



Charles River Pollution Control District

Serving the Towns of Franklin, Medway, Millis, Bellingham and Norfolk
Wrentham, Dover and Sherborn

FRANKLIN COMMISSIONERS

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Medway, Massachusetts 02053

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MEDWAY COMMISSIONERS

Douglas Downing
Paul J. DeSimone

June 2, 2004

Ms. Olga Vergara
United States Environmental Protection Agency
Region 1
1 Congress Street
Boston, MA 02114-2023

RE: Reapplication for NPDES Permit No. MA0102598
Charles River Pollution Control District

Dear Ms. Vergara:

The District is submitting EPA NPDES forms 2A & 2S to fulfill renewal requirements for Permit No. MA0102598 for the District's Wastewater Treatment Facility located in Medway, Massachusetts.

If you require any additional information or have questions please do not hesitate to contact either Cheri Lawless or myself.

Very truly yours,
Charles River Pollution
Control District

Robert D. McRae

Robert D. McRae, P.E.
Executive Director

Cheri Lawless

Cheri Lawless
Engineer/IPP Coordinator

Enclosures

CC: Robert Kubit, MA DEP, Central Region

FACILITY NAME AND PERMIT NUMBER:

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

Charles River PCD MA0102598

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)

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 DistrictMailing Address 66 Village StreetMedway, MA 02053Contact person Cheri LawlessTitle Engineer/IPP CoordinatorTelephone number 508-533-6762Facility Address 66 Village Street(not P.O. Box) Medway, MA 02053**A.2. Applicant Information. If the applicant is different from the above, provide the following:**

Applicant name _____

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

PSD _____

UIC _____

Other SPPP MAR05C588

RCRA _____

Other _____

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.).

Name	Population Served	Type of Collection System	Ownership
<u>Franklin</u>	<u>16,000</u>	<u>separate</u>	<u>municipal</u>
<u>Medway</u>	<u>6000</u>	<u>separate</u>	<u>municipal</u>
<u>Millis/Bellingham</u>	<u>3000/3000</u>	<u>separate</u>	<u>municipal</u>
Total population served <u>28,000</u>			

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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

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	<u>3.82</u>	<u>4.59</u>	<u>4.64</u>	mgd
c. Maximum daily flow rate	<u>7.37</u>	<u>8.87</u>	<u>9.47</u>	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 %

☐ 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

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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?

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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 001-01
- b. Location Medway 02053
(City or town, if applicable) (Zip Code)
Norfolk MA
(County) (State)
42-08'-28" 71-23'-06"
(Latitude) (Longitude)
- c. Distance from shore (if applicable) N/A ft.
- d. Depth below surface (if applicable) 2 ft.
- e. Average daily flow rate 4.64 mgd
- f. Does this outfall have either an intermittent or a periodic discharge?
_____ Yes X 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 X 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): _____
- d. Critical low flow of receiving stream (if applicable):
acute _____ cfs chronic _____ cfs 7Q10 flow 4.13 cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): _____ mg/l of CaCO₃

A.11. Description of Treatment.

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

☒ Primary ☒ Secondary
☒ Advanced ☒ Other. Describe: Seasonal nutrient removal

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

Design BOD₅ removal or Design CBOD₅ removal 92-96 %
Design SS removal 92-96 %
Design P removal 0-98 %
Design N removal (as ammonia) 0-97 %
Other %

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

Chlorine (March to 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: 001-01

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.7	s.u.			
pH (Maximum)	7.8	s.u.			
Flow Rate	9.47	mgd	4.64	mgd	366
Temperature (Winter)	14.9	C	11.1	C	91
Temperature (Summer)	21.5	C	20.4	C	92

* 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 DEMAND (Report one)	BOD-5 CBOD-5	5.1	mg/L	1.6	mg/L	104	SM 5210 B	1.4
FECAL COLIFORM	990	#/100mL	7	#/100mL	117	SM 9222 D		1
TOTAL SUSPENDED SOLIDS (TSS)	23	mg/L	1.7	mg/L	104	EPA 160.2		1.25

END OF PART A

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

FACILITY NAME AND PERMIT NUMBER:

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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.

1,370,000 gpd

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

Camera inspections of sewers for leaks and cracks

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.)

- The area surrounding the treatment plant, including all unit processes.
- 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.
- Each well where wastewater from the treatment plant is injected underground.
- 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.
- Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- 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.

