



Instructions for the Registration of Land Application of Water Treatment Sludge

This form is to be used by persons desiring to notify the TCEQ of certain land application activities of water treatment sludge under the provisions of 30 Texas Administrative Code (TAC) Chapter 312. This application must be submitted by the operator before activities may be conducted under these rules regarding land application of water treatment sludge.

The mailing address for submitting an application for registration:

Texas Commission on Environmental Quality
Attn: Applications Review and Processing Team (Mc 148)
P.O. Box 13087
Austin, Texas 78711-3087

For Express Mail or Hand Delivery, the physical address is:

Texas Commission on Environmental Quality
Attn: Customer Information and Applications Processing Section
Applications Review and Processing Team (Mc 148)
Building F, Room 2101
12100 N. IH-35
Austin, Texas 78753

Telephone Inquiries:

(512) 239-4671 Municipal Permits Team, for technical and administrative questions.
(512) 239-0600 Legal Division
(512) 239-0900 Records Management, to obtain copies of documents on files with the TCEQ.

Procedural Information

The Executive Director's staff will review the application for completeness of information submitted. An applicant may be requested to submit additional information to complete or clarify questions concerning the applicant's submittal. The failure of an applicant to complete an application may result in the return of the application. Following review of the application and any comments received in response to the application, staff will forward the application to the Wastewater Permits Section Manager of the Water Quality Division for review and action.

All Inquiries and Requests for Assistance Should Be Directed To The Municipal Permits Team at (512) 239-4671

Please make a copy of the application to keep for your records.

Instructions for Filling out the Application Form

The TCEQ Application for a Registration for the Land Application of Water Treatment Sludge must be submitted in accordance with 30 TAC Section 312.121.

This application form has been designed to solicit specific information, with reports to be attached or inserted. A response must be made for each informational request in the instructions and each item in the application form. All information included in the application must be listed by the format of the application. For example, if a technical report is attached to the application then each subsection of the technical report must correlate with the corresponding subsection in the application form. Each report should be attached behind the summary form for the report and submitted as one document. Maps and blueprints that cannot be folded to 8 ½" x 11" may be submitted as separate documents. Each application is an independent document and must include all supporting information exclusive of any prior application. Falsification of any information is justification for denial of the application, fine or imprisonment (30 TAC §305.44).

Type or print legibly and complete all sections that apply and use NA (not applicable) for items that don't apply to your application and explain.

1. APPLICANT INFORMATION

a. Registrant Information

Legal Name

Provide the current legal name of the registrant, as authorized to do business in Texas. The name must be provided exactly as filed with the Texas Secretary of State (SOS), or on other legal documents forming the entity, that is filed in the county where doing business. You may contact the SOS at 512/463-5555, for more information related to filing in Texas. If filed in the county where doing business, provide a copy of the legal documents showing the legal name.

Customer Number (CN)

TCEQ's Central Registry will assign each customer a number that begins with ACN, followed by nine digits. **This is not a permit number**, registration number, or license number.

- If this customer has not been assigned a CN, leave the space for the CN blank.
- If this customer has already been assigned this number, enter the registrant's CN.

Enter the name and title of the person signing the application.

Mailing Address

Provide a complete mailing address for receiving mail from the TCEQ. The address must be verifiable with the US Postal Service at <http://www.usps.com> for regular mail delivery (not overnight express mail). If you find that the address is not verifiable using the USPS web search, please indicate the address is used by the USPS for regular mail delivery.

Phone Number

This number should correspond to this customer's mailing address given earlier. Enter the area code and phone number here. Leave *Extension* blank if this customer's phone system lacks this feature.

Fax Number and E-mail Address (Optional Information)

This number and E-mail address should correspond to applicant's mailing address provided earlier. Providing contact information speeds the processing of your application if questions arise during the review.

Type of Entity

Check only one box that identifies the type of entity. Use the descriptions below to identify the appropriate entity type.

Note that the selected entity type also indicates the name that must be provided as an applicant for a permit, registration or authorization. It also identifies when a co-applicant/co-registrant on an application for a permit, registration or authorization is required.

Sole Proprietorship C D.B.A.: a customer that is owned by only one person and has not been incorporated. This business may:

- \$ be under the person's name
- \$ have its own name (doing business as® or d.b.a.)
- \$ have any number of employees

If the customer is a Sole Proprietorship C D.B.A., the 'legal name' of the individual business 'owner' must be provided. The D.B.A. name is not recognized as the 'legal name' of the entity. The D.B.A. name may be used for the site name (regulated entity).

