Charles River Pollution Control District

Franklin · 1973 · Medway

April 29, 2019

US EPA
Office of Ecosystem Protection
Attn: Shelley Puleo (OEP06-4)
5 Post Office Square, Suite 100
Boston, MA 02109-3912

MassDEP Surface Water Discharge (NPDES) Permitting Program
Dept. of Environmental Protection
1 Winter Street, 5th floor
Boston, MA 02108

Re: Reapplication for NPDES Permit – MA0102598

Dear US EPA and MassDEP:

Enclosed are EPA NPDES Forms 2A and 2S and MassDEP Surface Water Discharge Permit Application, which are submitted to fulfill the renewal requirements for permit MA0102598 for the District's Wastewater Treatment facility located in Medway, MA.

During the renewal process, the District is requesting that the use of alternate dilution water for the fathead minnow in the WET test be added to the permit. The process was approved in a letter from the EPA Region 1 dated February 8, 2017.

Additionally, the District would like to opportunity to discuss the flow limit of 4.5 mgd during the months of July, August and September.

Please contact me if you have any questions regarding the information submitted.

Sincerely,

Elizabeth Taglieri, P.E.
Executive Director
Charles River Pollution Control District

Enclosures
US EPA Certified Mail # 7017 1000 0000 1552 4825
MassDEP Certified Mail #: 7017 1000 0000 1552 4832

Enter your transmittal number → X282812
Transmittal Number

Your unique Transmittal Number can be accessed online:
http://www.mass.gov/eea/agencies/massdep/service/approvals/transmittal-form-for-payment.html

Massachusetts Department of Environmental Protection

Transmittal Form for Permit Application and Payment

1. Please type or print. A separate Transmittal Form must be completed for each permit application.

2. Make your check payable to the Commonwealth of Massachusetts and mail it with a copy of this form to: MassDEP, P.O. Box 4062, Boston, MA 02211.

3. Three copies of this form will be needed.

Copy 1 - the original must accompany your permit application. **Copy 2** must accompany your fee payment. **Copy 3** should be retained for your records

4. Both fee-paying and exempt applicants must mail a copy of this transmittal form to:

MassDEP
P.O. Box 4062
Boston, MA
02211

* **Note:**
For BWSC Permits, enter the LSP.

A. Permit Information

1. Permit Code: 4 to 7 character code from permit instructions	2. Name of Permit Category
WM05	NPDES Permit Renewal

3. Type of Project or Activity: Municipal Wastewater Treatment Plant

B. Applicant Information – Firm or Individual

1. Name of Firm - Or, if party needing this approval is an individual enter name below: Charles River Pollution Control District

2. **Last Name** of Individual	3. **First Name** of Individual	4. MI

5. Street Address: 66 Village Street

6. City/Town	7. State	8. Zip Code	9. Telephone #	10. Ext. #
Medway	MA	02053	508-533-6762	39

11. Contact Person	12. e-mail address
Elizabeth Taglieri	ltaglieri@charlesriverpcd.org

C. Facility, Site or Individual Requiring Approval

1. Name of Facility, Site Or Individual: Charles River Pollution Control District

2. Street Address: 66 Village Street

3. City/Town	4. State	5. Zip Code	6. Telephone #	7. Ext. #
Medway	MA	02053	508-533-6762	39

8. DEP Facility Number (if Known)	9. Federal I.D. Number (if Known)	10. BWSC Tracking # (if Known)
MA0102598		

D. Application Prepared by (if different from Section B)*

1. Name of Firm Or Individual

2. Address

3. City/Town	4. State	5. Zip Code	6. Telephone #	7. Ext. #

8. Contact Person	9. LSP Number (BWSC Permits only)

E. Permit - Project Coordination

1. Is this project subject to MEPA review? ☐ yes ☒ no
If yes, enter the project's EOEA file number - assigned when an Environmental Notification Form is submitted to the MEPA unit:

EOEA File Number

F. Amount Due

DEP Use Only

Permit No:

Rec'd Date:

Reviewer:

Special Provisions:

1. ☒ **Fee** Exempt (city, town or municipal housing authority)(state agency if fee is $100 or less).
There are no fee exemptions for BWSC permits, regardless of applicant status.
2. ☐ Hardship Request - payment extensions according to 310 CMR 4.04(3)(c).
3. ☐ Alternative Schedule Project (according to 310 CMR 4.05 and 4.10).
4. ☐ Homeowner (according to 310 CMR 4.02).

Check Number	Dollar Amount	Date

Massachusetts Department of Environmental Protection
Bureau of Water Resources – Surface Water Discharge (NPDES) Permitting Program

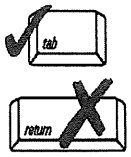
WM 05, 06, 07

Surface Water Discharge (NPDES Individual) Permit Application

To be filed by all persons required to obtain a permit to discharge Industrial or Non-Industrial Wastewater to waters of the Commonwealth.

A. Facility Information

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Permit # (if known), name, address, and telephone number of facility producing the discharge:

MA0102598
Permit # (if known)

Charles River Pollution Control District
Name

66 Village Street
Street address

Medway | MA | 02053
City | State | Zip Code

508-533-6762 | ltaglieri@charlesriverpcd.org
Telephone number (including extension) | E-mail address (optional)

Billing address (if different):

Street/PO Box

City | State | Zip Code

DEP Use Only
Application #
Date Received

Discharge Site:

Charles River Pollution Control District
Facility Name

66 Village Street
Street address

Medway | MA | 02053
City | State | Zip Code

Ownership: ☐ Individual ☐ Corporation ☐ Partnership ☒ Other (specify):

Local Government

Status: ☐ Private ☒ Public ☐ Other (specify):

Major/Minor: ☒ Major ☐ Minor

2. Contact Person:

Give the name, title, and work telephone number of a person who is thoroughly familiar with the operation of the facility, with the facts reported in this application, and can be contacted by the Surface Water Discharge (NPDES) Program if necessary.

Elizabeth Taglieri
Name

Executive Director
Title

508-533-6762 ext 39
Telephone Number (including extension)

Massachusetts Department of Environmental Protection
Bureau of Water Resources – Surface Water Discharge (NPDES) Permitting Program

WM 05, 06, 07

Surface Water Discharge (NPDES Individual) Permit Application

A. Facility Information (cont.)

3. Facility Status:

   ☒ Existing ☐ Proposed

4. Does the project affect a site of historic or archeological significance, as defined in regulations of the Massachusetts Historical Commission, 950 CMR 71.00?

   ☐ Yes ☒ No

5. Does this project require a filing under 301 CRM 11.00, the Massachusetts Environmental Policy Act (MEPA)?

   ☐ Yes ☒ No

   If yes, has a filing been made?

   ☐ Yes ☐ No

6. Submit a copy of the required US EPA Forms to MassDEP:
   The Forms are located at the following link: http://www.epa.gov/region1/npdes/epa_attach.html

B. Certification

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information 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 and imprisonment for knowing violations. "

Elizabeth Taglieri
Printed name of applicant

Executive DIrector
Title

Signature of applicant

4/29/2019
Date Signed

Elizabeth Taglieri
Name of Preparer

Executive DIrector
Title

508-533-6762 ext 39
Telephone Number (including extension)

FACILITY NAME AND PERMIT NUMBER:
Charles RIver Pollution Control DIstrict # MA0102598

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

FORM 2A NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

BASIC APPLICATION INFORMATION:

A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.

B. **Additional Application Information for Applicants with a Design Flow ≥ 0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.

C. **Certification.** All applicants must complete Part C (Certification).

SUPPLEMENTAL APPLICATION INFORMATION:

D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to provide the information.

E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):

1. Has a design flow rate greater than or equal to 1 mgd,
2. Is required to have a pretreatment program (or has one in place), or
3. Is otherwise required by the permitting authority to submit results of toxicity testing.

F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:

1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
2. Any other industrial user that:
   a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
   b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
   c. Is designated as an SIU by the control authority.

G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

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

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name: Charles River Pollution Control District

Mailing Address: 66 Village Street, Medway, MA 02053

Contact person: Elizabeth Taglieri

Title: Executive Director

Telephone number: (508) 533-6762

Facility Address (not P.O. Box): 66 Village Street, Medway, MA 02053

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

Applicant name: Same as Facility Information.

Mailing Address:

Contact person:

Title:

Telephone number:

Is the applicant the owner or operator (or both) of the treatment works?

✓ owner ✓ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

✓ facility _____ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES MA 0102598
UIC
RCRA
PSD
Other Stormwater MSGP MAR053070
Other Residuals Landfill Closure

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Number of Sewer Connections

Name	~~Population Served~~	Type of Collection System	Ownership
Franklin	7,600	Separate	Municipal
Medway	2,800	Separate	Municipal
Bellingham/Millis	1,250/1,400	Separate	Municipal
Total population served	13,050		

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

_____ Yes ✓ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

_____ Yes ✓ No

A.6. Flow. Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate 5.70 mgd

Flows in b. and c. include septage

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	4.15	4.69	5.66	mgd
c. Maximum daily flow rate	8.23	10.47	10.73	mgd

A.7. Collection System. Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

✓ Separate sanitary sewer	100.00 %
_____ Combined storm and sanitary sewer	_____ %

A.8. Discharges and Other Disposal Methods.

a. Does the treatment works discharge effluent to waters of the U.S.? ✓ Yes _____ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent 1
ii. Discharges of untreated or partially treated effluent _____
iii. Combined sewer overflow points _____
iv. Constructed emergency overflows (prior to the headworks) _____
v. Other _____ _____

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? _____ Yes ✓ No

If yes, provide the following for each surface impoundment:

Location: _____

Annual average daily volume discharged to surface impoundment(s) _____ mgd

Is discharge _____ continuous or _____ intermittent?

c. Does the treatment works land-apply treated wastewater? _____ Yes ✓ No

If yes, provide the following for each land application site:

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application _____ continuous or _____ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? _____ Yes ✓ No

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

_____

If transport is by a party other than the applicant, provide:

Transporter name: _____

Mailing Address: _____

_____

Contact person: _____

Title: _____

Telephone number: _____

For each treatment works that receives this discharge, provide the following:

Name: _____

Mailing Address: _____

_____

Contact person: _____

Title: _____

Telephone number: _____

If known, provide the NPDES permit number of the treatment works that receives this discharge. _____

Provide the average daily flow rate from the treatment works into the receiving facility. _____ mgd

e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? _____ Yes ✓ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

_____

Annual daily volume disposed of by this method: _____

Is disposal through this method _____ continuous or _____ intermittent?

