02

FACILITY NAME AND PERMIT NUMBER:

Diagonville WI-036544-2

Form Approved 1/14/99
OMB Number 2040-0086

FORM 2S NPDES

NPDES FORM 2S APPLICATION OVERVIEW

PRELIMINARY INFORMATION

This page is designed to indicate whether the applicant is to complete Part 1 or Part 2. Review each category, and then complete Part 1 or Part 2, as indicated. For purposes of this form, the term "you" refers to the applicant. "This facility" and "your facility" refer to the facility for which application information is submitted.

FACILITIES INCLUDED IN ANY OF THE FOLLOWING CATEGORIES MUST COMPLETE PART 2 (PERMIT APPLICATION INFORMATION).

1. Facilities with a currently effective NPDES permit.

2. Facilities which have been directed by the permitting authority to submit a full permit application at this time.

ALL OTHER FACILITIES MUST COMPLETE PART 1 (LIMITED BACKGROUND INFORMATION).

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FACILITY NAME AND PERMIT NUMBER:
DIAPERVILLE - WI-0036544-2

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PART 1: LIMITED BACKGROUND INFORMATION

This part should be completed only by "sludge-only" facilities - that is, facilities that do not currently have, and are not applying for, an NPDES permit for a direct discharge to a surface body of water.

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

1. Facility Information.

a. Facility name: BAD RIVER WASTE WATER TREATMENT PLANT

b. Mailing Address: PO BOX 39
ODANAH, WISC. 54861

c. Contact person: PAUL GORDON
Title: MANAGER
Telephone number: 715-682-7156

d. Facility Address (not P.O. B ox): 54173 - BIRCH STREET
ODANAH, WISC 54861

e. Indicate the type of facility

____ Publicly owned treatment works (POTW) — X Privately owned treatment works

____ Federally owned treatment works — ____ Blending or treatment operation

____ Surface disposal site — ____ Sewage sludge incinerator

____ Other (describe): BAD RIVER TRIBE

2. Applicant Information.

a. Applicant name: BAD RIVER BAND OF LAKE SUPERIOR TRIBE OF CHIPPEWA INDIANS

b. Mailing Address: PO BOX 39
ODANAH, WISC. 54861

c. Contact person: EUGENE BIGBOY
Title: TRIBAL CHAIRMAN
Telephone number: 715-682-7111

d. Is the applicant the owner or operator (or both) of this facility?

X owner — X operator

e. Should correspondence regarding this permit be directed to the facility or the applicant?

X facility — X applicant

FACILITY NAME AND PERMIT NUMBER:
Dimperville - WI-0036544-2

Form Approved 1/14/99
OMB Number 2040-0086

3. **Sewage Sludge Amount.** Provide the total dry metric tons per latest 365 day period of sewage sludge handled under the following practices:

   a. Amount generated at the facility _____ dry metric tons
   b. Amount received from off site _____ dry metric tons
   c. Amount treated or blended on site _____ dry metric tons
   d. Amount sold or given away in a bag or other container for application to the land _____ dry metric tons
   e. Amount of bulk sewage sludge shipped off site for treatment or blending _____ dry metric tons
   f. Amount applied to the land in bulk form _____ dry metric tons
   g. Amount placed on a surface disposal site _____ dry metric tons
   h. Amount fired in a sewage sludge incinerator _____ dry metric tons
   i. Amount sent to a municipal solid waste landfill _____ dry metric tons
   j. Amount used or disposed by another practice _____ dry metric tons
   Describe _____

4. **Pollutant Concentrations.** 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 part 503 for this 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 four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
ARSENIC			
CADMIUM			
CHROMIUM			
COPPER			
LEAD			
MERCURY			
MOLYBDENUM			
NICKEL			
SELENIUM			
ZINC			

5. **Treatment Provided At Your Facility.**

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

   _____ Class A _____ Class B _____ Neither or unknown

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

FACILITY NAME AND PERMIT NUMBER:
Diaperville - WI-0036544-2

Form Approved 1/14/99
OMB Number 2040-0086

c. Which vector attraction reduction option is met for the sewage sludge at your facility?