Individual (or DBA)

An individual is a customer who has not established a business, but conducts an activity that needs to be regulated by the TCEQ.

Partnership

A customer that is established as a partnership as defined by the Texas Secretary of State's Office (TX SOS).

Partnership Not Filed with Texas Secretary of State

A customer that is established as a partnership as defined by the Texas Secretary of State's Office (TX SOS). If the customer is a general partnership or joint venture filed in the county (not filed with TX SOS), the legal name of each partner forming the 'general partnership' or 'joint venture' must be provided. Each 'legal entity' must apply as a co-applicant.

Corporation

A customer that meets all of these conditions:

- \$ is a legally incorporated entity under the laws of any state or country
- \$ is recognized as a corporation by the Texas Secretary of State
- \$ has proper operating authority to operate in Texas.

The corporation's legal name as filed with the Texas Secretary of State must be provided as applicant. An assumed name or DBA is not recognized as the legal name of the entity.

Trust or Estate

A trust and an estate are not legal entities, but rather are fiduciary relationships governing the trustee/executor with respect to the trust/estate property. A trustee and an executor are considered the legal representatives of the trust/estate. Therefore, the trust and trustee or estate and executor must be identified as co-applicants/co-registrants. If there is more than one trustee or executor, each trustee or executor must be identified as a co-applicant/co-registrant with the trust or estate.

Other

The customer does not fit any of the above descriptions. Enter a short description of the type of customer in the blank provided.

Government Federal, State, County, or City

The customer is either an agency of one of these levels of government or a governmental body itself. The governmental body's official name must be provided. A department name or other description of the organization should not be included as a part the official name.

Other Government

Utility districts, school districts, river authorities, etc. should mark this selection and list the type of entities they are.

Independent Entity

Check *No* if this customer is a subsidiary, part of a larger company, or is a governmental entity. Otherwise, check *Yes*.

Number of Employees

Check one box to show the number of employees for this customer-s entire company, at all locations. This is not necessarily the number of employees at the site named in the application.

Business Identification Numbers

State Franchise Tax ID Number

Corporations and limited liability companies that operate in Texas are issued a franchise tax identification number. If this customer is a corporation or limited liability company, enter this number here.

Federal Tax ID

All businesses, except for some small sole proprietors, individuals, or general partnerships should have a federal taxpayer identification number (TIN). Enter this number here. Use no prefixes, dashes, or hyphens. Sole proprietors, individuals, or general partnerships do not need to provide a federal tax ID.

TX SOS Charter (filing) Number

Corporations and Limited Partnerships required to register with the Texas Secretary of State are issued a charter or filing number. You may obtain further information by calling SOS at 512/463-5555.

DUNS Number

Most businesses have a DUNS (Data Universal Numbering System) number issued by Dun and Bradstreet Corp. If this customer has one, enter it here.

b. Co-Permittee Information

Complete this section only if the entity must be a co-permittee. If co-permittees are required, please indicate the address to be used on the permit and for permit correspondences (either the address provided for item 1 .a or 1 .b). See item 1 .a f for an example of the address should be completed in the application.

c. Individual Information

If the applicant is an individual, provide information on the individual as required by the Texas Water Code. Complete the address as shown above in item 1 .a. The address provided must be the individual's home address. If the operator must apply as co - permittee and is an individual, provide a separate sheet for information on the operator. As the facility owner, you need to provide the Customer Reference Number (CN).

2. BILLING CONTACT INFORMATION

An annual fee is assessed to each permittee on September 1 of each year. Provide the complete mailing address where the annual fee invoice should be mailed. Verify the address with the USPS. It must be an address for delivery of regular mail, not overnight express mail. Also, provide a phone number of the permittee's representative responsible for payment of the invoice.

Country Mailing Information

If this address is outside the United States, enter the territory name, country code, and any non-ZIP mailing codes or other non-U.S. Postal Service features here. If this address is inside the United States, leave these spaces blank.

3. APPLICATION CONTACT INFORMATION**a. Operator Contact**

Provide the name, title and communication information of the person that TCEQ can contact for additional information regarding this application.

b. Landowner Contact

Provide the name, title and communication information of the Agent authorized to act for the landowner that TCEQ can contact for additional information regarding this application.

4. REGULATED ENTITY AND PERMITTED SITE INFORMATION

Regulated Entity Reference Number (RN)

This is a number issued by TCEQ's Central Registry to sites (a location where a regulated activity occurs) regulated by TCEQ. This is not a permit number, registration number, or license number.

\$ If this regulated entity has not been assigned a RN, leave this space blank.

