

Application for Permit to Process, Surface Dispose, or Incinerate Sludge

ADMINISTRATIVE REPORT (Instructions, Page 1)

Applicant _____

Permit Number _____

Type of application:

- New (Original, Unpermitted)
- Major amendment with Renewal
- Major amendment without Renewal (Retain current expiration date. Application requirements are limited to those items that relate to the proposed modification.)
- Renewal of existing permit
- Minor amendment to permit (Retain current expiration date. Application requirements are limited to those items that relate to the proposed modification.)

For an application to amend a permit, list the major proposed changes causing the amendment. (i.e., INCREASE PROCESSING VOLUME, REQUEST BUFFER ZONE VARIANCE, REDUCE OR REMOVE A MONITORING REQUIREMENT OR FREQUENCY)

Type of Technical Report(s) attached to Administrative Report for Permit Application:

- Sewage Sludge Processing Technical Report
- Sewage Sludge Surface Disposal Technical Report
- Sewage Sludge Incineration Technical Report
- Sewage Sludge Beneficial Use Technical Report

Application fee:

New/Amend: \$150

Renewal: \$115

The permit application processing and postage fee in the amount of \$ _____, has been submitted to the TCEQ. (See the instructions for the appropriate fee amount.)

For Commission Use Only:

Proposed/Current Permit Number _____ Region: _____

Segment Number: _____ County _____ Expiration Date: _____

1. APPLICANT INFORMATION (Instructions, Page 3)

a. Facility Operator (the Operator must apply for the permit.)

What is the Legal Name of the entity (applicant) applying for this permit?

(The legal name must be spelled exactly as filed with the Texas Secretary of State, County, or in the legal document forming the entity.)

If the applicant is currently a customer with TCEQ, what is the Customer Number (CN)? Search for your CN at:

<http://www12.tceq.texas.gov/crpub/index.cfm?fuseaction=cust.CustSearch>

CN _____

What is the name and title of the person signing the application?

(The person must be an executive official meeting signatory requirements in TAC 305.43(a).)

Prefix: _____

(Mr. Ms, Miss)

First/Last Name: _____

Suffix: _____

Title: _____ Credential: _____

What is the applicant's mailing address as recognized by the **US Postal Service**?

You may verify the address at: <http://zip4.usps.com/zip4/welcome.jsp>

Organization Name: _____

Mailing Address: _____

Internal Routing (Mail Code, Etc.): _____

City: _____ State: _____ ZIP Code: _____

Mailing Information if outside USA

Territory: _____ Country Code: _____ Postal Code: _____

Phone No.: _____ Extension: _____

Fax No.: _____ E-mail Address: _____

Indicate the type of Customer:

- | | |
|--|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Sole Proprietorship-D.B.A. |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Trust | <input type="checkbox"/> Estate |
| <input type="checkbox"/> Federal Government | <input type="checkbox"/> State Government |
| <input type="checkbox"/> County Government | <input type="checkbox"/> City Government |
| <input type="checkbox"/> Other Government | <input type="checkbox"/> Other: _____ |

Independent entity

- Yes
 No *(If governmental entity, subsidiary, or part of a larger corporation)*

Number of Employees:

0-20; 21-100; 101-250; 251-500; or 501 or higher

Customer Business Tax and Filing Numbers

*(Not applicable to individuals, governments, general partnerships or sole proprietors. **REQUIRED** for corporations and limited partnerships)*

State Franchise Tax ID Number: _____

TX SOS Charter (filing) Number: _____

Federal Tax ID: _____

DUNS Number (if known): _____

b. Co-Permittee information (complete only if the entity must be a co-permittee)

What is the Legal Name of the entity applying for this permit?

(The legal name must be spelled exactly as filed with the Texas Secretary of State, County, or in the legal document forming the entity.)

If the entity is currently a customer with TCEQ, what is the Customer Number (CN)? Search for your CN at:

<http://www12.tceq.texas.gov/crpub/index.cfm?fuseaction=cust.CustSearch>

CN _____

What is the name and title of the person signing the application?

(The person must be an executive official meeting signatory requirements in TAC 305.43(a).)

Prefix: _____

(Mr. Ms, Miss)

First/Last Name: _____

Suffix: _____

Title: _____ Credential: _____

What is the operator's mailing address as recognized by the **US Postal Service**?

You may verify the address at: <http://zip4.usps.com/zip4/welcome.jsp>

Organization Name: _____

Mailing Address: _____

Internal Routing (Mail Code, Etc.): _____

City: _____ State: _____ ZIP Code: _____

Mailing Information if outside USA

Territory: _____ Country Code: _____ Postal Code: _____

Phone No.: _____ Extension: _____

Fax No.: _____ E-mail Address: _____

Indicate the type of Customer:

- | | |
|--|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Sole Proprietorship-D.B.A. |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Trust | <input type="checkbox"/> Estate |
| <input type="checkbox"/> Federal Government | <input type="checkbox"/> State Government |
| <input type="checkbox"/> County Government | <input type="checkbox"/> City Government |
| <input type="checkbox"/> Other Government | <input type="checkbox"/> Other: _____ |

Independent entity

- Yes
 No *(If governmental entity, subsidiary, or part of a larger corporation)*

Number of Employees:

- 0-20; 21-100; 101-250; 251-500; or 501 or higher

Customer Business Tax and Filing Numbers

*(Not applicable to individuals, governments, general partnerships or sole proprietors. **REQUIRED** for corporations and limited partnerships)*

State Franchise Tax ID Number: _____

TX SOS Charter (filing) Number: _____

Federal Tax ID: _____

DUNS Number (if known): _____

Provide a brief description of the need for a co-permittee:

c. Individual information *(complete only if the site operator or co-permittee is an individual)*

What is the Full Legal Name of the individual applying for this permit?

If the individual is currently a customer with TCEQ, what is the Customer Number (CN)? Search at:

<http://www12.tceq.texas.gov/crpub/index.cfm?fuseaction=cust.CustSearch>

CN _____

What is the name and title of the person signing the application?

(The person must be the individual. See signatory requirements in TAC 305.43(a).)