FACILITY NAME AND PERMIT NUMBER:
Charles RIver Pollution Control DIstrict # MA0102598

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

WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a**, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

A.9. Description of Outfall.

a. Outfall number 001

b. Location
Medway (City or town, if applicable) 02053 (Zip Code)
Norfolk (County) MA (State)
42-08'-28" (Latitude) 71-23'-06" (Longitude)

c. Distance from shore (if applicable) _____ ft.

d. Depth below surface (if applicable) 2.00 ft.

e. Average daily flow rate 5.66 mgd

f. Does this outfall have either an intermittent or a periodic discharge? _____ Yes ✓ No (go to A.9.g.)

If yes, provide the following information:

Number of times per year discharge occurs: _____

Average duration of each discharge: _____

Average flow per discharge: _____ mgd

Months in which discharge occurs: _____

g. Is outfall equipped with a diffuser? _____ Yes ✓ No

A.10. Description of Receiving Waters.

a. Name of receiving water Charles River

b. Name of watershed (if known) Charles RIver

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin (if known): _____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 01090001

d. Critical low flow of receiving stream (if applicable):
acute _____ cfs chronic _____ cfs

e. Total hardness of receiving stream at critical low flow (if applicable): _____ mg/l of $CaCO_3$

FACILITY NAME AND PERMIT NUMBER:
Charles RIver Pollution Control DIstrict # MA0102598

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

A.11. Description of Treatment.

a. What levels of treatment are provided? Check all that apply.

✓ Primary ✓ Secondary
✓ Advanced ✓ Other. Describe: Nutrient Removal

b. Indicate the following removal rates (as applicable):

Design BOD_5 removal or Design $CBOD_5$ removal
Design SS removal
Design P removal
Design N removal
Other _____

The facility was not designed to meet a certain percent removal. The facility was designed to achieve numeric permit limits (on a max day, average weekly and average monthly basis) based on the established design year influent flow and load conditions. By doing so, the required percent removal for BOD and TSS of 85% on an average monthly basis would be achieved.

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Sodium Hypochlorite (March - November)

If disinfection is by chlorination, is dechlorination used for this outfall? ✓ Yes _____ No

d. Does the treatment plant have post aeration? ✓ Yes _____ No

A.12. Effluent Testing Information. All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.89	s.u.			
pH (Maximum)	7.64	s.u.			
Flow Rate	10.73	mgd	5.66	mgd	365.00
Temperature (Winter)	11.90	C	10.30	C	12.00
Temperature (Summer)	23.10	C	18.00	C	214.00

* For pH please report a minimum and a maximum daily value

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN	BOD-5	2.74	mg/L	1.92	mg/L	6.00	SM5210B	1.0 mg/L
DEMAND (Report one)	CBOD-5	6.45	mg/L	< 1.40	mg/L	130.00	SM5210B	1.0 mg/L
FECAL COLIFORM geo mean		59,940.00	cfu/100 mL	26.00	cfu/100mL	36.00	SM-9222D	1.0 cfu/100mL
TOTAL SUSPENDED SOLIDS (TSS)		10.40	mg/L	2.17	mg/L	153.00	USG 1376585	4 mg/L

END OF PART A.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

BASIC APPLICATION INFORMATION

PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).

All applicants with a design flow rate ≥ 0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

B.1. Inflow and Infiltration. Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

536,000.00 gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

The District will be repairing manholes and installing joint seals in the pipe in part of its Interceptors this spring. Next year the District will continue with its I/I program and inspect 55 manholes in another section.

B.2. Topographic Map. Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

a. The area surrounding the treatment plant, including all unit processes.

b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.

c. Each well where wastewater from the treatment plant is injected underground.

d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.

e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.

f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

B.3. Process Flow Diagram or Schematic. Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g, chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

B.4. Operation/Maintenance Performed by Contractor(s).

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ____Yes ✓No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: _____

Mailing Address: _____

_____

Telephone Number: _____

Responsibilities of Contractor: _____

B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

_____

b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

____Yes ____No

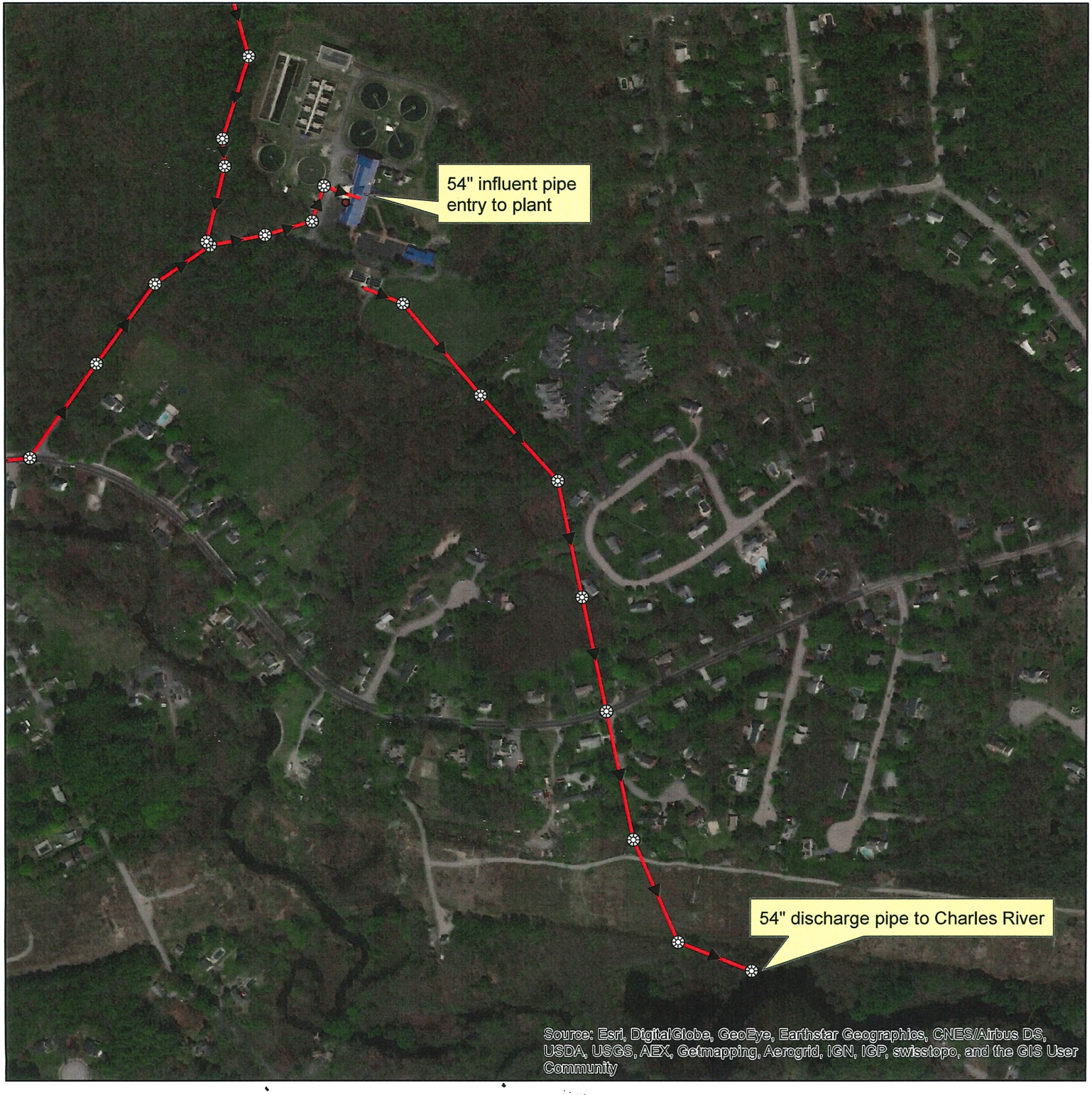
CHARLES RIVER POLLUTION CONTROL DISTRICT
FRANKLIN • 1973 • MEDWAY

NPDES Permit Renewal 2019
MA0102598
B.2.a

Treatment Plant

0 0.1 0.2 0.4 Miles

N
W E
S



CHARLES RIVER POLLUTION CONTROL DISTRICT
FRANKLIN • 1973 • MEDWAY

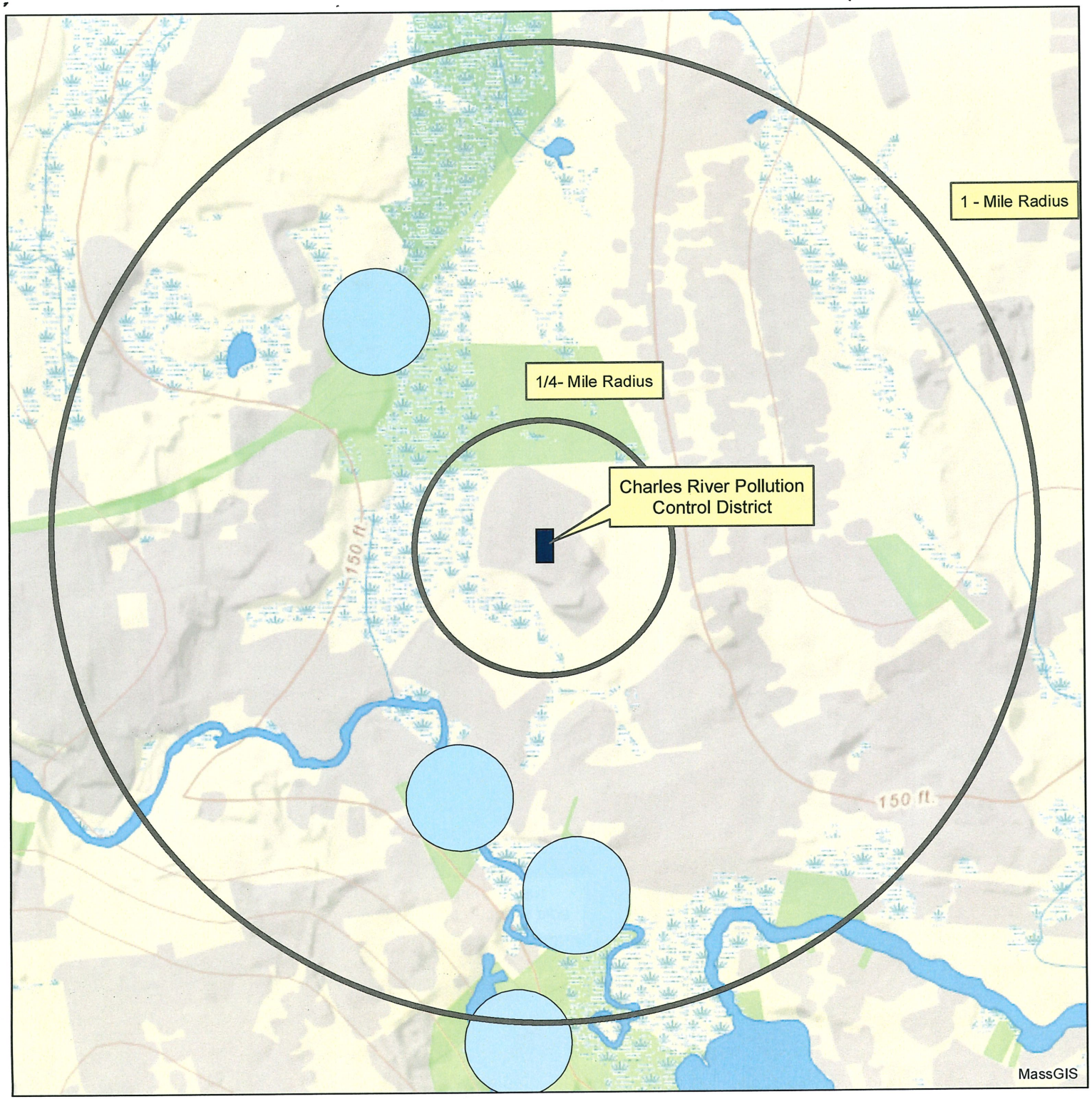
NPDES Permit Renewal 2019
MA0102598
B.2.b