\$ If this customer has been assigned this number, enter the permittee's RN.

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.

An example is a chemical plant where a unit is owned or operated by a separate corporation that is accessible by the same physical address of your unit or facility. Other examples include industrial parks identified by one common address but different corporations have control of defined areas within the site. In both cases, an RN would be assigned for the physical address location and the permitted sites would be identified separately under the same RN.

a. Name of the project or site

Provide the name of the site as known by the public in the area where the site is located. The name you provide on this application will be used in the TCEQ Central Registry as the Regulated Entity. An RN will be assigned by Central Registry if this site is not currently regulated by TCEQ.

b. Landowner Information

Provide the name, mailing address, and contact information for the landowner.

c. Site Physical Address

Enter the complete address. This address must be validated. If the physical address is not recognized as a USPS delivery address, you may need to validate the address with your local police (911 service) or through an online map site used to locate a site. Please confirm this to be a complete and valid address. Please do not use a rural route or post office box for a site location.

If a site does not have an address that includes a street number and street name, provide a complete written location access description. For example: AThe land application site is located 2 miles west from intersection of Hwy 290 & IH35, located on the southwest corner of the Hwy 290 west bound lane.@

d-f. Provide the city, zip code, and county of the area where the site is located.

g. Latitude and Longitude

Enter the latitude and longitude of the site in degrees, minutes, and seconds or in decimal form. For help obtaining the latitude and longitude, go to:

www.tceq.texas.gov/gis/drgview.html or <http://msrmaps.com/advfind.aspx>

h. Description of Activity Regulated

In your own words, briefly describe the primary business that you are doing that requires this authorization. Do not repeat the SIC Code description.

i. Meets and Bounds

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

5. DELINQUENT FEE INSTRUCTIONS

Please note that effective September 1, 2006, the TCEQ will no longer issue, amend, or renew permits, registrations, certifications, or licenses to an entity or person who is delinquent on a penalty or fee owed to the TCEQ. The TCEQ will not declare any application administratively complete that is submitted by a person or entity who is delinquent on a fee or penalty until the fee or penalty is paid, or if on an approved installment plan, that payments under the plan are current. The TCEQ will withhold final action on an application until the fee or penalty is paid and the account is current, if after the application is considered administratively complete, we discover that the owner or entity who submitted the application is delinquent on a fee or penalty.

Please identify whether you owe any fees or penalties to the TCEQ. If fees or penalties are owed, please identify the type of fee or penalty owed, the amount past due, and the TCEQ identifying number. For penalties, please provide the TCEQ docket number. For further information on the Delinquent Fee & Penalty Protocol, see the TCEQ web site at:

<http://www.tceq.texas.gov/agency/delin/index.html>.

6. LAND APPLICATION INFORMATION

a. Indicate by a checkmark if the land application activity will occur greater than five feet below the surface of the land? If Yes, a permit is required. Please refer to TCEQ Form No. 0744 Application for Permit to Process, Surface Dispose, or Incinerate Sewage Sludge. If No, please complete the table and list all sources of generation and any water quality number or public water supply number issued by TCEQ or its predecessor agencies. Use additional sheets if necessary. Please ensure to include a Table 1 for each source.

b. Required Maps

Maps of the proposed application site are required with the application. Mark the outline of the site boundaries in **red**.

- **ORIGINAL General Highway (County) Map** showing all areas within a radius of 1000 feet of the site. You may order from the Texas Department of Transportation Map Sales from the following web site: http://www.txdot.gov/travel/county_grid_search.htm