Prefix: _____

(Mr. Ms, Miss)

First _____ Middle _____ Last _____

Suffix: _____

State Identification Number: _____

Date of Birth: _____

Assumed business or professional name: _____

Business name: _____

What is the individual's mailing address as recognized by the **US Postal Service**?
You may verify the address at: <http://zip4.usps.com/zip4/welcome.jsp>

Mailing Address: _____
Internal Routing (Mail Code, Etc.): _____
City: _____ State: _____ ZIP Code: _____
Mailing Information if outside USA
Territory: _____ Country Code: _____ Postal Code: _____
Phone No.: _____ Extension: _____
Fax No.: _____ E-mail Address: _____

2. BILLING CONTACT INFORMATION (Instructions Page 6)

a. Billing Contact and Address Information

*The permittee is responsible for paying the annual fee. The annual fee will be assessed to permits **active on September 1 of each year**. TCEQ will send a bill to the address provided in this section. The permittee is responsible for terminating the permit when it is no longer needed.*

Is the billing address the same as the permittee or co-permittee?

Permittee Co-permittee No, fill out this section

Prefix: _____
(Mr. Ms, Miss)
First/Last Name: _____
Suffix: _____
Title: _____ Credential: _____
Organization Name: _____
Billing Mailing Address: _____
Internal Routing (Mail Code, Etc.): _____
City: _____ State: _____ ZIP Code: _____
Mailing Information if outside USA.
Territory: _____ Country Code: _____ Postal Code: _____
Phone No.: _____ Extension: _____
Fax No.: _____ E-mail Address: _____

3. APPLICATION CONTACT INFORMATION (Instructions, Page 6)

If TCEQ needs additional information regarding this application, who should be contacted?

a. Application Contact

Prefix (Mr. Ms, Miss): _____
First/Last Name: _____
Suffix: _____
Title: _____ Credential: _____

Organization Name: _____
Mailing Address: _____
Internal Routing (Mail Code, Etc.): _____
City: _____ State: _____ ZIP Code: _____
Mailing Information if outside USA.
Territory: _____ Country Code: _____ Postal Code: _____
Phone No.: _____ Extension: _____
Fax No.: _____ E-mail Address: _____
Check one or both: Administrative contact Technical Contact

b. Application Contact

Prefix: _____
(Mr. Ms, Miss)
First/Last Name: _____
Suffix: _____
Title: _____ Credential: _____
Organization Name: _____
Mailing Address: _____
Internal Routing (Mail Code, Etc.): _____
City: _____ State: _____ ZIP Code: _____
Mailing Information if outside USA.
Territory: _____ Country Code: _____ Postal Code: _____
Phone No.: _____ Extension: _____
Fax No.: _____ E-mail Address: _____
Check one or both: Administrative contact Technical Contact

4. PERMIT CONTACT INFORMATION (Instructions, Page 7)

Provide two names of individuals that can be contacted throughout the permit term.

a. Prefix: _____
(Mr. Ms, Miss)
First/Last Name: _____
Suffix: _____
Title: _____ Credential: _____
Organization Name: _____
Mailing Address: _____
Internal Routing (Mail Code, Etc.): _____
City: _____ State: _____ ZIP Code: _____
Mailing Information if outside USA.
Territory: _____ Country Code: _____ Postal Code: _____
Phone No.: _____ Extension: _____
Fax No.: _____ E-mail Address: _____

b. Prefix (Mr. Ms, Miss): _____
 First/Last Name: _____
 Suffix: _____
 Title: _____ Credential: _____
 Organization Name: _____
 Mailing Address: _____
 Internal Routing (Mail Code, Etc.): _____
 City: _____ State: _____ ZIP Code: _____
 Mailing Information if outside USA.
 Territory: _____ Country Code: _____ Postal Code: _____
 Phone No.: _____ Extension: _____
 Fax No.: _____ E-mail Address: _____

5. NOTICE INFORMATION (Instructions, Page 7)

a. Individual publishing the notices

First/Last Name: _____
 Suffix: _____ Title: _____ Credential: _____
 Organization Name: _____
 Mailing Address: _____
 Internal Routing (Mail Code, Etc.): _____
 City: _____ State: _____ ZIP Code: _____
 Mailing Information if outside USA.
 Territory: _____ Country Code: _____ Postal Code: _____
 Phone No.: _____ Extension: _____
 Fax No.: _____ E-mail Address: _____

b. Method for receiving Notice of Receipt and Intent to Obtain a Water Quality Permit Package

Indicate by a check mark the preferred method for receiving the first notice and instructions:

- E-mail Address: _____
- Fax No.: _____
- Overnight/Priority mail: (self addressed, prepaid envelope required)
- Regular Mail:
 Mailing Address: _____
 Internal Routing (Mail Code, Etc.): _____
 City: _____ State: _____ ZIP Code: _____

c. Contact to Be Listed In the Notice

Prefix: _____
(Mr. Ms, Miss)
First/Last Name: _____
Suffix: _____
Title: _____ Credential: _____
Organization Name: _____
Phone No.: _____ Extension: _____

d. Public Place Information

If the facility and/or disposal location are located in more than one county, a public viewing place for each county must be provided.

Public Building name: _____
Location within the building: _____
Physical address of building: _____
City: _____ County: _____
Contact Name: _____
Phone No.: _____ Extension: _____

e. Bilingual Notice Requirements:

For new permit applications, major amendment and renewal applications. Not applicable for minor amendment or minor modification applications.

Please call the bilingual/ESL coordinator at the nearest elementary and middle schools and obtain the following information to determine if an alternative language notice is required:

1. Is a bilingual education program required by the Texas Education Code at the nearest elementary or middle school to the facility or proposed facility?
 Yes No (If No, alternative language notice publication is not required; skip to item 6. SITE INFORMATION.)

2. Are the students who attend either the elementary school or the middle school enrolled in a bilingual education program at that school?
 Yes No

3. Do the students at these schools attend a bilingual education program at another location?
 Yes No

4. Would the school be required to provide a bilingual education program but the school has waived out of this requirement under 19 TAC §89.1205(g)?
 Yes No

5. If the answer is yes to 1, 2, 3, or 4, public notice in an alternative language is required. Which language is required by the bilingual program?

This section of the application is only used to determine if alternative language notice will be needed. Complete instructions on publishing the alternative language notice will be in your public notice package.

6. SITE INFORMATION (Instructions, Page 8)

- a. List any other permits, existing or pending, which pertain to pollution control activities conducted at this facility (site) and any other TCEQ permits or licenses.