Treatment Plant

0 0.075 0.15 Miles

N
W E
S

Note: The District does not have bypass piping



CHARLES RIVER POLLUTION CONTROL DISTRICT
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NPDES Permit Renewal 2019
MA0102598
B.2.d

Treatment Plant

Legend

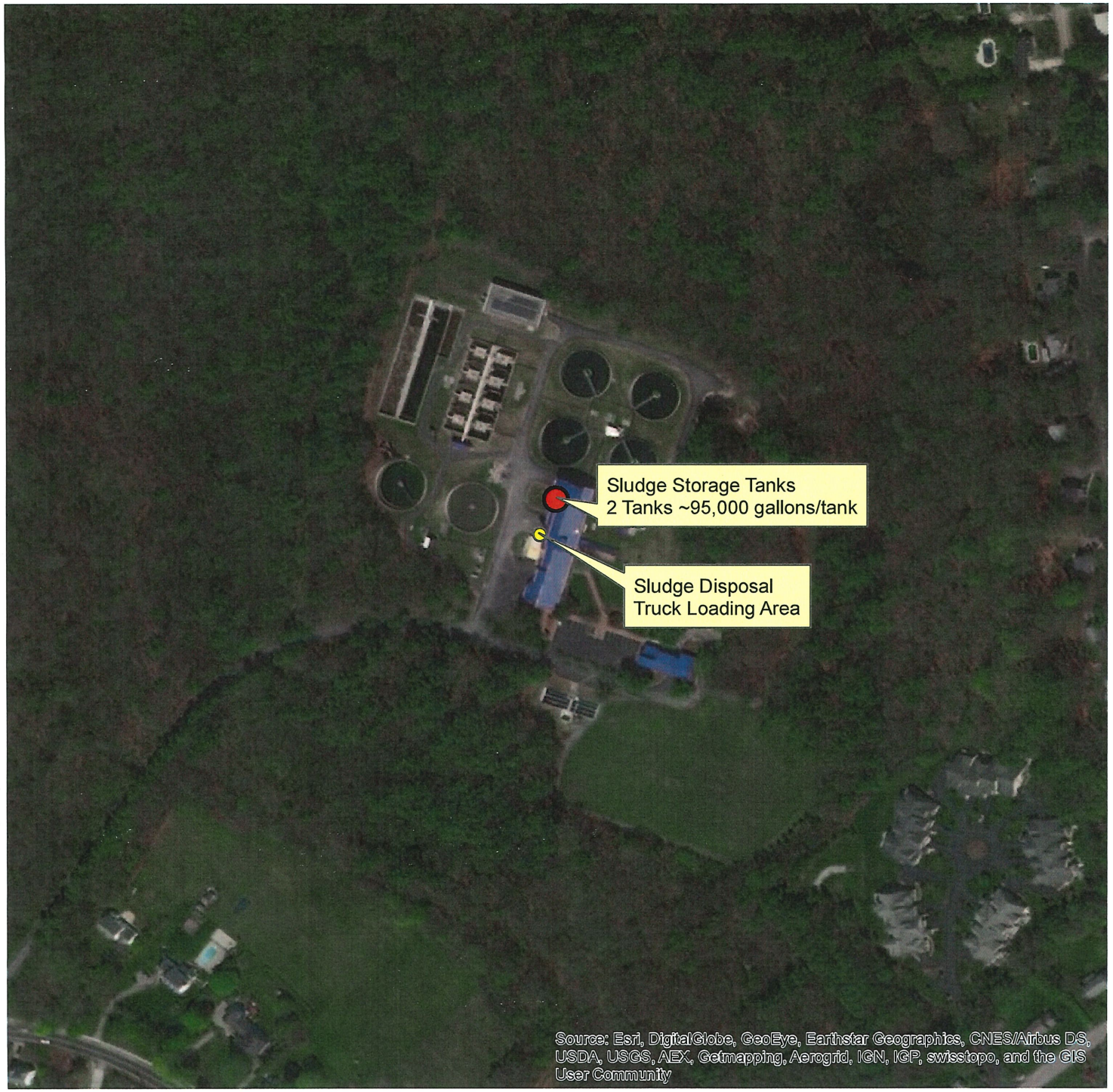
Public Well Supply

Wetlands

0 1,000 2,000 Feet

N
W E
S

No wells or springs have been identified within 1/4 - mile of the threatment plant.



CHARLES RIVER POLLUTION CONTROL DISTRICT
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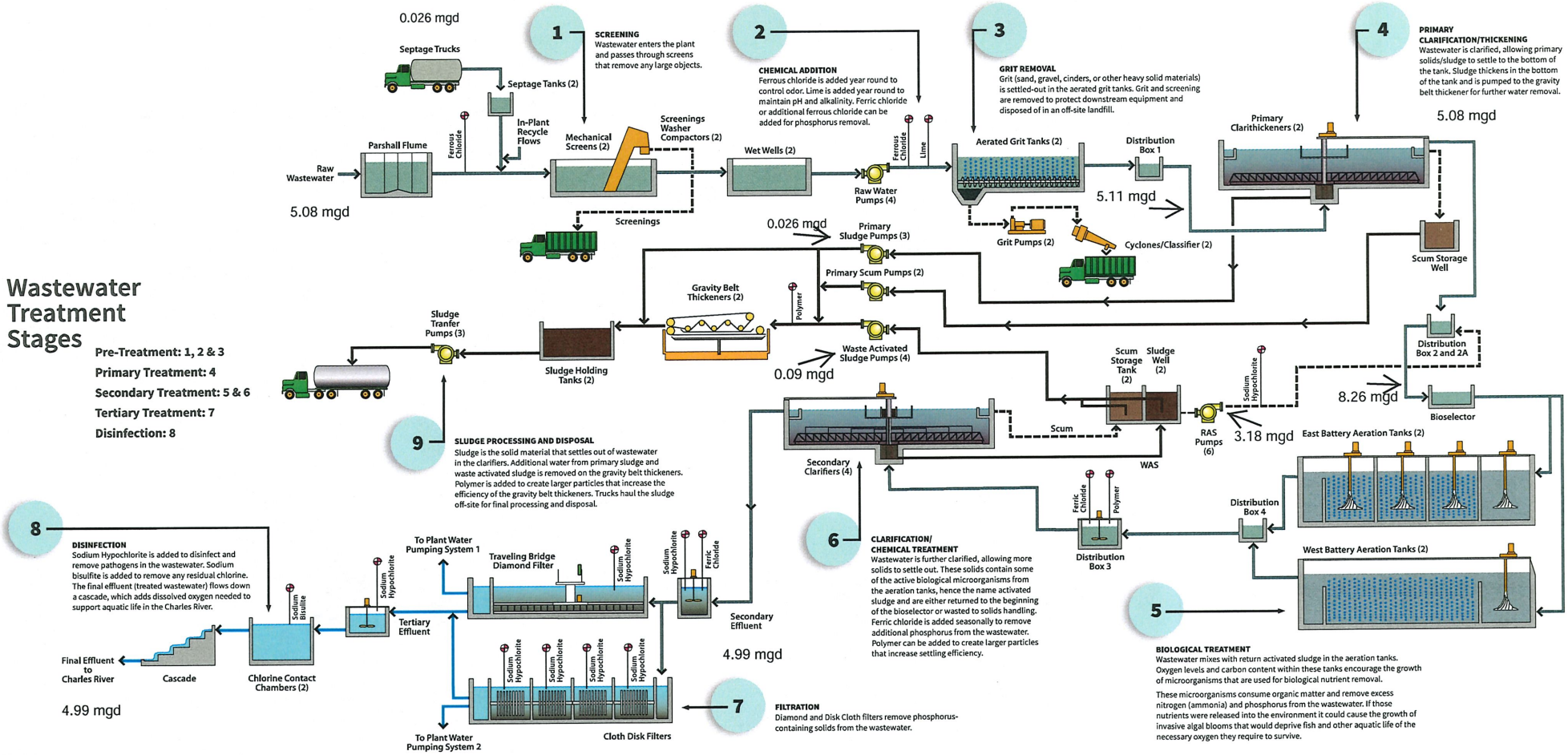
NPDES Permit Renewal 2019
MA0102598
B.2.e