- **ORIGINAL United States Geological Survey (USGS) Topographic Map** showing all boundaries of the site area, all areas within a radius of 1000 feet of the site, the location of wells, and draw boundaries of the application area. For assistance locating United States Geological Survey (USGS) Topographic Map (1:24,000 scale) for your area, you may call the Texas Natural Resource Information System at 512/463-8337.
 - **USDA Natural Resources Conservation Service (NRCS) Soil Map** (provide a legible copy) with soil legend and necessary interpretative information. Contact the nearest USDA Natural Resources Conservation Service (NRCS) office for NRCS Soil Map information. If the county is not mapped, have a soil scientist identify the soils. The phone number for the State NRCS Headquarters in Temple is (254) 742-9800.
 - A legible copy of the **Federal Emergency Management Agency (FEMA) Map** with legend showing the 100-year flood plain. FEMA 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. The maps can also be downloaded from the following web site: <http://msc.fema.gov/webapp>
- c. Describe the transportation methods proposed in the box provided.
 - d. Indicate by a check mark that you have submitted a copy of the TCEQ transporter's registration approval document(s).
 - e. Provide the application area acreage in the space provided. This will be the acreage where the water treatment sludge will be applied.
Provide the site area acreage in the space provided. This will be the acreage owned by the landowner.
 - f. List the quantity of sludge proposed for land application in quantity, gallons per acre, and percentage in the spaces provided.
 - g. Submit Water Treatment Plant sludge analysis reports per guidelines in appendix A. Submit copies of all laboratory reports for all required tests including the laboratory Quality Assurance/Quality Control (QA/QC) sheets.
 - h. Please provide a short, typed narrative on the vegetation and/or crops planned. This information is needed to complete the nutrients needed by the vegetation/crops when calculating the Sludge Application Rate (SAR), in Appendix A, based on crop nitrogen needs. Indicate by a check mark that all the elements listed are included in the narrative.
 - i. Include a soil laboratory analysis following the Soil Testing Requirements listed in 30 TAC § 312.12(a)(1)(E) and (F) or in Appendix B of the application. Samples are to be taken at a maximum of 80 acres per composite sample per soil type.
 - j. Please show calculations used to determine the appropriate agronomic rate (see Appendix A)

7. CERTIFICATION

Signature on the Application: An application submitted by an INDIVIDUAL must be signed by the individual himself/herself. A person signing an application on behalf of the applicant must provide a letter of authorization signed by the applicant. In all cases, the person signing the application must be authorized to do so by the applicant. In the case of a PARTNERSHIP or a SOLE PROPRIETORSHIP, the application must be signed by a general partner or the proprietor, respectively. In the case of a municipal, state, federal or other public facility, the application must be signed by a principal executive officer, a ranking elected official or another duly authorized employee. An application submitted by a CORPORATION must be signed by a principle executive officer of at least the level of vice-president or by his duly authorized representative, if such representative is responsible for the overall management of the site. An applicationsignedbyapersonotherthanvice-presidentorabovemustprovidealetterof authorization,signedbyanexecutiveofficerofatleastthelevelofvice-president.

Each entity applying for the permit is required to sign the certification statement. The certification must bear an original signature of a person meeting the signatory requirements specified under 30 Texas Administrative Code (TAC) §305.44. See rule at: [http://info.sos.state.tx.us/pls/pub/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=30&pt=1&ch=305&rl=44](http://info.sos.state.tx.us/pls/pub/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=30&pt=1&ch=305&rl=44)

IF YOU ARE A CORPORATION

The regulation that controls who may sign an application or similar form is 30 TAC §305.44(a)(1) (see below). According to this code provision, any corporate representative may sign an application or similar form so long as the authority to sign such a document has been delegated to that person in accordance with corporate procedures. By signing the application or similar form, you are certifying that such authority has been delegated to you. The TCEQ may request documentation evidencing such authority.

IF YOU ARE A GOVERNMENT ENTITY

The regulation that controls who may sign an application or similar form is 30 TAC §305.44(a)(3). According to this code provision, only a ranking elected official or principal executive officer may sign an application or similar form. Persons such as the city mayor or county commissioner will be considered ranking elected officials. In order to identify the principal executive officer of your government entity, it may be beneficial to consult your city charter, county or city ordinances, or the Texas statute(s) under which your government entity was formed. An application or similar document that is signed by a government official who is not a ranking elected official or principal executive officer does not conform to §305.44(a)(3). The signatory requirement may not be delegated to a government representative other than those identified in the regulation. By signing the application or similar form, you are certifying that you are either a ranking elected official or principal executive officer as required by the administrative code. Documentation demonstrating your position as a ranking elected official or principal executive officer may be requested by the TCEQ.

If you have any questions or need additional information concerning the signatory requirements discussed above, please contact the TCEQ's Environmental Law Division at 512/239-0600.

Application for a Registration to Land Apply Water Treatment Plant Sludge

Notice: All disposal activity of water treatment sludge must be in accordance with the requirements of 30 TAC Subchapter F and 40 Code of Federal Regulations, Part 257.

Applicant: _____

Registration Number: _____

Type of application:

- New
- Renewal for Registration No: _____ Expiration Date: _____
- Amendment

If this is an amendment, describe the specific request:

For Commission Use Only

Proposed/ Current Registration Number _____ Region _____
Segment Number _____ County _____ Exp. Date: _____

1. APPLICANT INFORMATION (Instructions,Page2)

a. Registrant (applicant)

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 at: <http://www12.tceq.state.tx.us/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-Registrant Information (complete only if the entity must be a co-permittee)

What is the Legal Name of the co-registrant applying for this permit?