_____ Option 1 (Minimum 38 percent reduction in volatile solids)
_____ Option 2 (Anaerobic process, with bench-scale demonstration)
_____ Option 3 (Aerobic process, with bench-scale demonstration)
_____ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
_____ Option 5 (Aerobic processes plus raised temperature)
_____ Option 6 (Raise pH to 12 and retain at 11.5)
_____ Option 7 (75 percent solids with no unstabilized solids)
_____ Option 8 (90 percent solids with unstabilized solids)
_____ Option 9 (Injection below land surface)
_____ Option 10 (Incorporation into soil within 6 hours)
_____ Option 11 (Covering active sewage sludge unit daily)
_____ None or unknown

d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge:

_____

_____

6. **Sewage Sludge Sent to Other Facilities.** Does the sewage sludge from your facility meet the Table 1 ceiling concentrations, the Table 3 pollutant concentrations, Class A pathogen requirements, and one of the vector attraction options 1-8?
_____ Yes _____ No

If yes, go to question 8 (Certification).

If no, is sewage sludge from your facility provided to another facility for treatment, distribution, use, or disposal?
_____ Yes _____ No

If no, go to question 7 (Use and Disposal Sites).

If yes, provide the following information for the facility receiving the sewage sludge:

a. Facility name _____

b. Mailing address _____

_____

c. Contact person _____

Title _____

Telephone number _____

d. Which activities does the receiving facility provide? (Check all that apply)

_____ Treatment or blending
_____ Land application
_____ Incineration
_____ Sale or give-away in bag or other container
_____ Surface disposal
_____ Other (describe):

_____

_____

FACILITY NAME AND PERMIT NUMBER:

Diaperville - WI-0036544-2

Form Approved 1/14/99
OMB Number 2040-0086

7. **Use and Disposal Sites.** Provide the following information for each site on which sewage sludge from this facility is used or disposed:

   a. Site name or number _____

   b. Contact person _____

      Title _____

      Telephone _____

   c. Site location (Complete 1 or 2)

      1. Street or Route # _____

         County _____

         City or Town _____ State _____ Zip _____

      2. Latitude _____ Longitude _____

   d. Site type (Check all that apply)

      ____ Agricultural ____ Lawn or home garden ____ Forest
      ____ Surface disposal ____ Public Contact ____ Incineration
      ____ Reclamation ____ Municipal Solid Waste Landfill ____ Other (describe): _____

8. **Certification.** Sign the certification statement below. (Refer to instructions to determine who is an officer for purposes of this certification.)

   I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the 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.

   Name and official title _____

   Signature _____

   Telephone number _____

   Date signed _____

SEND COMPLETED FORMS TO:

FACILITY NAME AND PERMIT NUMBER:
Diaperville - WI-0036544-2

Form Approved 1/14/99
OMB Number 2040-0086

PART 2: PERMIT APPLICATION INFORMATION

Complete this part if you have an effective NPDES permit or have been directed by the permitting authority to submit a full permit application at this time. In other words, complete this part if your facility has, or is applying for, an NPDES permit.

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

APPLICATION OVERVIEW — SEWAGE SLUDGE USE OR DISPOSAL INFORMATION

Part 2 is divided into five sections (A-E). Section A pertains to all applicants. The applicability of Sections B, C, D, and E depends on your facility's sewage sludge use or disposal practices. The information provided on this page indicates which sections of Part 2 to fill out.

1. **SECTION A: GENERAL INFORMATION.**

   Section A must be completed by all applicants

2. **SECTION B: GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE.**

   Section B must be completed by applicants who either:

   1) Generate sewage sludge, or
   2) Derive a material from sewage sludge.

3. **SECTION C: LAND APPLICATION OF BULK SEWAGE SLUDGE.**

   Section C must be completed by applicants who either:

   1) Apply sewage to the land, or
   2) Generate sewage sludge which is applied to the land by others.

   NOTE: Applicants who meet either or both of the two above criteria are exempted from this requirement if <u>all</u> sewage sludge from their facility falls into one of the following three categories:

   1) The sewage sludge from this facility meets the ceiling and pollutant concentrations, Class A pathogen reduction requirements, and one of vector attraction reduction options 1-8, as identified in the instructions, or
   2) The sewage sludge from this facility is placed in a bag or other container for sale or give-away for application to the land, or
   3) The sewage sludge from this facility is sent to another facility for treatment or blending.

4. **SECTION D: SURFACE DISPOSAL**

   Section D must be completed by applicants who own or operate a surface disposal site.

5. **SECTION E: INCINERATION**

   Section E must be completed by applicants who own or operate a sewage sludge incinerator.

FACILITY NAME AND PERMIT NUMBER:
Diaperville WI-0036544-2

Form Approved 1/14/99
OMB Number 2040-0086

A. GENERAL INFORMATION

All applicants must complete this section.