NPDES Permit No. TX _____ Expiration Date: _____

Hazardous Waste Management Permit No. _____

Non-attainment Permit No. _____

National Emission Standards for Hazardous Pollutants Permit No. _____

Water Right/Use Permit No. _____

Water Right/Secondary Use Permit No: _____

TCEQ Certificate of Adjudication _____

TCEQ Certificate of Convenience and Necessity _____

On-Site Subsurface Facility Permit _____

Industrial Solid Waste Registration No. _____

Dredge and Fill Permit No. _____

UIC program under SWDA _____

Sewage Sludge Registration _____

Sludge/Septage Transporter Registration _____

Municipal Solid Waste Landfill No. _____

Other: _____

- b. Sludge Processing/Disposal Site Information:

If the site of your business is part of a larger business site, a Regulated Entity Number (RN) may already be assigned for the larger site. Use the RN assigned for the larger site. Search TCEQ's Central Registry to see if the larger site may already be registered as a regulated site at:

<http://www12.tceq.texas.gov/crpub/index.cfm?fuseaction=regent.RNSearch>

If the site is found, provide the assigned Regulated Entity Reference Number and provide the information for the site to be authorized through this application below.

The site information for this authorization may vary from the larger site information.
TCEQ issued RE Reference Number (RN): **RN** _____

c. Name of project or site (the name known by the community where located):

d. Is the location of the facility used in the existing permit correct? Yes No

Does the site have a physical address?

If Yes, complete Section A for a physical address.

If No (the location description is not accurate or this is a new permit application, complete), complete Section B for site location information.

Section A: Enter the physical address for the site.

Verify the address with USPS. If the address is not recognized as a delivery address, provide the address as identified for overnight mail delivery, 911 emergencies, or other online map tool to confirm an address.

Physical Address of Project or Site:

Street Number: _____ Street Name: _____

City: _____ ZIP Code: _____

Section B: Enter the site location information.

If no physical address (Street Number & Street Name), provide a written location access description to the site:

(Ex.: located 2 miles west from intersection of Hwy 290 & IH35 accessible on Hwy 290 South)

e. Are your waste disposal operations within the incorporated limits of a municipality?
 Yes No

Are your waste disposal operations within the extraterritorial jurisdiction of a municipality?

Yes No

f. City where the site is located or, if not in a city, what is the nearest city/community:

g. ZIP Code where the site is located: _____

h. County where the site is located _____

i. Latitude: _____ Longitude: _____

j. In your own words, briefly describe the primary business of the Regulated Entity:
(Do not repeat the SIC and NAICS code)

k. Is facility located on Indian Land? Yes No

l. Owner of treatment facility (plant): _____

m. Owner of land where treatment facility is or will be: _____
(If not the same as the facility owner, there must be a long term lease agreement in effect for at least six years. In some cases, a lease may not suffice - see instructions.)

n. Owner of the land where sludge disposal/land application area is or will be located

(Required only if authorization is sought in the permit for sludge disposal on property owned/controlled by the applicant.)

o. Indicate by a checkmark that you have provided a copy of the deed of record and a copy of the meets and bounds giving the legal description of the site.

p. Provide a written description that traces the flow of process wastewater to final disposition including transportation and temporary storage (e.g., holding ponds). Identify the nearest identifiable watercourse to the disposal site to which rainfall/runoff might flow if not contained.

q. Site Drawing:

Attach a drawing on an 8 ½" by 11" (to scale) sheet showing the following:

- a. The boundaries of the treatment facility.
- b. Each treatment unit and the distance from each unit to the property line.
- c. The required buffer zone (set back) in accordance with 30 TAC Chapter 30 TAC Chapter 285.
- d. If sludge is disposed on property owned, leased or under direct control of the permittee by land application or surface disposal, show the location of the sludge use or disposal site with a scale sufficient to show the buffer zone (set back) in accordance with 30 TAC Section 312.44, for beneficial land application, or 30 TAC Section 312.63, surface disposal.
- e. The direction of prevailing winds, indicated by wind rose.
- f. For process wastewater surface land disposal or evaporation, show the location of all process wastewater storage/holding/evaporation ponds and disposal area(s). The map of the site should indicate the general slope of the land.

- r. Is this processing facility or waste disposal activity subject to 30 TAC Chapter 213, entitled Edwards Aquifer Rules? Yes No

If **YES**, the applicant may be required to submit additional information concerning methods of aquifer protection.

- s. Attachments to the application:

Please index all attachments cross-referenced to the specific item (i.e. Item 8.a on Page 2) in this application.

Attachment Number:_____	Item cross-referenced to:_____

7. USGS MAP (Instructions, Page 11)

Attach a complete, **FULL-SIZED, ORIGINAL USGS TOPOGRAPHIC MAP(S)** (7 ½ minute scale) which will show an area at least 1 mile in all directions of the site and includes the following:

- a. Identify the location of the facility, showing the applicant's approximate property boundaries.
- b. When requesting process wastewater surface land disposal, identify the location of all storage/holding/evaporation ponds and the area to be irrigated, showing the applicant's approximate property boundaries.
- c. When requesting sludge disposal/land application, identify the location of the disposal/land application area, showing the applicant's approximate property boundaries.
- d. Indicate the proximity of the facility site and/or disposal site(s) to any new or future commercial developments, housing developments, industrial sites, parks, schools and recreational areas.
- e. Identify all springs, public water supply wells, surface water supply intakes, water treatment plants, potable water storage facilities and sewage treatment plants within one mile of the treatment facility.

8. MISCELLANEOUS INFORMATION (Instructions, Pages 12)

- a. List each person formerly employed by the TCEQ who represented your company and was paid for service regarding the application:

- b. Do you owe fees to the TCEQ? Yes No

If yes, please provide:

Account number: _____ Amount past due: _____

- c. Do you owe any penalties to the TCEQ? Yes No

If yes, please provide:

Enforcement order number _____ Amount past due _____

9. CERTIFICATION (Instructions, Page 12)

APPLICANT/SITE OPERATOR:

I, _____, _____
(Name) (Title)

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 gathered and evaluated 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 there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature: _____ Date: _____
(Use blue ink)

Note: all applications must bear the signature and seal of notary public.

Subscribed and sworn to before me by the said _____

on this _____ day of _____, 20_____.

My commission expires on the _____ day of _____, 20_____.

Notary Public

[SEAL]

County, Texas

THIS PAGE APPLIES TO SLUDGE SURFACE DISPOSAL OR LAND APPLICATION FACILITIES ONLY

SITE OPERATOR:

I, _____, _____
(Name) (Title)

understand that I am responsible for operating the site described in the legal description in accordance with the Texas Commission on Environmental Quality requirements in 30 TAC, Chapter 312, the conditions set forth in this application, and any additional conditions as required by the Texas Commission on Environmental Quality. I also certify under penalty of law that all 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, imprisonment for violations, and revocation of this registration.

Signature: _____ Date: _____
(Use blue ink)

Note: all applications must bear the signature and seal of notary public.

Subscribed and sworn to before me by the said _____

on this _____ day of _____, 20_____.