Operator

(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 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:

- Individual
Limited Partnership
Trust
Federal Government
County Government
Other Government
Sole Proprietorship-D.B.A.
Corporation
Estate
State Government
City Government
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 operator is an individual)

What is the Legal Name of the operator 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 Name: _____

Suffix: _____

State	Identification	Number:
Date	of	Birth:
Assumed	business	or
		professional
Business name:		name:

Business name: _____

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>

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 (InstructionsPage5)

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: _____

3. APPLICATION CONTACT INFORMATION (Instructions,Page5)

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

a. Application Contact (Operator)

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 (Agent authorized to act for the landowner)

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. REGULATED ENTITY INFORMATION (Instructions, Page 6)

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>
TCEQ issued RE Reference Number (RN):

RN _____

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

b. Landowner Information

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: _____

c. 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)

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

e. ZIP Code where the site is located:

f. County where the site is located

g. Latitude: _____ Longitude: _____

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

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

5. DELINQUENT FEE QUESTIONS (Instructions,Page7)

a. Do you owe fees to the TCEQ? Yes No

If yes, please provide:

Account number: _____ Amount past due: _____

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

If yes, please provide:

Enforcement order number _____ Amount past due _____

6. LAND APPLICATION INFORMATION (Instructions,Page7)

a. Will the land application activity occur greater than five feet below the surface of the land?

If Yes, a permit is required. Please refer to **TCEQ Form No. 0744 Application for Permit to Process, Surface Dispose, or Incinerate Sewage Sludge**

If No, please complete the table below:

List all sources of generation and any water quality number or public water supply number issued by TCEQ or its predecessor agencies. Use additional sheets if necessary. Please ensure to include a Table 1 for each source.

Facility Name	Permit Number	Location

b. Required Maps

Maps of the proposed application site are required with the application. Mark the outline of the site boundaries in **red**.

(**Note:** A copy of each map showing the information as required, is to be attached to each copy of the application)

- Submit one **ORIGINAL General Highway (County) Map** showing all areas within a radius of 1000 feet of the site. (In addition to the original map, copies may be submitted on 8.5 x 11 inch sheets)
- Submit one **ORIGINAL United States Geological Survey (USGS) Topographic Map** (In addition to the original map, copies may be submitted on 8.5 x 11 inch sheets) showing the items listed below:
 - all boundaries of the site area
 - all areas within a radius of 1000 feet of the site
 - the location of wells
 - draw boundaries of the application area
- Submit a legible copy of a **USDA Natural Resources Conservation Service (NRCS) Soil Map** with soil legend and necessary interpretative information.
- Submit a legible copy of the **Federal Emergency Management Agency (FEMA) Map** with legend showing the 100-year flood plain.

c. Description of transportation methods proposed.

d. Indicate by a check mark that you have submitted a copy of the TCEQ transporter's registration approval document(s).

e. Application Area: _____ acres, (the area where the water treatment sludge will be applied.)

Site Area: _____ acres, (the area of land owned by the landowner.)

f. List the quantity of sludge proposed for land application in:

- quantity (dry tons) generated by each source. _____
- gallons per acre per year. _____
- percentage (%) of solids in the sludge. _____

g. Include a sludge analysis as noted below:

(a.) Please include a sludge laboratory analysis per the Sludge Testing Requirements listed in 30 TAC § 312.7.

(1) Total Metals in mg/kg, and Nutrients in % (see Table 1) If multiple treatment facilities are involved, please photocopy this page as needed and create a separate attachment to the application.

(2) Toxicity Characteristic Leaching Procedure (TCLP) (per 40 CFR 261.24)

(3) Polychlorinated Biphenyls (PCBs)

(b.) Complete Table 1 for each source.

(c.) If water treatment plant sludge is obtained from multiple sources, the agronomic rate calculations for the sludge must cover all the sources on a basis proportionate to the amounts to be supplied by each. Please summarize the nutrient and pollutant data for each source on the **Table 2**. If more room is needed, photocopy this **Table 2**. Please only put up to 10 sources on each page, and use the last page for the sums and totals (row at bottom of form).

h. Please provide a short, typed narrative on the vegetation and/or crops planned. This information is needed to complete the nutrients needed by the vegetation/crops when calculating the Sludge Application Rate (SAR), in Appendix A, based on crop nitrogen needs. Indicate by a check mark that all the following elements are included in the narrative:

- | | | |
|-------------------------------------------------|---------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Crops to be grown | <input type="checkbox"/> incorporated into soil | <input type="checkbox"/> evenly distributed |
| <input type="checkbox"/> Times per year applied | <input type="checkbox"/> Planting dates | <input type="checkbox"/> Equipment used |
| <input type="checkbox"/> Tillage practices | <input type="checkbox"/> Frequency of application | |

i. Include a soil laboratory analysis following the Soil Testing Requirements listed in 30 TAC § 312.12(a)(1)(E) and (F) or in Appendix B of the application. Samples are to be taken at a maximum of 80 acres per composite sample per soil type.

j. Please show calculations used to determine the appropriate agronomic rate (see Appendix A)

I. CERTIFICATION STATEMENT FOR ANALYTICAL DATA (Instructions, Page 9)

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.
- c. 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.

