

II. WASTEWATER CHARACTERIZATION, TREATMENT AND DISPOSAL

B. SPECIFIC OUTFALL INFORMATION

LAND APPLICATION DISCHARGE – GENERAL SLUDGE/BIOSOLIDS MANAGEMENT INFORMATION FOR OUTFALL _____ (see instructions)

1. Existing Sludge Generating Units (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Flow Equalization | <input type="checkbox"/> Two Stage-Activated Sludge | <input type="checkbox"/> Coagulation/Flocculation |
| <input type="checkbox"/> Screening | <input type="checkbox"/> Sequencing Batch Reactor | <input type="checkbox"/> Contact Stabilization |
| <input type="checkbox"/> Comminution | <input type="checkbox"/> Fill and Draw | <input type="checkbox"/> Septic Tank |
| <input type="checkbox"/> Grit Chamber | <input type="checkbox"/> Chemical Precipitation | When was septage last removed? ___/___/___ |
| <input type="checkbox"/> Aerated Grit Chamber | <input type="checkbox"/> Phosphorous Removal-Biological | <input type="checkbox"/> Polishing Pond |
| <input type="checkbox"/> Primary Clarification | <input type="checkbox"/> Phosphorous Removal-Alum | When was sludge last removed? ___/___/___ |
| <input type="checkbox"/> Conventional-Activated Sludge | <input type="checkbox"/> Phosphorous Removal-Ferric Chloride | <input type="checkbox"/> Aerated Lagoon |
| <input type="checkbox"/> Extended Aeration | <input type="checkbox"/> Phosphorous Removal-Ferric Sulfate | When was sludge last removed? ___/___/___ |
| <input type="checkbox"/> Oxidation Ditch | <input type="checkbox"/> Secondary Clarification | <input type="checkbox"/> Stabilization Pond |
| <input type="checkbox"/> Pure Oxygen | | When was sludge last removed? ___/___/___ |
| <input type="checkbox"/> Rotating Biological Contactors | | |
| <input type="checkbox"/> Other (Specify) | | |

2. Sludge Production - Estimate annual sludge production. Specify in dry U.S. tons. (See instructions for conversion formulas, if necessary)

- | | |
|--|--|
| _____ to be generated | _____ to be landfilled |
| _____ to be land applied | _____ to be hauled to another facility |
| _____ to be distributed or land applied as Exceptional Quality (EQ) sludge | |
| _____ other (please specify) | |

3. Screenings and Grit Disposal - Will screenings and grit be disposed at a sanitary landfill?

- No screenings or grit are generated (continue to 4)
- No. Screenings and grit are not disposed of at a sanitary landfill. Explain why not in the space below.

- Yes. If yes, identify the landfill and provide the license number below:

Landfill Name _____

License Number _____

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LAND APPLICATION DISCHARGE – GENERAL SLUDGE/BIOSOLIDS MANAGEMENT INFORMATION FOR OUTFALL _____ (see instructions)

4. Sludge Storage

a. How is sludge storage provided?

- On-Site
- Off-Site - Self Owned
- Off-Site - Contracted (provide the information requested below)

Name

Contact

Mailing Address

P.O. Box, Street Address or Route

City or Village, State and Zip Code

Telephone Number (____) _____ - _____

b. How many days of sludge storage are provided? _____ Days.

c. Estimate the capacity of all sludge storage facilities. (Answer at least one)

_____ gallons _____ cubic yards _____ dry metric tons

d. Select each sludge type that is being stored. Liquid Cake

e. If no storage is provided or if less than 180 days of storage is provided, please indicate why:

- Sludge storage is in planning or construction stage Have treatment lagoon system
- Sludge is landfilled Sludge is incinerated
- Sludge is hauled to another permitted facility (provide the information requested below)
 - Facility Name _____
 - WPDES Permit No. _____ - _____
 - FID No. _____
- Other (explain) _____

5. Sludge Transportation - Who will haul the sludge to the disposal site? (Check all that apply)

- Plant Personnel
- Contract Hauler (provide the information requested below)
 - Business Name _____
 - Contact person _____
 - License Number (if certified) _____
- Other (specify) _____