My commission expires on the _____ day of _____, 20_____.

Notary Public [SEAL]

County, Texas

COMPLETE ONLY IF LANDOWNER IS NOT THE SITE OPERATOR:

I, _____, _____
(Name) (Title)

owner of the land described in the attached legal description, have all rights and covenants to authorize, the applicant for this Permit, to use this site for the disposal and/or land application Facility. I understand that 30 TAC, Chapter 312 requires me to make a reasonable effort to see that the applicant complies to the required operating conditions stated in the above paragraph. I also certify under penalty of law that all 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, imprisonment for violations, and revocation of this registration.

Signature: _____ Date: _____
(Use blue ink)

Note: all applications must bear the signature and seal of notary public.

Subscribed and sworn to before me by the said _____

on this _____ day of _____, 20_____.

My commission expires on the _____ day of _____, 20_____.

Notary Public

[SEAL]

County, Texas

ADMINISTRATIVE REPORT 1.1

The following item is only required for new permit applications and major amendment permit applications. (*The item is not applicable for renewal or minor amendment permit applications.*) (Instructions, Page 14)

1. LANDOWNERS MAP AND INFORMATION (Instructions, Page 14)

- a. Provide a map or drawing, with scale which includes the following information (See application instructions for example):
- The approximate boundaries of the tract of land on which the sludge processing facility is located, contiguous property owned or under the control of the applicant and those landowners immediately adjacent.
 - The approximate boundaries of an irrigation or evaporation disposal area, contiguous property owned or under the control of the applicant and those landowners immediately adjacent.
 - The approximate boundaries of a **sludge land application site**, contiguous property owned or under the control of the applicant and those landowners immediately adjacent. (Example A - Instructions, Page 15)
 - The approximate boundaries of a **sludge disposal or incineration site**, contiguous property owned or under the control of the applicant and the boundaries of each tract of land within a ½ mile of the border of land owned or under the control of the applicant. (Example B - Instructions, Page 16)
 - An index of the affected landowners cross-referenced in a numeric order, to the list requested for item 1.b.
- b. Provide a separate list of names and complete mailing addresses (with zip codes) numerically cross-referenced to the map requested for item 1.a. (See application instructions for example):
- Show on a separate list, properly cross-referenced in a numeric order, to the map required in item 1.a. above, the names and mailing addresses (include zip codes) of all adjacent landowners required to be identified in item 1.a. above. (Please do not cross-reference by Lot/Tract numbers.)
 - The names and mailing addresses of persons identified as potentially affected persons were obtained from:

(Source: City, County, School or Water District Records, Abstract Co., etc.)

2. BUFFER ZONE MAP (Instructions, Page 14)

Provide a buffer zone map. The buffer zone map shall clearly show the entire property boundaries of the property owned or under the control of the applicant; show each treatment unit; and specify the distance from each treatment unit to the applicant's property line. Identify on the map, the uses of the adjacent property.

3. GROUND LEVEL PHOTOGRAPHS (Instructions, Page 14)

New Facilities and physical expansions of facility: Submit a minimum of one original ground level photograph as instructed in items below. Clearly describe the exact location of the photos on a plot plan or map. Indicate the direction (N,E,S or W) that the photographer is facing.

- Show the location of the treatment facility.
- Show the location of the disposal area and the general characteristics of the area of disposal.

4. PLANT OPERATION (Instructions, Page 14)

Plant Operation

Will the plant be operated by the applicant? YES NO

If **YES**, list all other facilities operated. If necessary provide an attachment.

If **No**, who will be the operator? _____

List all other permitted and non permitted facilities currently operated by the contract source. If necessary provide an attachment.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY
SUPPLEMENTAL PERMIT INFORMATION FORM (SPIF)
FOR AGENCIES REVIEWING MUNICIPAL
TPDES WASTEWATER PERMIT APPLICATIONS

TCEQ USE ONLY:			
Application type:	<input type="checkbox"/> Renewal	<input type="checkbox"/> Major Amendment	<input type="checkbox"/> Minor Amendment <input type="checkbox"/> New
County: _____ Segment Number _____ Admin Complete Date: _____			
Agency Receiving SPIF:			
<input type="checkbox"/> Texas Historical Commission			<input type="checkbox"/> U.S. Fish and Wildlife _____
<input type="checkbox"/> Texas Parks and Wildlife Department			<input type="checkbox"/> U.S. Army Corps of Engineers _____

This form applies to TPDES permit applications only. The SPIF must be completed as a separate document. The TCEQ will mail a copy of the SPIF to each agency as required by the TCEQ agreement with EPA. If any of the items are not completely addressed and/or further information is needed, you will be contacted to provide the information before the permit is issued. Each item must be completely addressed.

Do not refer to a response of any item in the permit application form. Each attachment must be provided with this form separately from the administrative report of the application. The application will not be declared administratively complete without this form being completed in its entirety including all attachments.

The following applies to all applications:

1. Permittee: _____
2. Permit No. WQoo _____ (EPA ID No.) TXL _____
3. Address of the project (location description that includes street/highway, city/vicinity, & county)
4. Provide the name, address, phone and fax number of an individual that can be contacted to answer specific questions about the property.
 Name: _____ Company: _____
 Phone number: _____ Fax number: _____
 Street No.: _____ Street name: _____ Street type: _____
 P.O. Box: _____ City: _____ State: _____ ZIPcode: _____
 Email: _____

5. List the county in which the facility is located: _____

6. If the property is publicly owned and the owner is different than the permittee/applicant, please list the owner of the property.

7. Provide a description of the effluent discharge route. The discharge route must follow the flow of effluent from the point of discharge to the nearest major watercourse (from the point of discharge to a classified segment as defined in 30 TAC Chapter 307). If known, please identify the Segment Number.

8. Please provide a separate 7.5 minute USGS quadrangle map with the project boundaries plotted and a general location map showing the project area. Please highlight the discharge route from the point of discharge for a distance of one mile downstream. (This map is required **in addition to** the map in the administrative report).

9. Provide original photographs of any structures 50 years or older on the property.

10. Does your project involve any of the following? Check all that apply.

- a. Proposed access roads, utility lines, construction easements
- b. Visual effects that could damage or detract from a historic property's integrity
- c. Vibration effects during construction or as a result of project design
- d. Additional phases of development that are planned for the future
- e. Sealing caves, fractures, sinkholes, other karst features
- f. Disturbance of vegetation or wetlands

11. List proposed construction impact (surface acres to be impacted, depth of excavation, sealing of caves, or other karst features).