Certification:

The applicant should review 30 TAC Chapter 25 for specific requirements. The following certification statement shall be signed and submitted with every application. See Instructions, Page 30, for a list of designated representatives who may sign the certification.

I, _____
Typed or printed name *Title*

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

Signature: _____ Date: _____
(Use blue ink)

7. SIGNATURE PAGE (Instructions, Page 9)

Registration Number: _____

Applicant: _____

Site Operator:

I, _____
Typed or printed name *Title*

that I am responsible for operating the site described in the legal description in accordance with the Texas Commission on Environmental Quality (TCEQ) requirements in 30 TAC Chapter 312, the conditions set forth in this application, and any additional conditions as required by the TCEQ. 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.

I further certify that I am authorized under **30 Texas Administrative Code '305.44** to sign and submit this document, and can provide documentation in proof of such authorization upon request.

Signature: _____ Date: _____
(Use blue ink)

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:

Landowner:

I, _____,
(typed or printed name)

the owner of record of the land described in the attached legal description, have all rights and covenants to authorize _____, the applicant for this registration, to use this site for the land application of water treatment sludge. 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)

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

**TABLE 1
Pollutant and Nutrient Concentrations in Water Treatment Plant Sludge
(for each source)**

Facility Name	TCEQ Authorization Number

The concentrations listed in column two are from 30 TAC § 312.43(b)(1) Table 1.

POLLUTANT/METAL ANALYSIS

Pollutant	Maximum Concentration mg/kg dry weight	Test Results mg/kg dry weight	Sample Date	Detection Level for Analysis	Sample Method
Arsenic (As)	75				
Cadmium (Cd)	85				
Chromium (Cr)	3000				
Copper (Cu)	4300				
Lead (Pb)	840				
Mercury (Hg)	57				
Molybdenum (Mo)	75				
Nickel (Ni)	420				
Selenium (Se)	100				
Zinc (Zn)	7500				
PCB (ppm)	2.0	(ppm)			

NUTRIENT ANALYSIS

Nutrient	Concentration (%)	Sample Date	Detection Level for Analysis	Sample Method
Total Kjeldahl Nitrogen (TKN)				
Ammonium Nitrogen (NH ₄ -N)				
Nitrate Nitrogen (NO ₃ -N)				
Phosphorus (P)				
Potassium (K)				

TABLE 2
Volume Weighted Average (Mean) of Nutrient and Pollutant Concentration

INCLUDE ONLY IF MORE THAN ONE SOURCE IS LAND APPLIED

Directions:

1. Multiply the Pollutant Concentrations from Table 1 (previous page) by the number of dry tons you expect to apply from that facility.
2. Sum the individual columns. Enter results in last row of the table.
3. Divide the sum of each column by the dry tons sum (bottom of second column). Enter number in the appropriate Volume Weighted Average Box (row below table).
4. Use these final results to complete the table in Step 1 of Appendix A.

TCEQ Authorization No.	Estimated Dry Tons *	Pollutant Concentrations (Table 1) x Dry Tons (mg/kg dry weight)										Nutrient Conc.(Table 1) x Dry tons (%)				
		As	Cd	Cr	Cu	Pb	Hg	Mo	Ni	Se	Zn	TKN	NH ₄ -N	NO ₃ -N	P	K
Sum =																
Volume Weighted Average																

* Total estimated dry tons to be land applied from source facility. (Needed for volume weighted calculation)

**APPENDIX A
AGRONOMIC RATE CALCULATIONS**

Note: The maximum allowable agronomic rate for land application of water treatment plant sludge is 40 dry tons/acre/year.