B. SPECIFIC OUTFALL INFORMATION

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6. Sludge Treatment & Thickening Prior to Final Disposition

a. Treatment (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Aerobic Digestion | <input type="checkbox"/> Composting w/msn or other (class A) |
| <input type="checkbox"/> Anaerobic Digestion | <input type="checkbox"/> Heat Drying |
| <input type="checkbox"/> Air Drying (Drying Beds) | <input type="checkbox"/> Heat Treatment |
| <input type="checkbox"/> Composting w/yard waste (class B) | <input type="checkbox"/> Autothermophilic Aerobic Digestion (ATAD) |
| <input type="checkbox"/> Composting w/maw or other (class B) | <input type="checkbox"/> Beta Ray irradiation |
| <input type="checkbox"/> Alkaline Stabilization (class B) | <input type="checkbox"/> Gamma Ray irradiation |
| <input type="checkbox"/> PSRP Equivalent | <input type="checkbox"/> Pasteurization |
| <input type="checkbox"/> Temp/Time based on %Solids | <input type="checkbox"/> PFRP Equivalent |
| <input type="checkbox"/> Alkaline Stabilization (class A) | <input type="checkbox"/> Hauled to other facility |
| <input type="checkbox"/> Prior test for enteric virus/viable ova | <input type="checkbox"/> Lagoon system |
| <input type="checkbox"/> Post test for enteric virus/viable ova | <input type="checkbox"/> Reed Beds |
| <input type="checkbox"/> Composting w/yard waste (class A) | <input type="checkbox"/> Other (please specify) _____ |

b. Thickening (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Gravity Thickening Tank | <input type="checkbox"/> Dissolved air floatation (DAF or AFT) |
| <input type="checkbox"/> Pressure Filter | <input type="checkbox"/> Plate Press |
| <input type="checkbox"/> Belt Press | <input type="checkbox"/> Vacuum Filter |
| <input type="checkbox"/> Drying Beds | <input type="checkbox"/> None |
| <input type="checkbox"/> Gravity Belt Thickener | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Centrifuge | |

7. Sludge/Biosolids Use and Disposal - How do you plan to use/dispose of your sludge/biosolids? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Land Application | <input type="checkbox"/> Landfill |
| <input type="checkbox"/> Haul to other permitted facility | <input type="checkbox"/> Incinerate |
| <input type="checkbox"/> EQ Bulk | <input type="checkbox"/> Lagoon – Do not plan to disposal of sludge this permit term |
| <input type="checkbox"/> EQ Bag | <input type="checkbox"/> Other (please specify) _____ |

8. Pathogen Control - What level of pathogen control do you achieve? (per NR 204.07(6))

- Class A Class B Do not land apply

If Class A, what organism do you test for compliance in addition to treatment?

- Fecal Coliform Salmonella

If Class B, how do you show compliance?

- Fecal Coliform Process control as indicated above in item 6a

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9. Vector Control - What option do you use to satisfy vector control requirements? (per NR 204.07(7))

- | | |
|--|--|
| <input type="checkbox"/> Volatile Solids Reduction | <input type="checkbox"/> Aerobic Composting Process |
| <input type="checkbox"/> Aerobic SOUR Test | <input type="checkbox"/> pH Adjustment of Sludge |
| <input type="checkbox"/> Aerobic Bench Scale | <input type="checkbox"/> Injection when land applied |
| <input type="checkbox"/> Anaerobic Bench Scale | <input type="checkbox"/> Incorporation when land applied |
| <input type="checkbox"/> Drying With Unstabilized Solids | <input type="checkbox"/> Approved Equivalent Process |
| <input type="checkbox"/> Drying With Stabilized Solids | |

10. High Quality Limits - Did you satisfy all high quality pollutant concentrations throughout your last permit term? (per NR 204.07(5)(c))

- Yes No

If no, what pollutants exceeded the high quality limits and what, if any steps were taken to address the source?

11. Ceiling Limits - Did you satisfy all ceiling limit concentrations throughout your last permit term? (per NR 204.07(5)(a))

- Yes No

If no, what pollutants exceeded the ceiling limits and what, if any steps were taken to address the source?

12. Exceptional Quality Biosolids - Do you produce exceptional quality biosolids? (per NR 204.07(4)(a))

- Yes No

NOTE: Please notify the Department of Natural Resources of any changes in facilities and/or operations as described in this section of the application.

INSTRUCTIONS

Land Application Discharge - General Sludge/Biosolids Management Information

Submit this section with your permit reissuance application, and at any time there are significant changes to your sludge handling or management program.