12. Describe existing disturbances, vegetation and land use.

THE FOLLOWING ITEMS APPLY ONLY TO APPLICATIONS FOR NEW TPDES PERMITS AND MAJOR AMENDMENTS TO TPDES PERMITS

13. List construction dates of all buildings and structures on the property.

14. Provide a brief history of the property, and name of the architect/builder, if known.

TECHNICAL REPORT 1
SLUDGE PROCESSING FACILITIES

If an item does not apply to your facility, write N/A and explain if necessary.

Provide detailed technical information for the following items. Attach separate reports as necessary.

1. SOURCE INFORMATION

Provide a detailed description of the source including TCEQ Permit No., quality, and quantity of all sludge/domestic septage to be processed at this facility. Please provide an analysis of the sludge for the following parameters from each source:

<u>Parameter</u>	<u>mg/kg</u>
Arsenic	_____
Cadmium	_____
Chromium	_____
Copper	_____
Lead	_____
Mercury	_____
Molybdenum	_____
Nickel	_____
Selenium	_____
Zinc	_____
Polychlorinated Biphenyls	_____

- 2.** Provide a detailed description of the source and amounts of any admixtures or blending agents with are to be used at this facility.
- 3.** Submit the most recent Toxicity Characteristic Leaching Procedure (TCLP) test results from each source. If the test results are more than 5 years old or if a major new source has been added to the source treatment system since the last test run, a current retest must be submitted.
- 4.** Please provide a detailed engineering report and/or plans and specification for the proposed facility, including:
 - a. Describe the type of process facility (i.e., chemical stabilization, heat drying, pasteurization, thermophilic digestion, etc.).

- b. Process flow diagram of the entire process including all major components of the treatment system and flow streams. The flow streams must indicate the quantity of material on a wet weight, dry weight, and volumetric basis. Include calculations that demonstrate that all equipment and storage areas have sufficient capacity for the material that will be processed.
- c. Please provide all design calculations for the specified treatment process (i.e., temperature range and residence time, chemical storage, mixing, drying, screening, bulk sludge storage, final product storage, auxiliary power, alarm systems, standby and duplicate units, holding tanks, storm-water control, dewatering equipment, etc.) and functional arrangements (flexibility of piping and of valves to control material flow through the facility, reliability of power source, etc.) to prevent partial treatment of sludge or overflows of process wastewater which might result from: (A) power failure, (B) equipment malfunction, (C) plant unit maintenance and repair, or (D) any other. (Use separate sheets for this information.)
- d. Method to control surface water runoff, collection of leachate, and/or process wastewater generated from the facility and any bulk material storage areas. For uncovered bulk material storage or processed material provide design calculations for protecting the areas from the 25-year, 24-hour rainfall event and include sources of information and all assumptions.
- e. An odor, dust, and bioaerosol management plan that outlines how the production and migration of each of these emissions will be monitored and minimized, including design and operational practices.
- f. Describe the method(s) used to meet Class A or B Pathogen Requirements (30 TAC § 312.82). Attach a copy of design calculations which demonstrate the ability of the treatment system to meet the proposed sludge quality with regards to pathogen reduction.
- g. Describe the method used to meet Vector Attraction Method Requirements (30 TAC § 312.83). Attach a copy of design calculations which demonstrate the ability of the treatment system to meet the proposed sludge quality with regards to vector attraction reduction.
- h. Description of the ultimate use for the finished product. Description of the proposed use or disposal of product that cannot be used in the expected manner due to poor quality or change in market conditions.

5. FACILITY SITE

- a. Are the proposed facilities to be located above the 100-year frequency flood level? Yes No

List source(s) used to determine 100-year frequency flood plain.

- (3) Growing seasons of each crop.
 - (4) Nutrient requirements of each crop.
 - (5) Supplemental watering requirements.
 - (6) Salt tolerances of each crop.
 - (7) Harvesting methods.
 - (8) Number of harvests per year per crop.
- h. Describe the application method and equipment. (e.g., row irrigation, spray irrigation using a center pivot sprinkler system, etc.) Estimate the irrigation efficiency.
- i. Disposal Requirements (complete applicable section and include design calculations; all assumptions, i.e., runoff, evaporation, evapotranspiration, etc. must be included):
- (1) Irrigation

Area under irrigation:	_____ acres
Design application frequency:	_____ hours/day
	_____ days/week
Land grade: average:	_____ percent (%)
maximum:	_____ percent (%)
Design application rate:	_____ acre-feet/acre/year
Design BOD ₅ loading rate:	_____ lbs BOD ₅ /acre/day
Design Total Nitrogen loading rate:	_____ lbs N/acre/day

Provide a separate engineering report of water balance and storage volume calculations in accordance with 30 TAC Section 309.20, Subchapter C, Land Disposal of Sewage Effluent. Describe the method of application and provide a nitrogen balance for the crop system.
 - (2) Evaporation Ponds

Daily average flow into pond(s):	_____ gallons/day
Surface area of pond(s):	_____ acres
Storage volume of pond(s):	_____ million gallons

Provide a separate engineering report of water balance and storage volume calculations.
- j. Indicate the exact boundaries of the disposal operation on the original USGS topographic map (7.5-minute scale) of the area.
- k. Provide a scale drawing or indicate on the original USGS topographic map, all land which is to be a part of the disposal operation in addition to the following: on-site buildings, waste disposal or treatment facilities, process wastewater storage and tail water control facilities, buffer zones and water wells within half-mile radius of disposal site boundaries.

- l. Identify the water uses from each water well within a half-mile radius of the disposal site boundaries. In addition, aspects of construction such as well logs, casing, yield, static elevation, water quality, and age shall be furnished and evaluated in the technical report. Submit copies of State Water Well Reports (driller's logs, completion data) and data on depths to groundwater for water supply wells including a description of how the depths to groundwater were obtained. Local groundwater resources below the wastewater disposal site shall be monitored to establish preoperational baseline groundwater quality when monitoring wells are available. Monitoring shall provide the following analytical determination: total dissolved solids, nitrate nitrogen, chlorides, sulfates, pH, and coliform bacteria.
- m. On a U.S. Department of Agriculture (USDA) Natural Resources Conservation Service (NRCS) Soil Survey Map, accurately locate the area to be used for land application. Include engineering properties (No. 200 Sieve, Liquid Limit, Plasticity), soil name and mapping symbol, USDA textures and associated depths for each texture class, soil permeability for each texture class, and seasonal high water table.
- n. Provide analyses of the soil in the land application area for pH, conductivity, sodium adsorption ratio, total nitrogen, nitrate-nitrogen, potassium, phosphorous, calcium, magnesium, sulphur, and sodium. The nutrient parameters should be analyzed on a plant available or extractable basis. All results shall be reported in mg/kg (dry weight basis). Include all information pertaining to fertilizer recommendations. Composite sampling techniques should be used when sampling the irrigation tract. Individual soil types, as defined by the USDA NRCS soil survey, should be sampled individually at zones of 0-6, 6-18, and 18-30 inches. Each composite sample shall represent no more than 40 acres with no less than 15 subsamples representing each composite sample. Subsamples shall be composited by zone and according to type of crop and soil for analysis and reporting.
- o. Provide the dimensions (water surface area, water depth and freeboard) of any storage/holding ponds.
- p. Describe the process wastewater storage/holding pond liner (e.g., compacted clay, synthetic liner, other).
- q. For waste disposal activities subject to 30 TAC Chapter 213, Edwards Aquifer, provide a report that describes the surface geologic units present in the proposed land application site and that identifies the location and extent of any significant recharge areas in the land application site.