N/A

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

Yes No

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- 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	Actual Completion
	MM / DD / YYYY	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 0.1 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: 001-01

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)	15.	mg/L	1.8	mg/L	92	SM 4500BE	0.1
CHLORINE (TOTAL RESIDUAL, TRC)	0.8	mg/L	0.01	mg/L	681	SM 4500 D	0.05
DISSOLVED OXYGEN	11.1	mg/L	9.3	mg/L	366	SM 4500 OG	0.5
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN							
OIL and GREASE							
PHOSPHORUS (Total)	3.0	mg/L	0.21	mg/L	92	SM 4500PB/PE	0.01
TOTAL DISSOLVED SOLIDS (TDS)	540	mg/L	525	mg/L	4	EPA 160.3	10
OTHER							

END OF PART B.

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

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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 Robert D. McRae, P.E., Executive Director

Signature

Robert D McRae

Telephone number

508-533-6762

Date signed

6/2/04

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:

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SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA SEE ATTACHED TABLE

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: 001-01 (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											
ARSENIC											
BERYLLIUM											
CADMIUM											
CHROMIUM											
COPPER											
LEAD											
MERCURY											
NICKEL											
SELENIUM											
SILVER											
THALLIUM											
ZINC											
CYANIDE											
TOTAL PHENOLIC COMPOUNDS											
HARDNESS (AS CaCO ₃)											
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											

CHARLES RIVER POLLUTION CONTROL DISTRICT
PART D. EXPANDED EFFLUENT TESTING DATA
Outfall number: 001-01

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											
ALUMINUM	0.043	mg/L	1.42	lbs	<0.016	mg/L	<0.58	lbs	12	200.7	0.01
ARSENIC	<0.002	mg/L	<0.09	lbs	<0.002	mg/L	<0.07	lbs	4	206.2	0.002
CADMIUM	<0.0005	mg/L	<0.02	lbs	<0.0005	mg/L	<0.02	lbs	4	213.2	0.0005
CHROMIUM	<0.01	mg/L	<0.43	lbs	<0.01	mg/L	<0.35	lbs	4	200.7	0.01
COPPER	0.0155	mg/L	0.50	lbs	<0.0086	mg/L	<0.28	lbs	4	200.7	0.0025
LEAD	<0.005	mg/L	<0.22	lbs	<0.005	mg/L	<0.17	lbs	4	200.7	0.005
MERCURY	<0.0005	mg/L	<0.02	lbs	<0.0005	mg/L	<0.02	lbs	4	245.2	0.0005
NICKEL	<0.02	mg/L	<0.86	lbs	<0.02	mg/L	<0.7	lbs	4	200.7	0.020
SELENIUM	<0.005	mg/L	<0.22	lbs	<0.005	mg/L	<0.17	lbs	4	200.7	0.005
SILVER	0.00024	mg/L	<0.01	lbs	0.0002	mg/L	<0.01	lbs	4	272.2	0.0002
ZINC	0.06	mg/L	1.92	lbs	0.0325	mg/L	1.07	lbs	4	200.7	0.01
HARDNESS (AS CaCO ₃)	170	mg/L	5430	lbs	119	mg/L	4032	lbs	4	200.7	1.7

note: Calculated numbers in bold include one or more results below detection limit. Minimum detection limit concentration was used for these non-detect results.

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Outfall number: 001-01 (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											
ACRYLONITRILE											
BENZENE											
BROMOFORM											
CARBON TETRACHLORIDE											
CLOROBENZENE											
CHLORODIBROMO-METHANE											
CHLOROETHANE											
2-CHLORO-ETHYL VINYL ETHER											
CHLOROFORM											
DICHLOROBROMO-METHANE											
1,1-DICHLOROETHANE											
1,2-DICHLOROETHANE											
TRANS-1,2-DICHLORO-ETHYLENE											
1,1-DICHLOROETHYLENE											
1,2-DICHLOROPROPANE											
1,3-DICHLORO-PROPYLENE											
ETHYLBENZENE											
METHYL BROMIDE											
METHYL CHLORIDE											
METHYLENE CHLORIDE											
1,1,2,2-TETRACHLORO-ETHANE											
TETRACHLORO-ETHYLENE											
TOLUENE											

FACILITY NAME AND PERMIT NUMBER:

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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		
1,1,1-TRICHLOROETHANE											
1,1,2-TRICHLOROETHANE											
TRICHLOROETHYLENE											
VINYL CHLORIDE											

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											
2-CHLOROPHENOL											
2,4-DICHLOROPHENOL											
2,4-DIMETHYLPHENOL											
4,6-DINITRO-O-CRESOL											
2,4-DINITROPHENOL											
2-NITROPHENOL											
4-NITROPHENOL											
PENTACHLOROPHENOL											
PHENOL											
2,4,6-TRICHLOROPHENOL											

Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.

--	--	--	--	--	--	--	--	--	--	--	--

BASE-NEUTRAL COMPOUNDS.