Item 1. Existing Sludge Generating Units - Indicate each type of treatment process that is utilized at your facility. For polishing ponds, aerated lagoons and stabilization ponds, provide the date when the sludge was last removed in day/month/year (dd/mm/yy) format and fill out the remainder of questions in this section only as they apply to ponds and lagoon systems .

Item 2. Sludge Production - Indicate in dry Metric tons the average amount of sludge, over the last several years which your facility has generated, land applied, and otherwise disposed of (indicating the method; i.e., landfilled, hauled to another facility, etc.). This should be a total amount for each method of disposition but not separated by sludge type.

To convert quantities of sludge given in other units to dry Metric tons, use the following conversions:

From gallons:

$$\text{Dry Metric Tons} = \text{gallons} \times \% \text{ total solids} \times 0.0000417 \times 0.907$$

(express 5.5% total solids as 5.5, not 0.055)

From cubic yards:

$$\text{Dry Metric Tons} = \text{cubic yards} \times \% \text{ total solids} \times 0.008425 \times 0.907$$

(express 5.5% total solids as 5.5, not 0.055)

From dry U.S. Tons:

$$\text{Dry Metric Tons} = \text{Dry U.S. Tons} \times 0.907$$

Item 3. Screenings and Grit Disposal - Check the box corresponding to how screenings and grit, if produced, are disposed of. Indicate if screenings and grit are disposed of in a municipal solid waste landfill and specify the name and license number. If screenings and grit are not disposed of at a licensed solid waste landfill, as required by section NR 204.12, Wisconsin Administrative Code, explain why.

Item 4. Sludge Storage

a. How is storage provided? - If you provide sludge storage, indicate if it is on or off-site. If it is off-site and owned by another entity, provide the requested identifying information for that facility.

b. Number of days of sludge storage provided - Indicate the number of days of storage capacity which is provided in any storage facility (excess capacity in a digester above the digestive need of the sludge may be included here). Estimate the combined capacity of all sludge storage units in gallons if liquid sludge or cubic yards or dry Metric tons if cake sludge.

c. Type of Sludge - Indicate whether the sludge that is stored is liquid or cake (check each box if you have both).

d. No storage or less than 180 days storage provided - If no sludge storage or less than 180 days is provided, please indicate why. Check all boxes that apply. If sludge is hauled to another facility provide the requested identifying information for that facility.

Item 5. Sludge Transportation - Indicate who transports the sludge to the land application site, landfill, other treatment or storage facility, or other method of disposition. If a contract hauler is used, provide name, company name and septage hauler's license number (if certified).

Item 6. Sludge Treatment & Thickening

a. Treatment - Indicate all methods of sludge treatment utilized by your facility.

b. Thickening - Indicate all methods of thickening utilized by your facility.

Item 7. Biosolids Use and Disposal - Indicate all methods for use/disposal of your biosolids.

If your primary biological treatment process is a stabilization pond or aerated lagoon or if you use a sludge reed bed system and you plan to remove sludge this permit term, use "other" and indicate the year you anticipate that happening. Also indicate the method of disposal of the sludge.

Item 8. Pathogen Control - Indicate the level of pathogen control achieved at your facility. If you dispose of sludge by a means other than land application, mark the box labeled "do not land apply".

If your facility achieves class A pathogen control, indicate what organism you test, in addition to treatment, to show compliance.

If your facility achieves class B pathogen control, indicate whether you demonstrate compliance by testing for fecal coliform or by one of the treatment processes you checked in item 6a.

Item 9. Vector Control - Indicate what principal method you use to satisfy vector control requirements.

Item 10. High Quality Limits - Indicate if you met all high quality pollutant concentration limits for metals testing conducted on your biosolids during your last permit term. For a listing of high quality pollutant concentrations, see chapter NR 204.07(5)(c), Wisconsin Administrative Code. If these standards were not met, indicate what steps were taken to address the issue.

Item 11. Ceiling Limits - Indicate if you met all ceiling pollutant concentration limits for metals testing conducted on your biosolids during your last permit term. For a listing of ceiling pollutant concentrations, see chapter NR 204.07(5)(a), Wisconsin Administrative Code. If these standards were not met, indicate what steps were taken to address the issue.

Item 12. Exceptional Quality Biosolids - Indicate if you produce exceptional quality biosolids as defined in chapter NR 204.07(4)(a).