A.1. Facility Information.

a. Facility name: BAD RIVER WASTE WATER TREATMENT PLANT

b. Mailing Address: PO Box 39
Odanah, Wisc 54861

c. Contact person: PAUL GORDON

Title: MANAGER

Telephone number: 715-682-7156

d. Facility Address (not P.O. Box): 54173 - BIRCH STREET
Odanah WISC 54861

e. Is this facility a Class I sludge management facility? ____ Yes X No

f. Facility design flow rate: ____ mgd

g. Total population served: ____

h. Indicate the type of facility:

____ Publicly owned treatment works (POTW)
X Privately owned treatment works
____ Federally owned treatment works
____ Blending or treatment operation
____ Surface disposal site
____ Sewage sludge incinerator
____ Other (describe) BAD RIVER TRIBE

A.2. Applicant Information. If the applicant is different from the above, provide the following:

a. Applicant name: BAD RIVER BAND OF LAKE SUPERIOR TRIBE OF CHIPPEWA INDIANS

b. Mailing Address: PO Box 39
Odanah WISC 54861

c. Contact person: Eugene Bisboy

Title: Tribal Chairman

Telephone number: 715-682-7111

d. Is the applicant the owner or operator (or both) of this facility?

X owner X operator

e. Should correspondence regarding this permit should be directed to the facility or the applicant.

X facility X applicant

FACILITY NAME AND PERMIT NUMBER:
Diaperville - WI-0036544-2

Form Approved 1/14/99
OMB Number 2040-0086

A.3. Permit Information.

a. Facility's NPDES permit number (if applicable): WI-0036544-2

b. List, on this form or an attachment, all other Federal, State, and local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:

Permit Number	Type of Permit

A.4. Indian Country. Does any generation, treatment, storage, application to land, or disposal of sewage sludge from this facility occur in Indian Country?

_____Yes X No If yes, describe: _____

A.5. Topographic Map. Provide a topographic map or maps (or other appropriate map(s) if a topographic map is unavailable) that show the following information. Map(s) should include the area one mile beyond all property boundaries of the facility:

a. Location of all sewage sludge management facilities, including locations where sewage sludge is stored, treated, or disposed.

b. Location of all wells, springs, and other surface water bodies, listed in public records or otherwise known to the applicant within 1/4 mile of the facility property boundaries.

A.6. Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit, including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.

A.7. Contractor Information.

Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? _____Yes _____No

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

a. Name _____

b. Mailing Address _____

c. Telephone Number _____

d. Responsibilities of contractor _____

FACILITY NAME AND PERMIT NUMBER:

Diaperville WI-0036544-2

Form Approved 1/14/99
OMB Number 2040-0086

A.8. Pollution Concentrations: 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 Part 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 four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
ARSENIC			
CADMIUM			
CHROMIUM			
COPPER			
LEAD			
MERCURY			
MOLYBDENUM			
NICKEL			
SELENIUM			
ZINC			

A.9. Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of Form 2S you have completed and are submitting:

_____ Part 1 Limited Background Information packet

Part 2 Permit Application Information packet:

_____ Section A (General Information)

_____ Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)

_____ Section C (Land Application of Bulk Sewage Sludge)

_____ Section D (Surface Disposal)

_____ Section E (Incineration)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the 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.

Name and official title _____

Signature _____ Date signed _____

Telephone number _____

Upon request of the 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.

SEND COMPLETED FORMS TO:

FACILITY NAME AND PERMIT NUMBER:

DIAPERVILLE - WI-0036544-2

Form Approved 1/14/99
OMB Number 2040-0086

B. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE

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

B.1. Amount Generated On Site.

Total dry metric tons per 365-day period generated at your facility: _____ dry metric tons

B.2. Amount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use, or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary.

a. Facility name _____

b. Mailing Address _____

_____

c. Contact person _____

Title _____

Telephone number _____

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

_____

e. Total dry metric tons per 365-day period received from this facility: _____ dry metric tons

f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics.

_____

_____

B.3. Treatment Provided At Your Facility.

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

_____ Class A _____ Class B _____ Neither or unknown

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

_____

_____

c. Which vector attraction reduction option is met for the sewage sludge at your facility?