PART 1: WATER TREATMENT PLANT SLUDGE APPLICATION RATE

STEP 1 - CALCULATE QUANTITY OF NUTRIENTS & METALS IN SLUDGE IN POUNDS PER TON (# / TON)

Nutrient	% nutrient in sludge*	Conversion factor	Pounds per ton
Total Kjeldahl Nitrogen (TKN)		x 20	
Ammonium Nitrogen (NH ₄ -N)		x 20	
Nitrate Nitrogen (NO ₃ -N)		x 20	
Total Phosphorus (P)		x 20	
Total Potassium (K)		x 20	

Metal	Metal in sludge (mg/kg)	Conversion factor	Pounds per ton
Total Arsenic (As)		x 0.002	
Total Cadmium (Cd)		x 0.002	
Total Chromium (Cr)		x 0.002	
Total Copper (Cu)		x 0.002	
Total Lead (Pb)		x 0.002	
Total Mercury (Hg)		x 0.002	
Total Molybdenum (Mo)		x 0.002	
Total Nickel (Ni)		x 0.002	
Total Selenium (Se)		x 0.002	
Total Zinc (Zn)		x 0.002	

*Values from the sludge tests (dry weight only). (Conversions: mg/kg ÷ 10,000 = % ; PPM = mg/kg)

STEP 2 - SOIL TEST ANALYSIS AND FERTILIZER RECOMMENDATIONS

Note: Please include a fertilizer recommendation from the local County Extension Service or equivalent source for determining the nutrient needed by the specified crop(s).

Yield Goal(s): _____ pH:

Warm Season Intended Crop(s):

Cool Season Intended Crop(s): ±

Total Nutrient needed by crop for specific yield goal: _____
(Include in Line A)

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| | <u>N(lbs/Acre)</u> |
| A. Nutrient needed by crop for specific yield goal** | _____ |
| B. Nutrient available in soil (lbs/acre)
[= 2 x NO ₃ -N(ppm)(0-6" soil depth) + 6 x NO ₃ -N(ppm)(6-24" soil depth)] ** | - _____ |
| C. Nutrient amount still needed [= Nutrient needed - Nutrient available]
(enter this amount in Step 4 A.) | = _____ |

**Please provide the calculations for determining these values.

STEP 3 - CALCULATE THE PLANT AVAILABLE NITROGEN (PAN) PROVIDED BY THE SLUDGE

(Use the values for TKN, NH₄-N, and NO₃-N from Step 1.)

- | | |
|-------------------------------------------------------------------------|-------------------|
| A. Organic Nitrogen = TKN - (NH ₄ -N) - (NO ₃ -N) | = _____ |
| Organic Nitrogen x 0.20 | = _____ |
| B. Ammonium Nitrogen (NH ₄ -N) x V = _____ x _____ = _____ | + _____ |
| Use Volatilization factor (V) = 0.5 if sludge is left on soil surface; | |
| Use Volatilization factor (V) = 1.0 if sludge is worked into soil. | |
| C. Nitrate Nitrogen (NO ₃ -N) = | + _____ |
| D. 3A. + 3B. + 3C. = (enter this amount in Step 4B.) | Total PAN = _____ |

STEP 4 - CALCULATE MAXIMUM SLUDGE APPLICATION RATE BASED ON CROP NITROGEN NEEDS (SAR_N)

- | | |
|--------------------------------------------------------------------------|----------------------|
| A. Enter amount from Step 2C. Nitrogen amount still needed: | _____ lbs/acre/year |
| B. Enter amount from Step 3D. Total PAN in sludge: | _____ lbs/ton |
| C. Sludge Application Rate (SAR _N) = A ÷ B = _____ ÷ _____ = | _____ tons/acre/year |

STEP 5 - CALCULATE MAXIMUM SLUDGE APPLICATION RATE BASED ON METALS (SAR_M)

	A	B	C	D	E	F
	CUMULATIVE METAL LIMITS (lbs/acre)	MAX METAL LOADING/YR (lbs/ac/yr)	METALS IN SLUDGE (lbs/ton)	METALS APPLIED YEARLY AT SAR _N (lbs/acre/yr)	SLUDGE APPLIED YEARLY AT SAR _M (tons/acre/yr)	MAX SLUDGE LOADING RATE (tons/acre)
METAL	Appendix C	Appendix C	(Step 1)	(C x SAR _N)	(B ÷ C)	(A ÷ C)
Arsenic	36	1.8				
Cadmium	35	1.7				
Chromium	2677	134				
Copper	1339	67				
Lead	268	13				
Mercury	15	0.76				
Molybdenum	Monitor	Monitor				
Nickel	375	18.7				
Selenium	89	4.5				
Zinc	2500	125				
Other						

Note: For each metal, if the value in column B is greater than the value in column D (B>D), the SAR_n dictates the maximum sludge application rate. Therefore, indicate N/A in column E. If, however the value in column B is less than the value in column D (B<D), then the SAR_m dictates the maximum sludge application rate and the value is E = B ÷ C.