CERTIFICATION STATEMENT FOR ANALYTICAL DATA

Effective July 1, 2008, all laboratory tests performed must meet the requirements of 30 TAC Chapter 25, Environmental Testing Laboratory Accreditation and Certification with the following general exemptions:

- a. The laboratory is an in-house laboratory and is:
 - (1) periodically inspected by the TCEQ; or
 - (2) located in another state and is accredited or inspected by that state; or
 - (3) performing work for another company with a unit located in the same site;
 or
 - (4) performing pro bono work for a governmental agency or charitable organization.
- b. The laboratory is accredited under federal law.
- c. The data are needed for emergency-response activities, and a laboratory accredited under the Texas Laboratory Accreditation Program is not available.
- d. The laboratory supplies data for which the TCEQ does not offer accreditation.

The applicant should review 30 TAC Chapter 25 for specific requirements. The following certification statement shall be signed and submitted with every application.

I, _____, _____
(Name) (Title)

certify that all laboratory tests submitted with this application meet the requirements of 30 TAC Chapter 25, Environmental Testing Laboratory Accreditation.

Signature: _____ Date: _____
(Use blue ink)

TECHNICAL REPORT 2

SLUDGE SURFACE DISPOSAL

This section must be completed for all applications requesting authorization to dispose of sludge in a surface disposal unit.

Provide detailed technical information for the following items. Attach separate reports as necessary.

1. REQUIRED MAPS

Maps of the proposed application site are required with the application. (**Note:** A copy of each map showing the information as required, is to be attached to each required copy of the application)

- a. Submit one **ORIGINAL General Highway (County) Map** showing all areas within 1000 feet of the site. (Copies may be submitted on 8.5 x 11 inch sheets). For County Highway Maps you may call the Texas Department of Transportation Map Sales in Austin at (512) 465-7397.
- b. Submit a legible copy of a **USDA Natural Resources Conservation Service (NRCS) Soil Map** with soil legend and necessary interpretative information. Contact the nearest NRCS office for map information. If county is not mapped, have a soil scientist identify the soils. The phone number for the State NRCS Headquarters in Temple is (817) 774-1261.
- c. Submit a copy of the **Federal Emergency Management Agency (FEMA) Map** showing the 100 year flood plain. Several options are available. These maps can be obtained by requesting a Flood Insurance Study (no charge) from the FEMA Flood Map Distribution Center at (800) 358-9616. The flood insurance study will contain a booklet and the FEMA maps. For further assistance in Texas, you may contact the TCEQ Floodplain Coordination Team at (512) 239-4773.

2. PREVIOUS DISPOSAL

Has sludge been previously disposed at this surface disposal site?

YES NO

If Yes, provide a use history of the disposal area such as tons of sludge disposed so far, remaining capacity of active sludge unit, anticipated closure date for the surface disposal unit and a copy of the closure plan that has been developed for this active sludge unit.

3. DISPOSAL INFORMATION

- a. Does the proposed/existing surface disposal unit area (check all that apply):
 - Overlap a designated 100-year flood plain area as shown on an attached FEMA map?
 - Contain soils with flooding classification (see the soil legend, NRCS

- Soil Maps.)
- Contain wetlands
- Overlap an unstable area
- Located less than 60 meters from a fault
- None of the above

b. Volume and frequency of sludge disposal(s):

c. Disposal Rates

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

Total dry tons of sludge placed on the active sludge unit over the life of the unit: _____

d. Does the active 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):

e. Does the active 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 treatment and disposal. If leachate is transported to another treatment facility please provide the TCEQ permit number(s).

f. If you answered No to either 3.d or 3.e, answer the following question:

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

YES NO

If Yes, provide the actual closest distance in meters: _____

4. FACILITY SITE

- a. Are the proposed facilities to be located above the 100-year frequency flood level?

YES NO

List source(s) used to determine 100-year frequency flood plain.

- b. If the proposed facility is not located above the 100-year flood level describe the protective measures to be utilized. Include a site map indicating location of the treatment plant within the 100-year frequency flood level. Provide size of dikes or other protective structures which may be required.

5. SITE DEVELOPMENT PLAN

Describe the methods used to deposit sludge in the active sludge unit. This description should include site layout plan, site entrance roads from public access roads, rate of sludge deposition, average lift size, maximum lift, average trench or cell size, maximum cell or trench size, active sludge unit cover, seismic impact design, protection from floods, and other information necessary to depict how the surface disposal unit will be developed. Also provide the following:

- a. Please provide a plan view and cross-section of the surface disposal unit.
- b. Provide the source and physical properties of the soil or other media for sludge bulking if applicable.
- c. Indicate locations of stockpiles of media and the area for sludge unloading and mixing.
- d. Operational procedures detailing how the sludge is to be mixed, the ratio of the mixture, and the handling and placement of the mixture, and daily cover.
- e. Provide, with this application, a copy of any closure plan that has been developed for this active sludge unit in accordance with 30 TAC §312.62 (c). The plan should describe what steps will be taken to ensure that the area shall be properly capped, vegetated and maintained for proper drainage after the fill is complete.
- f. Provide a copy of deed recordation for the site.
- g. Sludge to be disposed on _____ acres. Locate sludge disposal site on a site map (scale: 1"=100').
- h. Describe method of controlling infiltration of ground and surface water from entering site:

6. FINANCIAL ASSURANCE

Provide financial assurance to properly operate this surface disposal unit and to provide final closure of this surface disposal unit and storage (if applicable) (30 TAC 312.62(g)).