_____ Option 1 (Minimum 38 percent reduction in volatile solids)
_____ Option 2 (Anaerobic process, with bench-scale demonstration)
_____ Option 3 (Aerobic process, with bench-scale demonstration)
_____ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
_____ Option 5 (Aerobic processes plus raised temperature)
_____ Option 6 (Raise pH to 12 and retain at 11.5)
_____ Option 7 (75 percent solids with no unstabilized solids)
_____ Option 8 (90 percent solids with unstabilized solids)
_____ None or unknown

FACILITY NAME AND PERMIT NUMBER:
Diaperville - WI-0036544-2

Form Approved 1/14/99
OMB Number 2040-0086

B.3. Treatment Provided At Your Facility. (con't)

d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge:

_____

_____

e. Describe, on this form or another sheet of paper, any other sewage sludge treatment or blending activities not identified in (a) - (d) above:

_____

_____

Complete Section B.4 if sewage sludge from your facility meets the ceiling concentrations in Table 1 of 40 CFR 503.13, the pollutant concentrations in Table 3 of §503.13, the Class A pathogen reduction requirements in §503.32(a), and one of the vector attraction reduction requirements in § 503.33(b)(1)-(8) and is land applied. Skip this section if sewage sludge from your facility does not meet all of these criteria.

B.4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements, and One of Vector Attraction Reduction Options 1-8.

a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land: _____ dry metric tons

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

_____Yes _____No

Complete Section B.5. if you place sewage sludge in a bag or other container for sale or give-away for land application. Skip this section if the sewage sludge is covered in Section B.4.

B.5. Sale or Give-Away in a Bag or Other Container for Application to the Land.

a. 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: _____ dry metric tons

b. Attach, with this application, 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.

Complete Section B.6 if sewage sludge from your facility is provided to another facility that provides treatment or blending. This section does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this section if the sewage sludge is covered in Sections B.4 or B.5. If you provide sewage sludge to more than one facility, attach additional pages as necessary.

B.6. Shipment Off Site for Treatment or Blending.

a. Receiving facility name _____

b. Mailing address _____

_____

c. Contact person _____

Title _____

Telephone number _____

d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: _____

B.6. Shipment Off Site for Treatment or Blending. (con't)

e. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility? ____ Yes ____ No

Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?

_____ Class A _____ Class B _____ Neither or unknown

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

_____

_____

f. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge?
_____Yes _____No

Which vector attraction reduction option is met for the sewage sludge at the receiving facility?

_____ Option 1 (Minimum 38 percent reduction in volatile solids)
_____ Option 2 (Anaerobic process, with bench-scale demonstration)
_____ Option 3 (Aerobic process, with bench-scale demonstration)
_____ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
_____ Option 5 (Aerobic processes plus raised temperature)
_____ Option 6 (Raise pH to 12 and retain at 11.5)
_____ Option 7 (75 percent solids with no unstabilized solids)
_____ Option 8 (90 percent solids with unstabilized solids)
_____ None

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge.

_____

_____

g. Does the receiving facility provide any additional treatment or blending activities not identified in (c) or (d) above? ____ Yes ____ No

If yes, describe, on this form or another sheet of paper, the treatment or blending activities not identified in (c) or (d) above:

_____

_____

h. If you answered yes to (e), (f), or (g), 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).

i. 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? _____ Yes _____ No

If yes, provide a copy of all labels or notices that accompany the product being sold or given away.

Complete Section B.7 if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in:
- **Section B.4 (it meets Table 1 ceiling concentrations, Table 3 pollutant concentrations, Class A pathogen requirements, and one of vector attraction reduction options 1-8); or**
- **Section B.5 (you place it in a bag or other container for sale or give-away for application to the land); or**
- **Section B.6 (you send it to another facility for treatment or blending).**

B.7. Land Application of Bulk Sewage Sludge.

a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites: _____ dry metric tons

FACILITY NAME AND PERMIT NUMBER:
Dimperville - WI-0036544-2

Form Approved 1/14/99
OMB Number 2040-0086

B.7. Land Application of Bulk Sewage Sludge. (con't)

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 application (see instructions).

c. Are any land application sites located in States other than the State where you generate sewage sludge or derive a material from sewage sludge? _____ Yes _____ No

If yes, describe, on this form or another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.

_____

_____

Complete Section B.8 if sewage sludge from your facility is placed on a surface disposal site.

B.8. Surface Disposal.

a. Total dry metric tons of sewage sludge from your facility placed on all surface disposal sites per 365-day period: _____ dry metric tons

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

_____ Yes _____ No

If no, answer B.8.c through B.8.f for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one such surface disposal site, attach additional pages as necessary.

c. Site name or number _____

d. Contact person _____

Title _____

Telephone number _____

Contact is _____Site owner _____Site operator

e. Mailing address _____

_____

f. Total dry metric tons of sewage sludge from your facility placed on this surface disposal site per 365-day period: _____ dry metric tons

Complete Section B.9 if sewage sludge from your facility is fired in a sewage sludge incinerator.