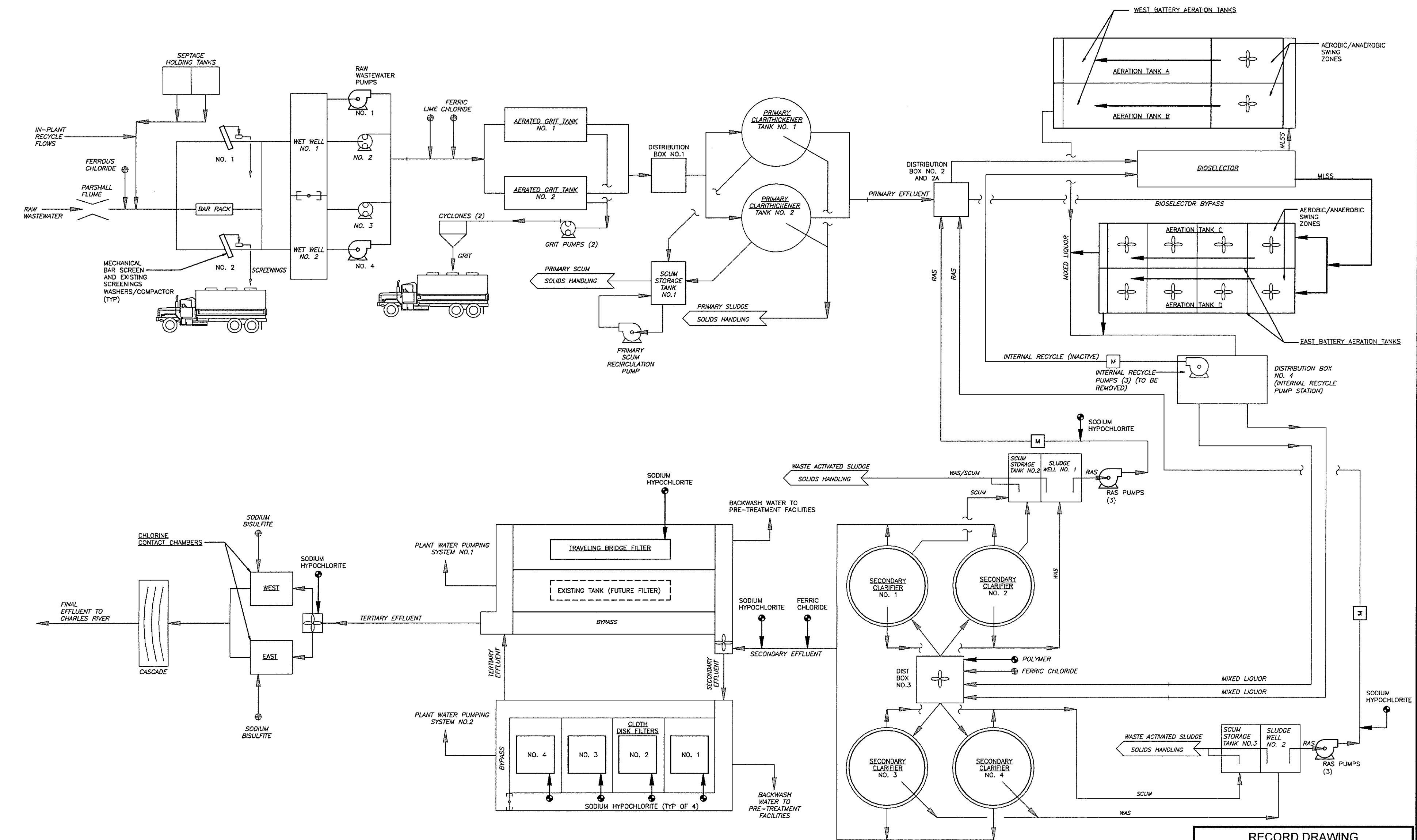
Treatment Plant

0 175 350 700 Feet

N
W E
S



There are two on-site generators that provide back-up power for the majority of the facility during power outages.



NOTES:

1. AREAS WITH NEW WORK, NEW EQUIPMENT AND NEW PIPING ARE SHOWN AS BOLD.

RECORD DRAWING

THIS RECORD DRAWING HAS BEEN PREPARED BASED ON INFORMATION PROVIDED BY THE CONTRACTOR AND REVIEWED BY CDM SMITH. TO THE BEST OF THE ENGINEER'S BELIEF AND KNOWLEDGE, THE INCLUDED RECORD INFORMATION IS REASONABLY ACCURATE.

REV. NO.	DATE	DRWN	CHKD	REMARKS
0	1/17	MM	JL	REVISED FOR RECORD

DESIGNED BY: M. NEVILLE
DRAWN BY: F. CONTRERAS
SHEET CHK'D BY: A. DOODY
CROSS CHK'D BY: M. KOSTUR
APPROVED BY: M. NEVILLE
DATE: OCTOBER 2013

CDM Smith
50 Hampshire Street
Cambridge, MA 02139
Tel: (617) 452-6000

CHARLES RIVER POLLUTION CONTROL DISTRICT

WASTEWATER TREATMENT FACILITY IMPROVEMENTS PHASE C

LIQUID TREATMENT PROCESS FLOW DIAGRAM

PROJECT NO. 0604-83641
FILE NAME: G005LTPF.DWG
Sht. 5 of 262
G-5
0604-78306

RECORD DRAWING

c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

_____

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
– Begin construction	___/___/_____	___/___/_____
– End construction	___/___/_____	___/___/_____
– Begin discharge	___/___/_____	___/___/_____
– Attain operational level	___/___/_____	___/___/_____

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? ____Yes ____No

Describe briefly: _____

_____

B.6. EFFLUENT TESTING DATA (GREATER THAN O.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: 001

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)	1.31	mg/L	0.06	mg/L	110.00	SM 4500-NH3 D	0.01 mg/L
CHLORINE (TOTAL RESIDUAL, TRC)	0.00	mg/L	0.00	mg/L	559.00	SM 4500-Cl G	0.01 mg/L
DISSOLVED OXYGEN	12.00	mg/L	9.10	mg/L	226.00	SM 4500-0 H	0.01 mg/L
TOTAL KJELDAHL NITROGEN (TKN)	1.60	mg/L	< 0.90	mg/L	3.00	SM4500NOrg-D 1	0.50 mg/L
NITRATE PLUS NITRITE NITROGEN	< 10.25	mg/L	< 7.32	mg/L	3.00	EPA 300.0	0.25 mg/L
OIL and GREASE	1.60	mg/L	< 0.80	mg/L	4.00	EPA 1664A	0.5 mg/L
PHOSPHORUS (Total)	0.24	mg/L	0.08	mg/L	130.00	EPA 365.3	0.01 mg/L
TOTAL DISSOLVED SOLIDS (TDS)	670.00	mg/L	573.00	mg/L	3.00	SM2540C 18-2le	10 mg/L
OTHER e coli, geo mean	14,800.00	cfu/100 mL	< 4.00	cfu/100 mL	131.00	EPA 1603	1.0 cfu/100mL

END OF PART B.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

FACILITY NAME AND PERMIT NUMBER:
Charles River Pollution Control District # MA0102598

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

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:

✓ Basic Application Information packet

Supplemental Application Information packet:

✓ Part D (Expanded Effluent Testing Data)

✓ Part E (Toxicity Testing: Biomonitoring Data)

✓ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)

____ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

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

Name and official title: Elizabeth Taglieri, Executive Director

Signature: Elizabeth Taglieri

Telephone number: (508) 533-6762

Date signed: 4/29/2019

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

FACILITY NAME AND PERMIT NUMBER:
Charles RIver Pollution Control DIstrict # MA0102598

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

SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

Effluent Testing: 1.0 mgd and Pretreatment Treatment Works. If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: 001 (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY	<0.002	mg/L	<0.134	ppd	<0.002	mg/L	<0.128	ppd	3	EPA 200.8	0.002 mg/L
ARSENIC	<0.002	mg/L	<0.133	ppd	<0.002	mg/L	<0.099	ppd	4	EPA 200.8	0.002 mg/L
BERYLLIUM	<0.002	mg/L	<0.134	ppd	<0.002	mg/L	<0.128	ppd	3	EPA 200.8	0.002 mg/L
CADMIUM	<0.002	mg/L	<0.106	ppd	<0.002	mg/L	<0.071	ppd	4	EPA 200.8	0.002 mg/L
CHROMIUM	<0.002	mg/L	<0.133	ppd	<0.002	mg/L	<0.099	ppd	4	EPA 200.8	0.002 mg/L
COPPER	0.009	mg/L	0.434	ppd	0.005	mg/L	0.245	ppd	12	EPA 200.8	0.002 mg/L
LEAD	<0.002	mg/L	<0.133	ppd	<0.002	mg/L	<0.099	ppd	4	EPA 200.8	0.002 mg/L
MERCURY	<0.0005	mg/L	<0.033	ppd	<0.0005	mg/L	<0.025	ppd	4	EPA 254.1	0.0005 mg/L
NICKEL	0.008	mg/L	0.266	ppd	0.005	mg/L	0.229	ppd	4	EPA 200.8	0.002 mg/L
SELENIUM	<0.002	mg/L	<0.133	ppd	<0.002	mg/L	<0.099	ppd	4	EPA 200.8	0.002 mg/L
SILVER	<0.002	mg/L	<0.133	ppd	<0.002	mg/L	<0.099	ppd	4	EPA 200.8	0.002 mg/L
THALLIUM	<0.002	mg/L	<0.134	ppd	<0.002	mg/L	<0.128	ppd	3	EPA 200.8	0.002 mg/L
ZINC	0.032	mg/L	1.557	ppd	0.025	mg/L	1.224	ppd	4	EPA 200.8	0.005 mg/L
CYANIDE	<0.01	mg/L	<0.664	ppd	<0.01	mg/L	<0.497	ppd	4	SM 4500CN-C.E20011	0.01 mg/L
TOTAL PHENOLIC COMPOUNDS	<0.01	mg/L	<0.515	ppd	<0.01	mg/L	<0.501	ppd	3	EPA 420.1	0.010 mg/L
HARDNESS (AS $CaCO_3$)	268	mg/L			207	mg/L			12	EPA 200.7	3.3 mg/L
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											

FACILITY NAME AND PERMIT NUMBER:
Charles RIver Pollution Control DIstrict # MA0102598