STEP 6 - CALCULATE CUMULATIVE LOADING RATE

- A. Maximum allowable cumulative sludge loading rate (lowest value in Step 5, column F): _____ tons/acre
- B. Previous applications of sludge: _____ tons/acre
- C. Remaining sludge application rate to reach metal limits (6A - 6B): _____ tons/acre
- D. Maximum allowable sludge application rate (Lowest value of step 4C and step 5 column E) _____ tons/acre/year
- E. Years remaining to reach the maximum cumulative loading (6C ÷ 6D): _____ years

APPENDIX B SOIL TESTING INFORMATION

Procedures:

- 1) Soil samples shall be taken prior to any application of commercial fertilizer. Do not use a galvanized container as this could give a false reading on zinc. Samples will need to be taken within the same 45 day time-frame each year, or by an approved sampling plan and analyzed within 30 days of procurement. The initial soil sample for application approval may be taken whenever necessary.
- 2) **Attach a map which clearly delineates where the soil samples were taken on the site.** It must match the scale of the soil survey map submitted with the application. The soil analysis data submitted must be clearly cross referenced to the location of the sample(s).
- 3) Composite samples shall be comprised of 10 - 15 random sample cores taken from each of the following soil depth zones: 0-6 inches and 6-24 inches.
- 4) Obtain one composite sample for each soil depth per 80 acres and per uniform soil type (soils with the same characteristics and texture) within the 80 acres, or per approved soil sampling plan.
- 5) Soil samples shall be submitted to a soil testing laboratory along with a previous crop history of the site, intended crop growth and yield goal. Soil reports shall include fertilizer recommendations for the crop yield goal.
- 6) Below are the parameters and soil sample depths to be taken to obtain the background samples. Submit copies of the laboratory reports for all required tests.

Monitoring Requirements

No.	Parameter	0- 6 "	6 -24"		
1	Nitrate Nitrogen (NO ₃ -N, mg/kg)	x	x	Please be advised that the maximum acceptable soil concentrations of metals are listed below. These rates are based on the maximum cumulative loading rates found in §312.43 Table 2- Cumulative Metal Loading Rate.	
2	Ammonium Nitrogen (NH ₄ -N,g/kg)	x	x		
3	Total Kjeldahl Nitrogen (TKN, mg/kg) (1)	x	x		
4	Phosphorus (plant available, mg/kg) (2)	x	x		
5	Potassium (plant available, mg/kg) (2)	x	N/A		
6	Sodium (plant available, mg/kg) (2)	x	N/A		
7	Magnesium (plant available, mg/kg) (2)	x	N/A		
8	Calcium (plant available, mg/kg) (2)	x	N/A		
9	Electrical Conductivity (3)	x	N/A		
10	Soil Water pH (S.U.) (4)	x	x		
11.	Total Arsenic (mg/kg) *	x	N/A	Total Arsenic	20.5
12.	Total Cadmium (mg/kg) *	x	N/A	Total Cadmium	19.5
13.	Total Chromium (mg/kg) *	x	N/A	Total Chromium	1500
14.	Total Copper (mg/kg) *	x	N/A	Total Copper	750
15.	Total Lead (mg/kg) *	x	N/A	Total Lead	150
16.	Total Mercury (mg/kg) *	x	N/A	Total Mercury	8.5
17.	Total Molybdenum (mg/kg)*	x	N/A	Total Molybdenum	Monitor
18.	Total Nickel (mg/kg) *	x	N/A	Total Nickel	210
19.	Total Selenium (mg/kg) *	x	N/A	Total Selenium	50
20.	Total Zinc (mg/kg) *	x	N/A	Total Zinc	1,400

1. Determined by Kjeldahl digestion or an equivalent accepted procedure. Methods that rely on Mercury as a catalyst are not acceptable.
2. Mehlich III extraction (yields plant-available concentrations) with inductively coupled plasma.
3. Electrical Conductivity (EC) - determine from extract of 2:1 (volume/volume) water/soil mixture and expressed in ds/m (same as mmho/cm).
4. Soil pH must be analyzed by the electrometric method in "Test Methods for Evaluating Solid Waste," EPA SW-846, 40 CFR 260.11; method 9045C - determine from extract of 2:1 (volume/volume) water/soil mixture.
*Analysis for metals in sludge and soil must be performed according to methods outlined in "Test Methods for Evaluating Solid Waste," EPA SW-846; method 3050.