B.9. Incineration.

a. Total dry metric tons of sewage sludge from your facility fired in all sewage sludge incinerators per 365-day period: _____ dry metric tons

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

If no, complete B.9.c through B.9.f for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one such sewage sludge incinerator, attach additional pages as necessary.

c. Incinerator name or number: _____

d. Contact person: _____

Title: _____

Telephone number: _____

Contact is: _____ Incinerator owner _____ Incinerator operator

FACILITY NAME AND PERMIT NUMBER:
Dimperville - WI-0036544-2

Form Approved 1/14/99
OMB Number 2040-0086

B.9. Incineration. (con't)

e. Mailing address: _____

_____

f. Total dry metric tons of sewage sludge from your facility fired in this sewage sludge incinerator per 365-day period: _____ dry metric tons

Complete Section B.10 if sewage sludge from this facility is placed on a municipal solid waste landfill.

B.10. Disposal in a Municipal Solid Waste Landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.

a. Name of landfill _____

b. Contact person _____

Title _____

Telephone number _____

Contact is _____ Landfill owner _____ Landfill operator

c. Mailing address _____

_____

d. Location of municipal solid waste landfill:

Street or Route # _____

County _____

City or Town _____ State _____ Zip _____

e. Total dry metric tons of sewage sludge from your facility placed in this municipal solid waste landfill per 365-day period:

_____ dry metric tons

f. List, on this form or an attachment, 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

g. Submit, with this 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)

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

_____ Yes _____ No

FACILITY NAME AND PERMIT NUMBER:

Dimperville - WI-0036544-2

Form Approved 1/14/99
OMB Number 2040-0086

C. LAND APPLICATION OF BULK SEWAGE SLUDGE

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

- **The sewage sludge meets the Table 1 ceiling concentrations, the Table 3 pollutant concentrations, Class A pathogen requirements, and one of vector attraction reduction options 1-8 (fill out B.4 instead); or**
- **The sewage sludge is sold or given away in a bag or other container for application to the land (fill out B.5 instead); or**
- **You provide the sewage sludge to another facility for treatment or blending (fill out B.6 instead).**

Complete Section C for every site on which the sewage sludge that you reported in Section B.7 is applied.

C.1. Identification of Land Application Site.

a. Site name or number _____

b. Site location (Complete 1 and 2).

1. Street or Route # _____

County _____

City or Town _____ State _____ Zip _____

2. Latitude _____ Longitude _____

Method of latitude/longitude determination

_____ USGS map _____ Field survey _____ Other

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

C.2. Owner Information.

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

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

Name _____

Telephone number _____

Mailing Address _____

_____

C.3. Applier Information.

a. Are you the person who applies, or who is responsible for application of, sewage sludge to this land application site?
_____ Yes _____ No

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

Name _____

Telephone number _____

Mailing Address _____

_____

C.4. Site Type: Identify the type of land application site from among the following.

_____ Agricultural land _____ Forest _____ Public contact site

_____ Reclamation site _____ Other. Describe: _____

FACILITY NAME AND PERMIT NUMBER:
Dimperville - WI-0036544-2

Form Approved 1/14/99
OMB Number 2040-0086

C.5. Crop or Other Vegetation Grown on Site.

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

_____

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

_____

C.6. Vector Attraction Reduction.

Are any vector attraction reduction requirements met when sewage sludge is applied to the land application site?
_____ Yes _____ No

If yes, answer C.6.a and C.6.b;

a. Indicate which vector attraction reduction option is met:

_____ Option 9 (Injection below land surface)
_____ Option 10 (Incorporation into soil within 6 hours)

b. Describe, on this form or another sheet of paper, any treatment processes used at the land application site to reduce vector attraction properties of sewage sludge:

_____

_____

Complete Question C.7 only if the sewage sludge applied to this site since July 20, 1993, is subject to the cumulative pollutant loading rates (CPLRs) in 40 CFR 503.13(b)(2).

C.7. Cumulative Loadings and Remaining Allotments.

a. Have you contacted the 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? _____ Yes _____ No

If no, sewage sludge subject to CPLRs may not be applied to this site.

If yes, provide the following information:

Permitting authority _____

Contact Person _____

Telephone number _____

b. Based upon this inquiry, has bulk sewage sludge subject to CPLRs been applied to this site since July 20, 1993?
_____ Yes _____ No

If no, skip C.7.c.