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

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
VOLATILE ORGANIC COMPOUNDS.											
ACROLEIN	<10	ug/L	<0.64	lbs/day	<10	ug/L	<0.58	lbs/day	3	EPA 624.1	10
ACRYLONITRILE	<10	ug/L	<0.64	lbs/day	<10	ug/L	<0.58	lbs/day	3	EPA 624.1	10
BENZENE	<1	ug/L	<0.064	lbs/day	<1	ug/L	<0.058	lbs/day	3	EPA 624.1	1
BROMOFORM	<1	ug/L	<0.064	lbs/day	<1	ug/L	<0.058	lbs/day	3	EPA 624.1	1
CARBON TETRACHLORIDE	<1	ug/L	<0.064	lbs/day	<1	ug/L	<0.058	lbs/day	3	EPA 624.1	1
CLOROBENZENE	<1	ug/L	<0.064	lbs/day	<1	ug/L	<0.058	lbs/day	3	EPA 624.1	1
CHLORODIBROMO-METHANE	<1	ug/L	<0.064	lbs/day	<1	ug/L	<0.058	lbs/day	3	EPA 624.1	1
CHLOROETHANE	<10	ug/L	<0.64	lbs/day	<10	ug/L	<0.58	lbs/day	3	EPA 624.1	10
2-CHLORO-ETHYLVINYL ETHER	<2	ug/L	<0.13	lbs/day	<2	ug/L	<0.12	lbs/day	3	EPA 624.1	2
CHLOROFORM	<1	ug/L	<0.064	lbs/day	<1	ug/L	<0.058	lbs/day	3	EPA 624.1	1
DICHLOROBROMO-METHANE	<1	ug/L	<0.064	lbs/day	<1	ug/L	<0.058	lbs/day	3	EPA 624.1	1
1,1-DICHLOROETHANE	<1	ug/L	<0.064	lbs/day	<1	ug/L	<0.058	lbs/day	3	EPA 624.1	1
1,2-DICHLOROETHANE	<1	ug/L	<0.064	lbs/day	<1	ug/L	<0.058	lbs/day	3	EPA 624.1	1
TRANS-1,2-DICHLORO-ETHYLENE	<1	ug/L	<0.064	lbs/day	<1	ug/L	<0.058	lbs/day	3	EPA 624.1	1
1,1-DICHLOROETHYLENE	<1	ug/L	<0.064	lbs/day	<1	ug/L	<0.058	lbs/day	3	EPA 624.1	1
1,2-DICHLOROPROPANE	<1	ug/L	<0.064	lbs/day	<1	ug/L	<0.058	lbs/day	3	EPA 624.1	1
1,3-DICHLORO-PROPYLENE	<1	ug/L	<0.064	lbs/day	<1	ug/L	<0.058	lbs/day	3	EPA 624.1	1
ETHYLBENZENE	<1	ug/L	<0.064	lbs/day	<1	ug/L	<0.058	lbs/day	3	EPA 624.1	1
METHYL BROMIDE	<10	ug/L	<0.64	lbs/day	<10	ug/L	<0.58	lbs/day	3	EPA 624.1	10
METHYL CHLORIDE	<10	ug/L	<0.64	lbs/day	<10	ug/L	<0.58	lbs/day	3	EPA 624.1	10
METHYLENE CHLORIDE	<5	ug/L	<0.32	lbs/day	<5	ug/L	<0.29	lbs/day	3	EPA 624.1	5
1,1,2,2-TETRACHLORO-ETHANE	<1	ug/L	<0.064	lbs/day	<1	ug/L	<0.058	lbs/day	3	EPA 624.1	1
TETRACHLORO-ETHYLENE	<1	ug/L	<0.064	lbs/day	<1	ug/L	<0.058	lbs/day	3	EPA 624.1	1
TOLUENE	<1	ug/L	<0.064	lbs/day	<1	ug/L	<0.058	lbs/day	3	EPA 624.1	1

FACILITY NAME AND PERMIT NUMBER:
Charles RIver Pollution Control DIstrict # MA0102598

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

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
1,1,1-TRICHLOROETHANE	<1	ug/L	<0.064	lbs/day	<1	ug/L	<0.058	lbs/day	3	EPA 624.1	1
1,1,2-TRICHLOROETHANE	<1	ug/L	<0.064	lbs/day	<1	ug/L	<0.058	lbs/day	3	EPA 624.1	1
TRICHLORETHYLENE	<1	ug/L	<0.064	lbs/day	<1	ug/L	<0.058	lbs/day	3	EPA 624.1	1
VINYL CHLORIDE	<1	ug/L	<0.064	lbs/day	<1	ug/L	<0.058	lbs/day	3	EPA 624.1	1
Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.											
ACID-EXTRACTABLE COMPOUNDS											
P-CHLORO-M-CRESOL	<5	ug/L	<0.32	lbs/day	<5	ug/L	<0.29	lbs/day	3	SW-8468270D	5
2-CHLOROPHENOL	<5	ug/L	<0.32	lbs/day	<5	ug/L	<0.29	lbs/day	3	SW-8468270D	5
2,4-DICHLOROPHENOL	<5	ug/L	<0.32	lbs/day	<5	ug/L	<0.29	lbs/day	3	SW-8468270D	5
2,4-DIMETHYLPHENOL	<5	ug/L	<0.32	lbs/day	<5	ug/L	<0.29	lbs/day	3	SW-8468270D	5
4,6-DINITRO-O-CRESOL	<5	ug/L	<0.32	lbs/day	<5	ug/L	<0.29	lbs/day	3	SW-8468270D	5
2,4-DINITROPHENOL	<5	ug/L	<0.32	lbs/day	<5	ug/L	<0.29	lbs/day	3	SW-8468270D	5
2-NITROPHENOL	<5	ug/L	<0.32	lbs/day	<5	ug/L	<0.29	lbs/day	3	SW-8468270D	5
4-NITROPHENOL	<5	ug/L	<0.32	lbs/day	<5	ug/L	<0.29	lbs/day	3	SW-8468270D	5
PENTACHLOROPHENOL	<5	ug/L	<0.32	lbs/day	<5	ug/L	<0.29	lbs/day	3	SW-8468270D	5
PHENOL	<5	ug/L	<0.32	lbs/day	<5	ug/L	<0.29	lbs/day	3	SW-8468270D	5
2,4,6-TRICHLOROPHENOL	<5	ug/L	<0.32	lbs/day	<5	ug/L	<0.29	lbs/day	3	SW-8468270D	5
Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.											
BASE-NEUTRAL COMPOUNDS.											
ACENAPHTHENE	<5	ug/L	<0.32	lbs/day	<5	ug/L	<0.29	lbs/day	3	SW-8468270D	5
ACENAPHTHYLENE	<5	ug/L	<0.32	lbs/day	<5	ug/L	<0.29	lbs/day	3	SW-8468270D	5
ANTHRACENE	<5	ug/L	<0.32	lbs/day	<5	ug/L	<0.29	lbs/day	3	SW-8468270D	5
BENZIDINE	<5	ug/L	<0.32	lbs/day	<5	ug/L	<0.29	lbs/day	3	SW-8468270D	5
BENZO(A)ANTHRACENE	<5	ug/L	<0.32	lbs/day	<5	ug/L	<0.29	lbs/day	3	SW-8468270D	5
BENZO(A)PYRENE	<5	ug/L	<0.32	lbs/day	<5	ug/L	<0.29	lbs/day	3	SW-8468270D	5

FACILITY NAME AND PERMIT NUMBER:
Charles RIver Pollution Control DIstrict # MA0102598

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

Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
3,4 BENZO-FLUORANTHENE	<5	ug/L	<0.32	lbs/day	<5	ug/L	<0.29	lbs/day	3	SW-8468270D	5
BENZO(GHI)PERYLENE	<5	ug/L	<0.32	lbs/day	<5	ug/L	<0.29	lbs/day	3	SW-8468270D	5
BENZO(K)FLUORANTHENE	<5	ug/L	<0.32	lbs/day	<5	ug/L	<0.29	lbs/day	3	SW-8468270D	5
BIS (2-CHLOROETHOXY) METHANE	<5	ug/L	<0.32	lbs/day	<5	ug/L	<0.29	lbs/day	3	SW-8468270D	5
BIS (2-CHLOROETHYL)-ETHER	<5	ug/L	<0.32	lbs/day	<5	ug/L	<0.29	lbs/day	3	SW-8468270D	5
BIS (2-CHLOROISO-PROPYL) ETHER	<5	ug/L	<0.32	lbs/day	<5	ug/L	<0.29	lbs/day	3	SW-8468270D	5
BIS (2-ETHYLHEXYL) PHTHALATE	<5	ug/L	<0.32	lbs/day	<5	ug/L	<0.29	lbs/day	3	SW-8468270D	5
4-BROMOPHENYL PHENYL ETHER	<5	ug/L	<0.32	lbs/day	<5	ug/L	<0.29	lbs/day	3	SW-8468270D	5
BUTYL BENZYL PHTHALATE	<5	ug/L	<0.32	lbs/day	<5	ug/L	<0.29	lbs/day	3	SW-8468270D	5
2-CHLORONAPHTHALENE	<5	ug/L	<0.32	lbs/day	<5	ug/L	<0.29	lbs/day	3	SW-8468270D	5
4-CHLORPHENYL PHENYL ETHER	<5	ug/L	<0.32	lbs/day	<5	ug/L	<0.29	lbs/day	3	SW-8468270D	5
CHRYSENE	<5	ug/L	<0.32	lbs/day	<5	ug/L	<0.29	lbs/day	3	SW-8468270D	5
DI-N-BUTYL PHTHALATE	<5	ug/L	<0.32	lbs/day	<5	ug/L	<0.29	lbs/day	3	SW-8468270D	5
DI-N-OCTYL PHTHALATE	<5	ug/L	<0.32	lbs/day	<5	ug/L	<0.29	lbs/day	3	SW-8468270D	5
DIBENZO(A,H) ANTHRACENE	<5	ug/L	<0.32	lbs/day	<5	ug/L	<0.29	lbs/day	3	SW-8468270D	5
1,2-DICHLOROBENZENE	<5	ug/L	<0.32	lbs/day	<5	ug/L	<0.29	lbs/day	3	SW-8468270D	5
1,3-DICHLOROBENZENE	<5	ug/L	<0.32	lbs/day	<5	ug/L	<0.29	lbs/day	3	SW-8468270D	5
1,4-DICHLOROBENZENE	<5	ug/L	<0.32	lbs/day	<5	ug/L	<0.29	lbs/day	3	SW-8468270D	5
3,3-DICHLOROBENZIDINE	<5	ug/L	<0.32	lbs/day	<5	ug/L	<0.29	lbs/day	3	SW-8468270D	5
DIETHYL PHTHALATE	<5	ug/L	<0.32	lbs/day	<5	ug/L	<0.29	lbs/day	3	SW-8468270D	5
DIMETHYL PHTHALATE	<5	ug/L	<0.32	lbs/day	<5	ug/L	<0.29	lbs/day	3	SW-8468270D	5
2,4-DINITROTOLUENE	<5	ug/L	<0.32	lbs/day	<5	ug/L	<0.29	lbs/day	3	SW-8468270D	5
2,6-DINITROTOLUENE	<5	ug/L	<0.32	lbs/day	<5	ug/L	<0.29	lbs/day	3	SW-8468270D	5
1,2-DIPHENYLHYDRAZINE	<5	ug/L	<0.32	lbs/day	<5	ug/L	<0.29	lbs/day	3	SW-8468270D	5