COMPLETE ITEMS 7 THROUGH 12 FOR SEWAGE SLUDGE ONLY:

7. Which vector attraction reduction option in 30 TAC §312.83, is achieved before sludge leaves the wastewater treatment facility?

8. Which vector attraction reduction option in 30 TAC §312.83, is met when sludge is placed on the active sludge unit?

9. Which pathogen reduction option in 30 TAC §312.82, is achieved before sludge leaves the wastewater treatment facility?

10. Which pathogen reduction option in 30 TAC §312.82, is met when sludge is placed on the active sludge unit?

11. Site-Specific Limits.
Are you seeking site-specific pollutant limits for the sludge placed on the active sludge unit?
YES NO
If Yes, submit information to support the request for site-specific pollutant limits with this application.

12. Provide a brief description of how methane gas is monitored, if cover is placed on unit and how public access to the site is restricted.

13. Ground-Water Monitoring

a. Is ground-water monitoring currently conducted at this active sludge unit, or are ground-water monitoring data otherwise available for this active 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 sludge unit?

YES NO

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

c. Provide a certification from a qualified ground-water scientist that the aquifer below the active sludge unit will not be contaminated in accordance with 30 TAC §312.64(n)?

14. Provide design calculations of how the 25-year, 24-hour rainfall is prevented from leaving the surface disposal unit. Provide sources of all information and assumptions used. Provide design calculations on how the runoff from the storm will be stored and disposed of. Provide a scaled drawing of any detention pond along with the volume calculations; the type of liner proposed for any detention pond; and calculations for stormwater disposal and location along with any proposed acreage for irrigation in relation to stormwater run-on and run-off disposal.

15. Provide a profile of soil types encountered down to the groundwater table.

16. Provide depth to shallowest groundwater

17. If no leachate collection system is in place, please provide the following soil and soil sample information:

- a. Use USDA Natural Resources Conservation Service (NRCS) soil descriptions. Refer to Physical and Chemical Properties Table and Engineering Tables in the appropriate county soil survey. Provide map symbols, soil type, permeability, and depth to bedrock.
 - b. Attach a map of all fields sampled per site. It must match the scale of the soil survey map submitted with the application. The soil analysis data submitted must clearly be cross referenced to location of the sample.
 - c. Obtain one composite sample for each soil depth per 80 acres and per uniform (soils with the same characteristics and texture) soil type within the 80 acres, or per approved soil sampling plan. Composite samples shall be comprised of 10-15 random sample cores taken from each of the following soil depth zones: 0-6 inches; 6-18 inches and 18-36 inches. The soil shall be sampled for Nitrate Nitrogen (NO₃-N), Total Nitrogen (TKN), Soil Water pH (S.U.), Total Arsenic (mg/kg), Total Cadmium (mg/kg), Total Chromium (mg/kg), Total Copper (mg/kg), Total Lead (mg/kg), Total Mercury (mg/kg), Total Molybdenum (mg/kg), Total Nickel (mg/kg), Total Selenium (mg/kg) and Total Zinc (mg/kg). The soil samples should be analyzed using EPA SW846, Method 3050.
18. Describe the method of sludge dewatering (drying beds, etc.) and average percent solids of surface disposed sludge:
19. If the surface disposal facility is a dedicated land application site, please provide a list of any crops to be grown on the site.

CERTIFICATION STATEMENT FOR ANALYTICAL DATA

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- a. The laboratory is an in-house laboratory and is:
 - (1) periodically inspected by the TCEQ; or
 - (2) located in another state and is accredited or inspected by that state; or
 - (3) performing work for another company with a unit located in the same site; or
 - (4) performing pro bono work for a governmental agency or charitable organization.
- b. The laboratory is accredited under federal law.
- c. The data are needed for emergency-response activities, and a laboratory accredited under the Texas Laboratory Accreditation Program is not available.
- d. The laboratory supplies data for which the TCEQ does not offer accreditation.

The applicant should review 30 TAC Chapter 25 for specific requirements. The following certification statement shall be signed and submitted with every application.

I, _____, _____
(Name) (Title)

certify that all laboratory tests submitted with this application meet the requirements of 30 TAC Chapter 25, Environmental Testing Laboratory Accreditation.

Signature: _____ Date: _____
(Use blue ink)

20. WELL DATA FOR SLUDGE SURFACE DISPOSAL SITES

Provide the following information for all types of wells located on and within 500 feet of the application area including off-site wells of other landowners. By definition (30 TAC Chapter 338) a "well" is any artificial excavation constructed for the purpose of exploring, monitoring or producing substances, elements, chemicals or fluids beneath the surface of the ground. (Potable water wells, irrigation wells, gas wells, oil wells, etc.)

Show well locations and numbers on the USGS map and cross reference to the numbers on the list below.

Well Number	Type of Well	Producing? Y/N	Plugged? Y/N	Cased? Y/N	Capped? Y/N	Action

- * Proper casing is a minimum of 10 feet of casing and cement. (Casing, plugging and capping rules - 30 TAC Section 338.48)
- ** Action that the site operator and landowner assure will be taken on each well before sludge disposal begins on the site.

Condition of Well Action to be Taken

- If producing and cased ----- no action necessary.
- If producing and not cased ---- case or describe other means of protection.
- If nonproducing and cased ----- must plug or cap before sludge disposal.
- If nonproducing and not cased - must plug before sludge disposal.

For the site water well history, contact the Texas Water Development Board (512) 936-0837.

For a thorough investigation of other well records, contact the Railroad Commission: Mapping Office (512) 463-6851 or Records Retention Office (512) 463-6882.

TECHNICAL REPORT 3

SLUDGE INCINERATION

This section must be completed for all applications requesting authorization to dispose of sludge by incineration. Complete this section once for each incinerator in which you fire sludge.

Provide detailed technical information for the following items. Attach separate reports as necessary.

1. Maps of the proposed application site are required with the application. (**Note:** A copy of each map showing the information as required, is to be attached to each required copy of the application)
 - a. Submit one **ORIGINAL General Highway (County) Map** showing all areas within 1000 feet of the site. (Copies may be submitted on 8.5 x 11 inch sheets). For County Highway Maps you may call the Texas Department of Transportation Map Sales in Austin at (512) 465-7397.
 - b. Submit a legible copy of a **USDA Natural Resources Conservation Service (NRCS) Soil Map** with soil legend and necessary interpretative information. Contact the nearest NRCS office for map information. If county is not mapped, have a soil scientist identify the soils. The phone number for the State NRCS Headquarters in Temple is (817) 774-1261.
2. Has sludge been previously incinerated at this incineration facility?
 Yes No

If Yes, please provide a use history of the incinerator unit such as tons of sludge incinerated so far, beryllium NESHAP and mercury NESHAP compliance, chromium concentration, THC or CO concentration, moisture content in stack gas, oxygen content in stack gas, etc.