FACILITY NAME AND PERMIT NUMBER:
Dimperville - WI-0036544-2

Form Approved 1/14/99
OMB Number 2040-0086

c. Provide the following information for every facility other than yours that is sending, or has sent, bulk sewage sludge to CPLRs to this site since July 20, 1993. If more than one such facility sends sewage sludge to this site, attach additional pages as necessary.

Facility name _____

Mailing Address _____

_____

Contact person _____

Title _____

Telephone number _____

FACILITY NAME AND PERMIT NUMBER:
DIMPERVILLE - WI-0036544-2

Form Approved 1/14/99
OMB Number 2040-0086

D. SURFACE DISPOSAL

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

Complete Sections D.1 - D.5 for each active sewage sludge unit.

D.1. Information on Active Sewage Sludge Units.

a. Unit name or number: _____

b. Unit location (Complete 1 and 2).

1. Street or Route # _____

County _____

City or Town _____ State _____ Zip _____

2. Latitude_____ Longitude_____

Method of latitude/longitude determination: _____ USGS map _____ Field survey _____ Other

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

d. Total dry metric tons of sewage sludge placed on the active sewage sludge unit per 365-day period: _____ dry metric tons

e. Total dry metric tons of sewage sludge placed on the active sewage sludge unit over the life of the unit: _____ dry metric tons

f. Does the active sewage sludge unit have a liner with a maximum hydraulic conductivity of 1×10^{-7} cm/sec? _____ Yes _____ No

If yes, describe the liner (or attach a description):

_____

_____

g. Does the active sewage sludge unit have a leachate collection system? _____ Yes _____ No

If yes, describe the leachate collection system (or attach a description). Also describe the method used for leachate disposal and provide the numbers of any Federal, State, or local permit(s) for leachate disposal:

_____

_____

h. If you answered no to either D.1.f. or D.1.g., answer the following question:

Is the boundary of the active sewage sludge unit less than 150 meters from the property line of the surface disposal site?
_____ Yes _____ No

If yes, provide the actual distance in meters: _____

Provide the following information:

Remaining capacity of active sewage sludge unit, in dry metric tons: _____ dry metric tons

Anticipated closure date for active sewage sludge unit, if known: _____ (MM/DD/YYYY)

Provide, with this application, a copy of any closure plan that has been developed for this active sewage sludge unit.

FACILITY NAME AND PERMIT NUMBER:
DIAPERVILLE - WI-0036544-2

Form Approved 1/14/99
OMB Number 2040-0086

D.2. Sewage Sludge from Other Facilities. Is sewage sent to this active sewage sludge unit from any facilities other than your facility?
_____ Yes _____ No

If yes, provide the following information for each such facility. If sewage sludge is sent to this active sewage sludge unit from more than one such facility, attach additional pages as necessary.

a. Facility name _____

b. Mailing Address _____

_____

c. Contact person _____

Title _____

Telephone number _____

d. Which class of pathogen reduction is achieved before sewage sludge leaves the other facility?
_____ Class A _____ Class B _____ None or unknown

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

_____

_____

f. Which vector attraction reduction option is met for the sewage sludge at the receiving facility?

_____ Option 1 (Minimum 38 percent reduction in volatile solids)
_____ Option 2 (Anaerobic process, with bench-scale demonstration)
_____ Option 3 (Aerobic process, with bench-scale demonstration)
_____ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
_____ Option 5 (Aerobic processes plus raised temperature)
_____ Option 6 (Raise pH to 12 and retain at 11.5)
_____ Option 7 (75 percent solids with no unstabilized solids)
_____ Option 8 (90 percent solids with unstabilized solids)
_____ None or unknown

g. Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge

_____

_____

h. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities performed by the other facility that are not identified in (d) - (g) above:

_____

_____

D.3. Vector Attraction Reduction

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

_____ Option 9 (Injection below and surface)
_____ Option 10 (Incorporation into soil within 6 hours)
_____ Option 11 (Covering active sewage sludge unit daily)

D.3. Vector Attraction Reduction. (con't)

b. Describe, on this form or another sheet of paper, any treatment processes used at the active sewage sludge unit to reduce vector attraction properties of sewage sludge:

_____

_____

D.4. Ground-Water Monitoring.

a. Is ground-water monitoring currently conducted at this active sewage sludge unit, or are ground-water monitoring data otherwise available for this active sewage sludge unit?
_____ Yes _____ No

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

_____

_____

b. Has a ground-water monitoring program been prepared for this active sewage sludge unit? _____ Yes _____ No

If yes, submit a copy of the ground-water monitoring program with this permit application.

c. Have you obtained a certification from a qualified ground-water scientist that the aquifer below the active sewage sludge unit has not been contaminated? _____ Yes _____ No

If yes, submit a copy of the certification with this permit application.