FACILITY NAME AND PERMIT NUMBER:
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Form Approved 1/14/99
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Outfall number: _____ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
FLUORANTHENE	<5	ug/L	<0.32	lbs/day	<5	ug/L		lbs/day	3	SW-8468270D	5
FLUORENE	<5	ug/L	<0.32	lbs/day	<5	ug/L		lbs/day	3	SW-8468270D	5
HEXACHLOROBENZENE	<5	ug/L	<0.32	lbs/day	<5	ug/L		lbs/day	3	SW-8468270D	5
HEXACHLOROBUTADIENE	<5	ug/L	<0.32	lbs/day	<5	ug/L		lbs/day	3	SW-8468270D	5
HEXACHLOROCYCLO-PENTADIENE	<5	ug/L	<0.32	lbs/day	<5	ug/L		lbs/day	3	SW-8468270D	5
HEXACHLOROETHANE	<5	ug/L	<0.32	lbs/day	<5	ug/L		lbs/day	3	SW-8468270D	5
INDENO(1,2,3-CD)PYRENE	<5	ug/L	<0.32	lbs/day	<5	ug/L		lbs/day	3	SW-8468270D	5
ISOPHORONE	<5	ug/L	<0.32	lbs/day	<5	ug/L		lbs/day	3	SW-8468270D	5
NAPHTHALENE	<5	ug/L	<0.32	lbs/day	<5	ug/L		lbs/day	3	SW-8468270D	5
NITROBENZENE	<5	ug/L	<0.32	lbs/day	<5	ug/L		lbs/day	3	SW-8468270D	5
N-NITROSODI-N-PROPYLAMINE	<5	ug/L	<0.32	lbs/day	<5	ug/L		lbs/day	3	SW-8468270D	5
N-NITROSODI- METHYLAMINE	<5	ug/L	<0.32	lbs/day	<5	ug/L		lbs/day	3	SW-8468270D	5
N-NITROSODI-PHENYLAMINE	<5	ug/L	<0.32	lbs/day	<5	ug/L		lbs/day	3	SW-8468270D	5
PHENANTHRENE	<5	ug/L	<0.32	lbs/day	<5	ug/L		lbs/day	3	SW-8468270D	5
PYRENE	<5	ug/L	<0.32	lbs/day	<5	ug/L		lbs/day	3	SW-8468270D	5
1,2,4-TRICHLOROBENZENE	<5	ug/L	<0.32	lbs/day	<5	ug/L		lbs/day	3	SW-8468270D	5
Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.											
Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.											

END OF PART D.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

E.1. Required Tests.

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

____chronic ____acute

E.2. Individual Test Data. Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

	Test number:_____	Test number:_____	Test number:_____
a. Test information.			
Test species & test method number			
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			
b. Give toxicity test methods followed.			
Manual title			
Edition number and year of publication			
Page number(s)			
c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.			
24-Hour composite	24 - Hour Composite	24 - Hour Composite	24 - Hour Composite
Grab			
d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)			
Before disinfection	Before Disinfection	Before Disinfection	Before Disinfection
After disinfection			
After dechlorination			

	Test number:_____	Test number:_____	Test number:_____
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	After Filtration in TBF Room	After Filtration in TBF Room	After Filtration in TBF Room
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity	Chronic	Chronic	Chronic
Acute toxicity	Acute	Acute	Acute
g. Provide the type of test performed.			
Static			
Static-renewal			
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water			
Receiving water			
i. Type of dilution water. It salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water			
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH			
Salinity			
Temperature			
Ammonia			
Dissolved oxygen			
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	%	%	%
IC_{25}	%	%	%
Control percent survival	%	%	%
Other (describe)			
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

E.3. Toxicity Reduction Evaluation. Is the treatment works involved in a Toxicity Reduction Evaluation?

____Yes ✓ No If yes, describe: _____

E.4. Summary of Submitted Biomonitoring Test Information. If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)

Please see attachment for data.

END OF PART E.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

Charles River Pollution Control District

MA0102598

Supplemental Application Information: E4

Outfall 001

Test Method Ceriodaphnia: EPA 1002.0 & Pimephales: EPA 1000.0

Sampling Event	Date Submitted	LC50		C-NOEC		Collection Dates	Test Start Date
		Ceriodaphnia	Pimephales	Ceriodaphnia	Pimephales		
		Percent of Effluent					
January, 2019	2/14/2019	>100	>100	63	100	1/13-14/19, 1/15-16/19, 1/17-18/19	1/14/2019
October, 2018	11/2/2018	>100	>100	100	100	9/30-10/1/18, 10/2-3/18, 10/4-5/18	10/1/2018
July, 2018	10/1/2018	>100	>100	6.25	100	7/5-6/18, 7/8-9/18, 7/10-11/18	7/6/2018
April, 2018	5/14/2018	>100	>100	100	100	4/1-2/18, 4/3-4/18, 4/5-6/18	4/2/2018
January, 2018	2/12/2018	>100	>100	63	100	12/31/17 - 1/1/18, 1/2-3/18, 1/4-5/18	1/2/2018
October, 2017	11/15/2017	>100	>100	100	100	10/1-2/17, 10/3-4/17, 10/5-6/17	10/2/2017
July, 2017	8/16/2017	>100	>100	100	100	7/6-7/17, 7/9-10/17, 7/11-12/17	7/7/2017
April, 2017	5/15/2017	>100	>100	100	100	4/2-3/17, 4/4-5/17, 4/6-7/17	4/3/2017
January, 2017	3/15/2017	>100	>100	63	100	1/3-4/17, 1/5-6/17, 1/8-9/17 & 1/29-30/17, 1/31-2/1/17, 2/2-3/17	1/4/17 & 1/30/2017
October, 2016	12/5/2016	>100	>100	100	100	10/2-3/16, 10/4-5/16, 10/6-7/16 & 10/23-24/16, 10/25-26/16, 10/27-28/16	10/3/2016 & 10/24/2016
July, 2016	8/8/2016	>100	>100	100	100	7/5-6/16, 7/7-8/169, 7/10-11/16	7/6/2016
May, 2016 (retest)	6/14/2016	>100	>100	100	100	5/15-16/16, 5/17-18/16, 5/19-20/16	5/16/2016
April, 2016	5/10/2016	>100	>100	50	100	4/3-4/16, 4/5-6/16, 4/7-8/16	4/4/2016
January, 2016	2/24/2016	>100	>100	100	100	1/17-18/16, 1/19-20/16, 1/21-22/16	1/18/2016
October, 2015	11/13/2015	>100	>100	100	100	10/4-5/15, 10/6-7/15, 10/8-9/15	10/6/2015
July, 2015	9/4/2015	>100	>100	100	100	7/12-13/15, 7/14-15/15, 7/16-17/15	7/14/2015
April, 2015	5/4/2015	>100	>100	100	100	4/12-13/15, 4/14-15/15, 4/16-17/15	4/14/2015

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 1.00

b. Number of CIUs. 2.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: ANP Bellingham Energy Company, LLC

Mailing Address: 155 Maple Street
Bellingham, MA 02019

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

580 Megawatt electric generating facility with two seperate combined cycle power block

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Electricity

Raw material(s): Natural Gas, City Water, Aqueous Ammonia, Lubricating Oils, and Misc Consumables

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

25,000.00 gpd (___ continuous or ✓ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

_____ gpd (___ continuous or ___ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ✓ Yes ___ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR 423 Steam Electric Power Generating Point Source

F.8. No

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 1.00

b. Number of CIUs. 2.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Microgroup, Inc.

Mailing Address: 7 Industrial Park Road
Medway, MA 02053

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

Manufacturer of stainless steel products of Medical Industry.

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): Stainless steel tubing and turned parts.

Raw material(s): Stainless Steel, Copper, Nickel, Titanium, Brass and Aluminum tubing.

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

3,540.00 gpd (✓ continuous or ___ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

2,000.00 gpd (___ continuous or ✓ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ✓ Yes ___ No

If subject to categorical pretreatment standards, which category and subcategory?

40 CFR 433.17 Effluent Limits for discharge from Metal Finishing Point Source (PSNS)

F.8. No

SUPPLEMENTAL APPLICATION INFORMATION

PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

GENERAL INFORMATION:

F.1. Pretreatment Program. Does the treatment works have, or is it subject to, an approved pretreatment program?

✓ Yes ___ No

F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs). Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. 1.00

b. Number of CIUs. 2.00

SIGNIFICANT INDUSTRIAL USER INFORMATION:

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

F.3. Significant Industrial User Information. Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: Garelick Farms, L.L.C.

Mailing Address: 1199 West Central Street
Franklin, MA 02038

F.4. Industrial Processes. Describe all of the industrial processes that affect or contribute to the SIU's discharge.

receiving, processing and shipping of fluid milk, spring water, and orange juice. Blow molding of HDPE milk bottle

F.5. Principal Product(s) and Raw Material(s). Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): fluid milk products (dairy),blow molding of HDPE milk bottles

Raw material(s): Whole milk, orange juice concentrate, spring water, and high density polyethylene

F.6. Flow Rate.

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

450,000.00 gpd (✓ continuous or ___ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

___ gpd (___ continuous or ___ intermittent)

F.7. Pretreatment Standards. Indicate whether the SIU is subject to the following:

a. Local limits ✓ Yes ___ No

b. Categorical pretreatment standards ___ Yes ✓ No

If subject to categorical pretreatment standards, which category and subcategory?

___

F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU. Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

✓ Yes ___ No If yes, describe each episode.

In November 2018, Garelick had to fully bypass their pretreatment system due to a rip in their digester membrane cover. They bypassed while fixing digester until early January 2019 with oversight from MassDEP and District.

RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:

F.9. RCRA Waste. Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? ___ Yes ✓ No (go to F.12.)

F.10. Waste Transport. Method by which RCRA waste is received (check all that apply):

_____ Truck _____ Rail _____ Dedicated Pipe

F.11. Waste Description. Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units

CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:

F.12. Remediation Waste. Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

___ Yes (complete F.13 through F.15.) ✓ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

F.13. Waste Origin. Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

F.14. Pollutants. List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

F.15. Waste Treatment.

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

___ Yes ___ No

If yes, describe the treatment (provide information about the removal efficiency):

b. Is the discharge (or will the discharge be) continuous or intermittent?

___ Continuous ___ Intermittent If intermittent, describe discharge schedule.

END OF PART F.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE

SUPPLEMENTAL APPLICATION INFORMATION

PART G. COMBINED SEWER SYSTEMS

If the treatment works has a combined sewer system, complete Part G.

G.1. System Map. Provide a map indicating the following: (may be included with Basic Application Information)

a. All CSO discharge points.

b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).

c. Waters that support threatened and endangered species potentially affected by CSOs.