3. Operating Parameters
 - a. Incinerator type: _____
 - b. Combustion temperature: _____

Submit, with this application, supporting documentation such as testing date(s) a description of temperature measurement and data recording and handling systems, and a description of how such combustion temperature data have been averaged.

c. Sludge feed rate, in dry metric tons/day: _____

Indicate whether value submitted is:

Average use Maximum design

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

d. Amount of sludge fired in the sludge incinerator in dry metric tons per 365 day period:

e. Incinerator stack height, in meters: _____

Indicate whether value submitted is:

Actual stack height Creditable stack height

4. Site Operating Plan

Submit a site operating plan. This document is to provide guidance from the design engineer to site management and operating personnel in sufficient detail to enable them to conduct day to day operations in a manner consistent with the engineer's design. At a minimum, the site operating plan shall include specific guidance or instructions on all of the following:

- a. Process description. The process description shall be composed of a descriptive narrative along with a process diagram. The process description shall include: anticipated volume of sludge to be incinerated. This section shall also contain an estimate of the daily quantity of material to be incinerated at the facility;
 - i. Tipping process. Indicate what happens to the feedstock material from the point it enters the gate. Indicate how the material is handled in the tipping area, how long it remains in the tipping area, what equipment is used, how the material is evacuated from the tipping area, at what interval the tipping area is cleaned, the process used to clean the tipping area;
 - ii. Process. Indicate what happens to the material as it leaves the tipping area. Indicate how the material is incorporated into the process and what process or processes are used. The narrative shall include: composting rates, equipment and their specifications, energy and mass balance calculations, and process monitoring method;
 - iii. Ash storage and disposal. Provide a complete narrative on the collection of ash, storage of ash, and disposal of ash;

- iv. Process diagram. Present a process diagram that displays graphically, the narrative generated in response to clauses (I)-(v) of this paragraph.
 - b. The minimum number of personnel and their functions to be provided by the site operator in order to have adequate capability to conduct the operation in conformance with the design and operational standards;
 - c. The minimum number and operational capacity of each type of equipment to be provided by the site operator in order to have adequate capability to conduct the operation in conformance with the design and operational standards;
 - d. Site access control;
 - e. Record keeping plan;
 - f. A fire prevention and suppression plan that shall comply with provisions of the local fire code, which shall also be sent to the local fire protection entity responsible for responding to a fire at the facility; and
 - g. Equipment failures including alternative plans in the event of an equipment failure.
5. Dispersion Factor
- a. Dispersion factor, in micrograms/cubic meter per gram/second: _____
 - b. Name and type of dispersion model:
6. Control Efficiency
- a. Control efficiency, in hundredths, for the following pollutants:

Arsenic	_____
Cadmium	_____
Chromium	_____
Lead	_____
Nickel	_____
 - b. Submit a copy of the results of performance testing and supporting documentation (including testing dates) with this application.

7. Beryllium NESHAP

- a. Does the sludge fired in this incinerator contain beryllium?

Yes No

Submit with the application, information, test data, and description of measures taken that demonstrate whether the sludge incinerated contains beryllium and will continue to remain as such.

- b. If 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.

8. Mercury NESHAP

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

Stack testing Sludge sampling
(if checked, complete 8.b) (if checked, complete 8.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 sludge sampling is used to demonstrate compliance, submit a complete report of 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.

9. 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

- 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 ratio of hexavalent chromium concentration to total chromium concentration in stack exit gas: _____
Submit results of incinerator stack test for hexavalent and total chromium concentrations, including date(s) of test, with this application.
10. Operational Standards for Total Hydrocarbons (THC) or Carbon Monoxide (CO).
- a. If you monitor THC, complete the following:
- i. Raw value for THC concentration in stack emissions, in ppm:
 - ii. Moisture content in stack gas, in percent:
 - iii. Oxygen concentration in stack gas, in percent:
 - iv. Corrected value for THC concentration in stack emissions (ppm):
 - v. Submit, with this application, documentation used to derive raw THC concentration, moisture content, oxygen concentration, and corrected THC concentration.
- b. If you monitor CO, complete the following:
- i. Raw value for CO concentration in stack emissions (ppm): _____
 - ii. Moisture content in stack gas, in percent: _____
 - iii. Oxygen concentration in stack gas, in percent: _____
 - iv. Corrected value for CO concentration in stack emissions (ppm): _____
 - v. Submit, with this application, documentation used to derive raw CO concentration, moisture content, oxygen concentration, and corrected CO concentration.
11. Monitoring Equipment: List the equipment in place to monitor the following parameters:
- a. THC or CO:
 - b. Percent oxygen:
 - c. Moisture content:
 - d. Combustion temperature:
 - e. Other: _____

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 - (3) performing work for another company with a unit located in the same site; or
 - (4) performing pro bono work for a governmental agency or charitable organization.
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(Name) (Title)

certify that all laboratory tests submitted with this application meet the requirements of 30 TAC Chapter 25, Environmental Testing Laboratory Accreditation.

Signature: _____ Date: _____
(Use blue ink)

12. Provide the following information for all types of wells located on and within 1000 feet of the application area including off-site wells of other landowners. By definition (30 TAC Chapter 338) a "well" is any artificial excavation constructed for the purpose of exploring, monitoring or producing substances, elements, chemicals or fluids beneath the surface of the ground. (Potable water wells, irrigation wells, gas wells, oil wells, etc.)

Show well locations and numbers on the USGS map and cross reference to the numbers on the list below.

Well Number	Type of Well	Producing? Y/N	Plugged? Y/N	Cased? Y/N	Capped? Y/N	Action

* Proper casing is a minimum of 10 feet of casing and cement.

(Casing, plugging and capping rules - 30 TAC Section 338.48)

** Action that the site operator assures will be taken on each well before sludge/septage application begins on the site.

Condition of Well Action to be Taken

If producing and cased ----- no action necessary.

If producing and not cased ---- case or describe other means of protection.

If nonproducing and cased ----- must plug or cap before sludge/septage application.

If nonproducing and not cased - must plug before sludge/septage application.

For the site water well history, contact the Texas Water Development Board (512) 936-0837.

For a thorough investigation of other well records, contact the Texas Railroad Commission: Mapping Office (512) 463-6851 or Records Retention Office (512) 463-6882.