D.5. Site-Specific Limits. Are you seeking site-specific pollutant limits for the sewage sludge placed on the active sewage sludge unit?
_____ Yes _____ No

If yes, submit information to support the request for site-specific pollutant limits with this application.

FACILITY NAME AND PERMIT NUMBER:
DIAPERVILLE - WI-0036544-2

Form Approved 1/14/99
OMB Number 2040-0086

E. INCINERATION

Complete this section if you fire sewage sludge in a sewage sludge incinerator.

Complete this section once for each incinerator in which you fire sewage sludge. If you fire sewage sludge in more than one sewage sludge incinerator, attach additional copies of this section s necessary.

E.1. Incinerator Information.

a. Incinerator name or number: _____

b. Incinerator location (Complete 1 and 2).

1. Street or Route # _____

County _____

City or Town _____ State _____ Zip _____

2. Latitude_____ Longitude_____

Method of latitude/longitude determination: _____ USGS map _____ Field survey _____ Other

E.2. Amount Fired. Dry metric tons per 365-day period of sewage sludge fired in the sewage sludge incinerator: _____ dry metric tons

E.3. Beryllium NESHAP.

a. Is the sewage sludge fired in this incinerator "beryllium-containing waste," as defined in 40 CFR Part 61.31? _____ Yes _____ No

Submit, with this application, information, test data, and description of measures taken that demonstrate whether the sewage sludge incinerated is beryllium-containing waste, and will continue to remain as such.

b. If the answer to (a) is yes, **submit with this application** a complete report of the latest beryllium emission rate 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.

E.4. Mercury NESHAP.

a. How is compliance with the mercury NESHAP being demonstrated?

_____ Stack testing (if checked, complete E.4.b)

_____ Sewage sludge sampling (if checked, complete E.4.c)

b. If stack testing is conducted, submit the following information with this application:

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.

Copies of mercury emission rate tests for the two most recent years in which testing was conducted.

c. If sewage sludge sampling is used to demonstrate compliance, 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.

E.5. Dispersion Factor.

a. Dispersion factor, in micrograms/cubic meter per gram/second: _____

b. Name and type of dispersion model: _____

c. Submit a copy of the modeling results and supporting documentation with this application.

FACILITY NAME AND PERMIT NUMBER:
DIMPERVILLE - WI-0036544-2

Form Approved 1/14/99
OMB Number 2040-0086

E.6. Control Efficiency.

a. Control efficiency, in hundredths, for the following pollutants:

Arsenic: _____ Chromium: _____ Nickel: _____

Cadmium: _____ Lead: _____

b. Submit a copy of the results or performance testing and supporting documentation (including testing dates) with this application.

E.7. Risk Specific Concentration for Chromium.

a. Risk specific concentration (RSC) used for chromium, in micrograms per cubic meter: _____

b. Which basis was used to determine the RSC?

____Table 2 in 40 CFR 503.43

____Equation 6 in 40 CFR 503,43 (site-specific determination)

c. If Table 2 was used, identify the type of incinerator used as the basis:

____Fluidized bed with wet scrubber

____Fluidized bed with wet scrubber and wet electrostatic precipitator

____Other types with wet scrubber

____Other types with wet scrubber and wet electrostatic precipitator

d. If Equation 6 was used, provide the following:

Decimal fraction of hexavalent chromium concentration to total chromium concentration in stack exit gas: _____

Submit results of incinerator stack tests for hexavalent and total chromium concentrations, including date(s) of test, with this application.

E.8. Incinerator Parameters

a. Do you monitor Total Hydrocarbons (THC) in the sewage sludge incinerator's exit gas? _____ Yes _____ No

Do you monitor Carbon Monoxide (CO) in the sewage sludge incinerator's exit gas? _____ Yes _____ No

b. Incinerator type: _____

c. Incinerator stack height, in meters: _____

Indicate whether value submitted is: _____ Actual stack height _____ Creditable stack height

E.9. Performance Test Operating Parameters

a. Maximum Performance Test Combustion Temperature: _____

b. Performance test sewage sludge feed rate, in dry metric tons/day: _____

indicate whether value submitted is:

_____ Average use _____ Maximum design

Submit, with this application, supporting documents describing how the feed rate was calculated.

c. Submit, with this application, information documenting the performance test operating parameters for the air pollution control device(s) used for this sewage sludge incinerator.