G.2. System Diagram. Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

a. Locations of major sewer trunk lines, both combined and separate sanitary.

b. Locations of points where separate sanitary sewers feed into the combined sewer system.

c. Locations of in-line and off-line storage structures.

d. Locations of flow-regulating devices.

e. Locations of pump stations.

CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

G.3. Description of Outfall.

a. Outfall number _____

b. Location _____
(City or town, if applicable) (Zip Code)

_____
(County) (State)

_____
(Latitude) (Longitude)

c. Distance from shore (if applicable) _____ft.

d. Depth below surface (if applicable) _____ft.

e. Which of the following were monitored during the last year for this CSO?

____Rainfall ____CSO pollutant concentrations ____CSO frequency

____CSO flow volume ____Receiving water quality

f. How many storm events were monitored during the last year? _____

G.4. CSO Events.

a. Give the number of CSO events in the last year.

_____ events (___ actual or ___ approx.)

b. Give the average duration per CSO event.

_____ hours (____ actual or ____ approx.)

c. Give the average volume per CSO event.

_____ million gallons (_____ actual or _____ approx.)

d. Give the minimum rainfall that caused a CSO event in the last year.

_____ inches of rainfall

G.5. Description of Receiving Waters.

a. Name of receiving water: _____

b. Name of watershed/river/stream system: _____

United States Soil Conservation Service 14-digit watershed code (if known): _____

c. Name of State Management/River Basin: _____

United States Geological Survey 8-digit hydrologic cataloging unit code (if known): _____

G.6. CSO Operations.

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

_____

_____

END OF PART G.
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.

FACILITY NAME AND PERMIT NUMBER:
Charles River Pollution Control District # MA0102598

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

FORM 2S NPDES

NPDES FORM 2S APPLICATION OVERVIEW

PRELIMINARY INFORMATION

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

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

1. Facilities with a currently effective NPDES permit.

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

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

PART 1: LIMITED BACKGROUND INFORMATION

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

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

1. Facility Information.

a. Facility name _____

b. Mailing Address _____

_____

c. Contact person _____

Title _____

Telephone number _____

d. Facility Address (not P.O. B ox) _____

_____

e. Indicate the type of facility

_____ Publicly owned treatment works (POTW) _____ Privately owned treatment works

_____ Federally owned treatment works _____ Blending or treatment operation

_____ Surface disposal site _____ Sewage sludge incinerator

_____ Other (describe) _____

2. Applicant Information.

a. Applicant name _____

b. Mailing Address _____

_____

c. Contact person _____

Title _____

Telephone number _____

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

_____ owner _____ operator

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

_____ facility _____ applicant

FACILITY NAME AND PERMIT NUMBER:
Charles River Pollution Control District # MA0102598

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

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

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

4. Pollutant Concentrations. Using the table below or a separate attachment, provide existing sewage sludge monitoring data for the pollutants for which limits in sewage sludge have been established in 40 CFR part 503 for this facility's expected use or disposal practices. If available, base data on three or more samples taken at least one month apart and no more than four and one-half years old.

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

5. Treatment Provided At Your Facility.

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

_____ Class A _____ Class B _____ Neither or unknown

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

_____

_____

_____

_____

_____

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

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

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

_____

_____

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

If yes, go to question 8 (Certification).

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

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

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

a. Facility name _____

b. Mailing address _____

_____

c. Contact person _____

Title _____

Telephone number _____

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

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

_____

_____

FACILITY NAME AND PERMIT NUMBER:
Charles River Pollution Control District # MA0102598

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

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

a. Site name or number _____

b. Contact person _____

Title _____

Telephone _____

c. Site location (Complete 1 or 2)

1. Street or Route # _____

County _____

City or Town _____ State _____ Zip _____

2. Latitude _____ Longitude _____

d. Site type (Check all that apply)

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

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

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

Name and official title _____

Signature _____

Telephone number _____

Date signed _____

SEND COMPLETED FORMS TO:

PART 2: PERMIT APPLICATION INFORMATION

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

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

APPLICATION OVERVIEW — SEWAGE SLUDGE USE OR DISPOSAL INFORMATION

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

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

   Section A must be completed by all applicants

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

   Section B must be completed by applicants who either:

   1) Generate sewage sludge, or

   2) Derive a material from sewage sludge.

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

   Section C must be completed by applicants who either:

   1) Apply sewage to the land, or

   2) Generate sewage sludge which is applied to the land by others.

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

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

4. **SECTION D: SURFACE DISPOSAL**

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

5. **SECTION E: INCINERATION**

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

FACILITY NAME AND PERMIT NUMBER:
Charles River Pollution Control District # MA0102598

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

A. GENERAL INFORMATION

All applicants must complete this section.

A.1. Facility Information.

a. Facility name: Charles River Pollution Control District

b. Mailing Address: 66 Village Street, Medway, MA 02053

c. Contact person: Elizabeth Taglieri

Title: Executive DIrector

Telephone number: (508) 533-6762

d. Facility Address (not P.O. Box): 66 Village Street, Medway, MA 02053

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

f. Facility design flow rate: 5.70 mgd

g. ~~Total population served~~: 13,050.00 Sewer Connections

h. Indicate the type of facility:

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

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

a. Applicant name

b. Mailing Address

c. Contact person

Title

Telephone number

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

✓ owner ✓ operator

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

✓ facility ____ applicant

A.3. Permit Information.

a. Facility's NPDES permit number (if applicable): MA 0102598

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

Permit Number	Type of Permit

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

_____Yes ✓ No If yes, describe: _____

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

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

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

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

A.7. Contractor Information.

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

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

a. Name: Waste Water Services, Inc.

b. Mailing Address: 1997 Bedford Street, Bridgewater, MA 02324

c. Telephone Number: (508) 697-9974

d. Responsibilities of contractor: Transport liquid sludge to a facility that will dispose of sludge.

