility? (Choose all that apply)

VAR Option
Option 1 (Minimum 38 percent reduction in volatile solids)
Option 2 (Anaerobic process, with bench-scale demo)
Option 3 (Aerobic process, with bench-scale demo)
Option 4 (Specific oxygen uptake rate for aerobic digested sludge)
Option 5 (Aerobic process plus raised temperature)
Option 6 (Raise pH to 12 and retain at 11.5)
Option 7 (75 percent solids with no unstabilized solids)
Option 8 (90 percent solids with unstabilized solids)
Option 9 (Injection below land surface)
Option 10 (incorporation into soil within 24 hours)
Option 11 (Cover sludge placed on a surface disposal)
Option 12 (Domestic septage pH adjustment)

**B. Spill Contingency Plan.** All facilities that land apply sewage sludge are required to have a spill contingency plan.

1. Date spill contingency plan was submitted to Ohio EPA: \_\_\_\_\_

2. Have there been any substantial modifications to the spill contingency plan since it was submitted to Ohio EPA?  
 \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please submit a copy of the modified spill contingency plan to the appropriate district office.

#### IV. Surface Disposal

**A.** Total sewage sludge from your facility placed on all surface disposal sites for the most recent year: \_\_\_\_\_ dry tons

**B. Information on Active Sewage Sludge Units.** Complete this section for each active sewage sludge unit.  
 (Attach additional pages as necessary)

1. Name of facility: \_\_\_\_\_

2. Facility contact: Name: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Facility location: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Total sewage sludge placed on the active sewage sludge unit for the most recent year: \_\_\_\_\_ dry tons

#### V. Incineration

**A.** Total sewage sludge from your facility fired in all sewage sludge incinerators for the most recent year: \_\_\_\_\_ dry tons

**B. Information on Sewage Sludge Incinerators.** Complete this section for each incinerator. (Attach additional pages as necessary)

1. Name of facility: \_\_\_\_\_
2. Incinerator air permit number: \_\_\_\_\_
3. Facility contact: Name: \_\_\_\_\_  
 Title: \_\_\_\_\_ Phone: \_\_\_\_\_
4. Facility location: Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
5. Total sewage sludge from your facility fired in this sewage sludge incinerator for the most recent year:  
 \_\_\_\_\_ dry tons

## VI. Disposal in a Municipal Solid Waste Landfill

- A.** Total sewage sludge from your facility placed in all municipal solid waste landfills for the most recent year:

\_\_\_\_\_ dry tons

- B. Information on municipal solid waste landfills.** Complete this section for each municipal solid waste landfill.  
*(Attach additional pages as necessary)*

1. Name of facility: \_\_\_\_\_
2. Facility contact: Name: \_\_\_\_\_  
 Title: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Facility location: Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. Total sewage sludge from your facility fired in this sewage sludge incinerator for the most recent year:  
 \_\_\_\_\_ dry tons

## VII. Certification

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

A. NAME AND OFFICIAL TITLE <i>(type or print)</i>	B. PHONE NO. <i>(area code &amp; no.)</i>
C. SIGNATURE	D. DATE SIGNED