FACILITY NAME AND PERMIT NUMBER:
Diaperville. WI-0036544-2

Form Approved 1/14/99
OMB Number 2040-0086

E.10. **Monitoring Equipment.** List the equipment in place to monitor the following parameters:

a. Total hydrocarbons or carbon monoxide: _____

b. Percent oxygen: _____

c. Moisture content: _____

d. Combustion temperature: _____

e. Other: _____

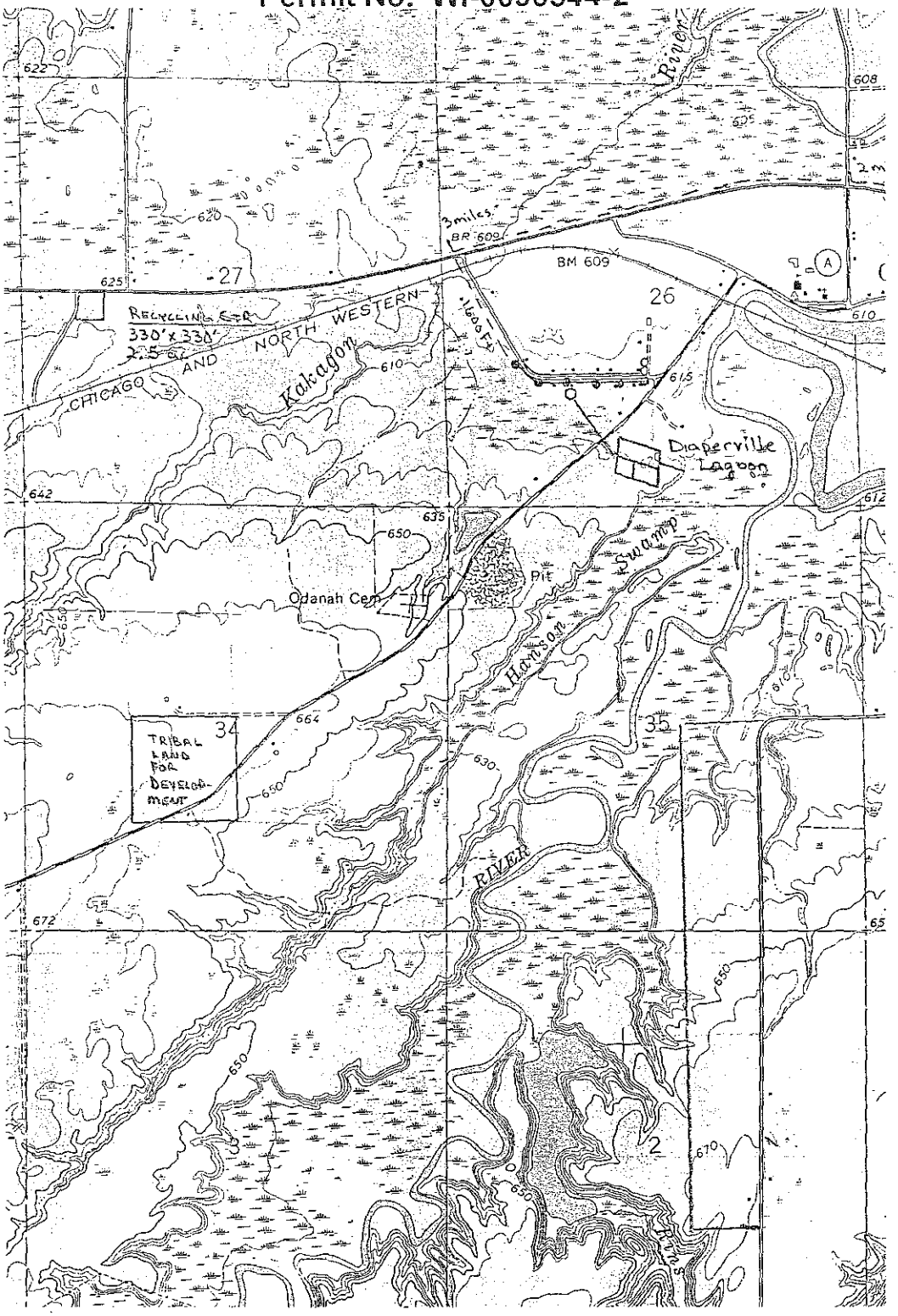
E.11. **Air Pollution Control Equipment.** Submit, with this application, a list of all air pollution control equipment used with this sewage sludge incinerator.

_____

_____

_____

_____

Diaperville Stabilization Lagoon

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