Wastewater Treatment Stages

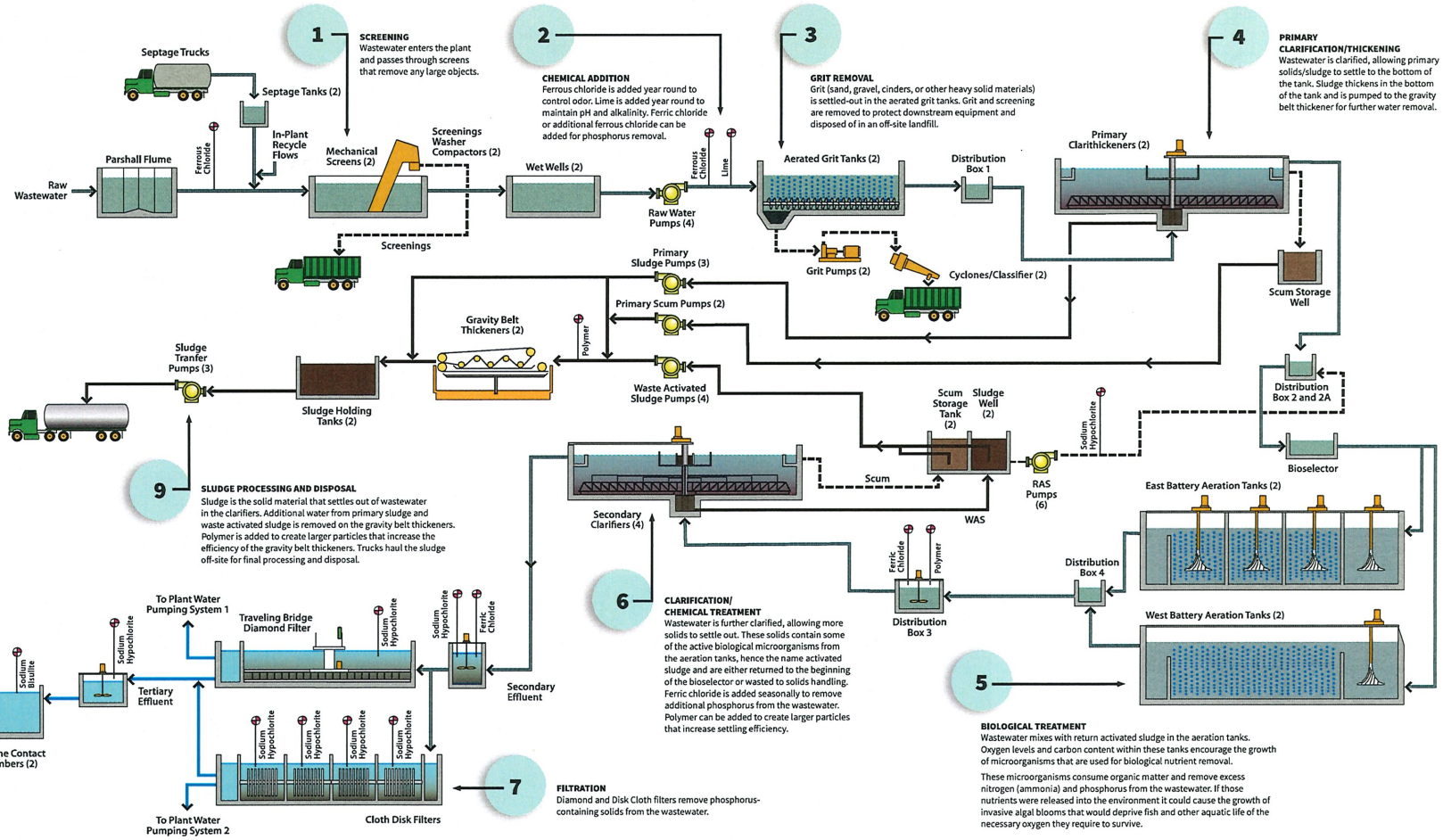
Pre-Treatment: 1, 2 & 3

Primary Treatment: 4

Secondary Treatment: 5 & 6

Tertiary Treatment: 7

Disinfection: 8



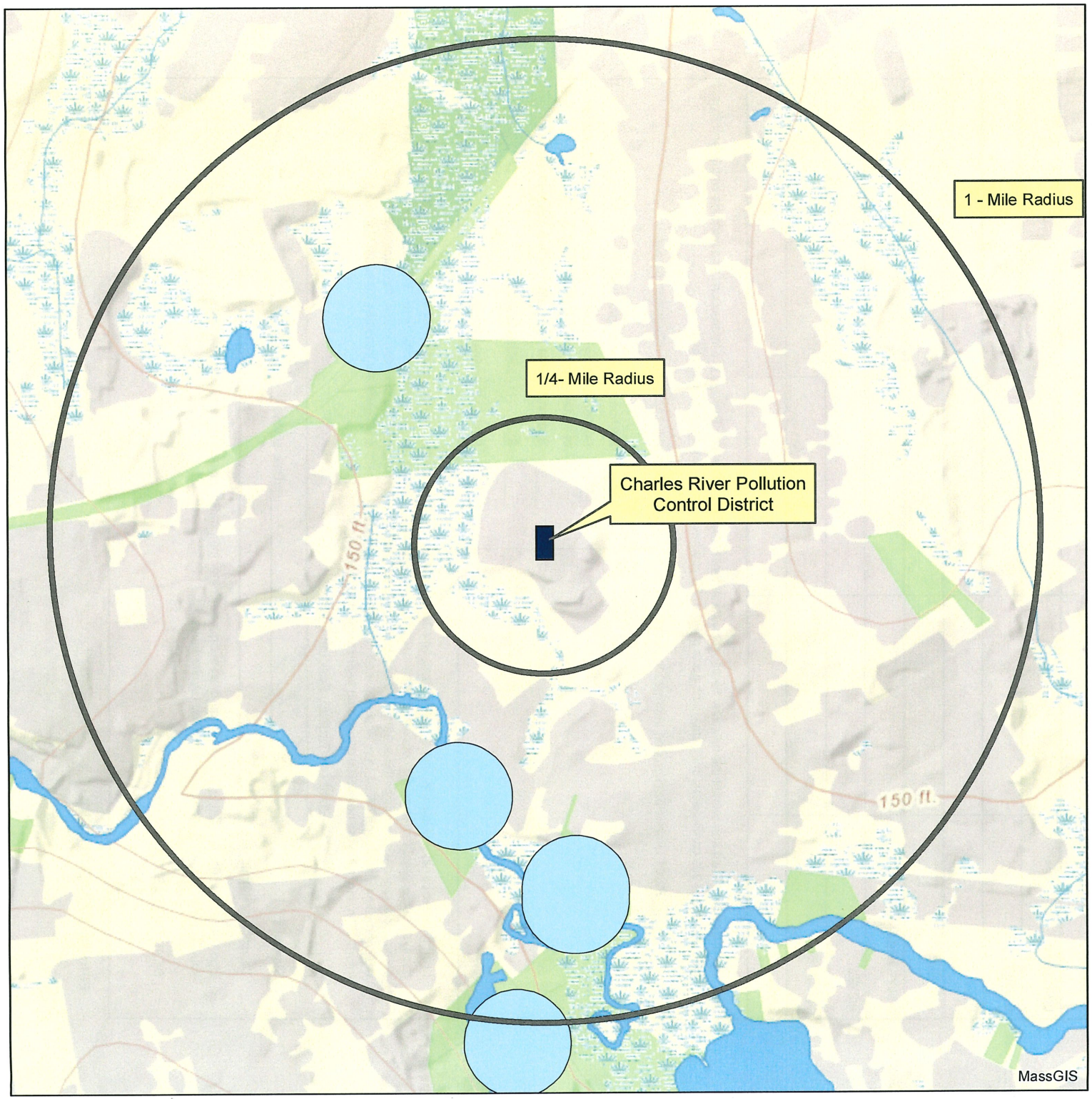
CHARLES RIVER POLLUTION CONTROL DISTRICT
FRANKLIN • 1973 • MEDWAY

NPDES Permit Renewal 2019
MA0102598
A.5.a

Sewage Sludge Management Location

0 175 350 700 Feet

N
W E
S



CHARLES RIVER POLLUTION CONTROL DISTRICT
FRANKLIN • 1973 • MEDWAY

NPDES Permit Renewal 2019
MA0102598
A.5.b

Sewage Sludge Management Location

Legend

Public Well Supply

Wetlands

0 1,000 2,000 Feet

N
W E
S

No wells or springs have been identified within 1/4 - mile of the threatment plant.

FACILITY NAME AND PERMIT NUMBER:
Charles River Pollution Control District # MA0102598

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

A.8. Pollution Concentrations: Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants for which limits in sewage sludge have been established in 40 CFR Part 503 for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

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

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

_____ Part 1 Limited Background Information packet

Part 2 Permit Application Information packet:

✓ Section A (General Information)

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

_____ Section C (Land Application of Bulk Sewage Sludge)

_____ Section D (Surface Disposal)

_____ Section E (Incineration)

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

Name and official title: Elizabeth Taglieri, Executive Director

Signature: Elizabeth Taglieri Date signed: 4/29/2019

Telephone number: (508) 533-6762

Upon request of the permitting authority, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

SEND COMPLETED FORMS TO:

Charles River Pollution Control District

Part A.8. Pollutant Concentrations

Pollutant	Concentration (mg/kg)	Analytical Method	Detection Level
Arsenic	<20	SW-846 6010C/D and EPA 200.8	19.0
Cadmium	<2	SW-846 6010C/D and EPA 200.8	1.9
Chromium	30	SW-846 6010C/D and EPA 200.8	6.1
Copper	235	SW-846 6010C/D and EPA 200.8	12.0
Lead	<11	SW-846 6010C/D and EPA 200.8	8.6
Mercury	<0.54	SW-846 7471B and EPA 245.1	0.39
Molybdenum	<19	SW-846 6010C/D and EPA 200.8	16.1
Nickel	<11	SW-846 6010C/D and EPA 200.8	6.1
Selenium	<38	SW-846 6010C/D and EPA 200.8	37.8
Zinc	375	SW-846 6010C/D and EPA 200.8	11.9

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

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

B.1. Amount Generated On Site.

Total dry metric tons per 365-day period generated at your facility: 2,089.00 dry metric tons

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

a. Facility name N/A

b. Mailing Address

c. Contact person

Title

Telephone number

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

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

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

B.3. Treatment Provided At Your Facility.

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

_____ Class A _____ Class B ✓ Neither or unknown

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

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

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

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

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

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

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

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

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

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

_____Yes _____No

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

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

a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land: _____ dry metric tons

b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

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

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

a. Receiving facility name _____

b. Mailing address _____

_____

c. Contact person _____

Title _____

Telephone number _____

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

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

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

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

_____ Class A _____ Class B _____ Neither or unknown

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

_____

_____

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

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

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

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

_____

_____

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

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

_____

_____

h. If you answered yes to (e), (f), or (g), attach a copy of any information you provide the receiving facility to comply with the "notice and necessary information" requirement of 40 CFR 503.12(g).

i. Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? _____ Yes _____ No

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

Complete Section B.7 if sewage sludge from your facility is applied to the land, <u>unless</u> the sewage sludge is covered in:

- **Section B.4 (it meets Table 1 ceiling concentrations, Table 3 pollutant concentrations, Class A pathogen requirements, and one of vector attraction reduction options 1-8); <u>or</u>**
- **Section B.5 (you place it in a bag or other container for sale or give-away for application to the land); <u>or</u>**
- **Section B.6 (you send it to another facility for treatment or blending).**

B.7. Land Application of Bulk Sewage Sludge.

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

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

b. Do you identify all land application sites in Section C of this application? _____ Yes _____ No

If no, submit a copy of the land application plan with application (see instructions).

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

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

_____

_____

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

B.8. Surface Disposal.

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

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

_____ Yes _____ No

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

c. Site name or number _____

d. Contact person _____

Title _____

Telephone number _____

Contact is _____Site owner _____Site operator

e. Mailing address _____

_____

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

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

B.9. Incineration.

a. Total dry metric tons of sewage sludge from your facility fired in all sewage sludge incinerators per 365-day period: 2,089.(dry metric tons

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

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

c. Incinerator name or number: Upper Blackstone Water Pollution Abatement District

d. Contact person: Richard Tucker

Title: Operations Manager

Telephone number: (508) 755-1286

Contact is: ✓ Incinerator owner _____ Incinerator operator

B.9. Incineration. (con't)

e. Mailing address: 50 Route 20, Millbury, MA 01527

f. Total dry metric tons of sewage sludge from your facility fired in this sewage sludge incinerator per 365-day period: 2,032.0 dry metric tons

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

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

a. Name of landfill _____

b. Contact person _____

Title _____

Telephone number _____

Contact is _____ Landfill owner _____ Landfill operator

c. Mailing address _____

_____

d. Location of municipal solid waste landfill:

Street or Route # _____

County _____

City or Town _____ State _____ Zip _____

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

_____ dry metric tons

f. List, on this form or an attachment, the numbers of all other Federal, State, and local permits that regulate the operation of this municipal solid waste landfill.

Permit Number	Type of Permit
_____	_____
_____	_____
_____	_____

g. Submit, with this application, information to determine whether the sewage sludge meets applicable requirements for disposal of sewage sludge in a municipal solid waste landfill (e.g., results of paint filter liquids test and TCLP test)

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

_____ Yes _____ No

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

b. Do you identify all land application sites in Section C of this application? _____ Yes _____ No

If no, submit a copy of the land application plan with application (see instructions).

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

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

_____

_____

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

B.8. Surface Disposal.

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

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

_____ Yes _____ No

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

c. Site name or number _____

d. Contact person _____

Title _____

Telephone number _____

Contact is _____Site owner _____Site operator

e. Mailing address _____

_____

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

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

B.9. Incineration.

a. Total dry metric tons of sewage sludge from your facility fired in all sewage sludge incinerators per 365-day period: 2,089.(dry metric tons

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

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

c. Incinerator name or number: Cranston WWTP and Incinerator

d. Contact person: Earl Salisbury

Title: Plant Manager

Telephone number: (401) 467-7210

Contact is: ✓ Incinerator owner _____ Incinerator operator

B.9. Incineration. (con't)

e. Mailing address: 140 Pettaconsett Ave, Cranston, RI 02920

f. Total dry metric tons of sewage sludge from your facility fired in this sewage sludge incinerator per 365-day period: 57.00 dry metric tons

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

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

a. Name of landfill _____

b. Contact person _____

Title _____

Telephone number _____

Contact is _____ Landfill owner _____ Landfill operator

c. Mailing address _____

_____

d. Location of municipal solid waste landfill:

Street or Route # _____

County _____

City or Town _____ State _____ Zip _____

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

_____ dry metric tons

f. List, on this form or an attachment, the numbers of all other Federal, State, and local permits that regulate the operation of this municipal solid waste landfill.

Permit Number	Type of Permit
_____	_____
_____	_____
_____	_____

g. Submit, with this application, information to determine whether the sewage sludge meets applicable requirements for disposal of sewage sludge in a municipal solid waste landfill (e.g., results of paint filter liquids test and TCLP test)

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

_____ Yes _____ No

Additional Information, if provided, will appear on the following pages.