ACENAPHTHENE											
ACENAPHTHYLENE											
ANTHRACENE											
BENZIDINE											
BENZO(A)ANTHRACENE											
BENZO(A)PYRENE											

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Outfall number: 001-01 (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											
BENZO(GHI)PERYLENE											
BENZO(K)FLUORANTHENE											
BIS (2-CHLOROETHOXY) METHANE											
BIS (2-CHLOROETHYL)-ETHER											
BIS (2-CHLOROISO-PROPYL) ETHER											
BIS (2-ETHYLHEXYL) PHTHALATE											
4-BROMOPHENYL PHENYL ETHER											
BUTYL BENZYL PHTHALATE											
2-CHLORONAPHTHALENE											
4-CHLORPHENYL PHENYL ETHER											
CHRYSENE											
DI-N-BUTYL PHTHALATE											
DI-N-OCTYL PHTHALATE											
DIBENZO(A,H) ANTHRACENE											
1,2-DICHLOROBENZENE											
1,3-DICHLOROBENZENE											
1,4-DICHLOROBENZENE											
3,3-DICHLOROBENZIDINE											
DIETHYL PHTHALATE											
DIMETHYL PHTHALATE											
2,4-DINITROTOLUENE											
2,6-DINITROTOLUENE											
1,2-DIPHENYLHYDRAZINE											

FACILITY NAME AND PERMIT NUMBER:

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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											
FLUORENE											
HEXACHLOROBENZENE											
HEXACHLOROBUTADIENE											
HEXACHLOROCYCLO-PENTADIENE											
HEXACHLOROETHANE											
INDENO(1,2,3-CD)PYRENE											
ISOPHORONE											
NAPHTHALENE											
NITROBENZENE											
N-NITROSODI-N-PROPYLAMINE											
N-NITROSODI- METHYLAMINE											
N-NITROSODI-PHENYLAMINE											
PHENANTHRENE											
PYRENE											
1,2,4-TRICHLOROBENZENE											

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

FACILITY NAME AND PERMIT NUMBER:

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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. TOXICITY TEST DATA ALREADY SUBMITTED

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

18 chronic 18 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	Ceriodaphnia	Fat Head Minnow	
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			
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection			
After dechlorination			

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Test number: _____

Test number: _____

Test number: _____

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.

Chronic toxicity

Acute toxicity

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

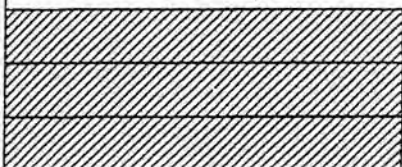
Receiving water

i. Type of dilution water. If 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

I. Test Results.

Acute:

Percent survival in 100%
effluent

%

%

%

LC₅₀

95% C.I.

%

%

%

Control percent survival

%

%

%

Other (describe)

ADDITIONAL INFORMATION

CHARLES RIVER POLLUTION CONTROL DISTRICT

NPDES MA0102598

Outfall 001-01

E.4

SUMMARY OF RESULTS FOR WHOLE EFFLUENT TOXICITY TESTS					
DATE MAILED	DATES SAMPLED	<i>Fathead Minnow</i>		<i>Ceriodaphnia</i>	
		LC50	C-NOEC	LC50	C-NOEC
		% of CRPCD Effluent Used During Test			
5/14/04	4/11,13,15/04	100+	100	100+	25*
2/4/04	1/11,13,15/04	100+	100	100+	100
11/5/03	10/5,7,9/03	100+	100	100+	100
8/21/03	7/6,8,10/03	100+	100	100+	100
6/10/03	4/6,8,10/03	100+	63	100+	63
1/31/03	1/5,7,9/03	100+	100	100+	100
11/26/02	10/6,8,10/02	100+	100	100+	100
9/4/02	7/9,11,13/02	100+	100	100+	100
5/30/02	4/7,9,11/02	100+	6.25*	100+	100
2/7/02	1/6,8,10/02	100+	100	100+	100
10/30/01	10/9,11,13/01	100+	100	100+	100
9/24/01	7/29,31/01 & 8/2/01	100+	6.25*	100+	100
5/24/01	4/8,10,12/01	100+	100	100+	100
2/13/01	1/7,9,11/01	100+	100	100+	100
12/19/00	10/29,31/00 & 11/2/00	100+	6.25*	100+	100
8/29/00	7/11,13,16/00	100+	6.25*	100+	100
5/31/00	4/2,4,6/00	100+	100	100+	50
2/23/00	1/9,11,13/00	100+	25*	100+	100

* Non-compliance

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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.

02/23/2000-
Date submitted: 05/14/2004 (MM/DD/YYYY)

Summary of results: (see instructions)

Please refer to additional information table for E.4.

END OF PART E.

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

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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
b. Number of CIUs. 3

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

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.

Generation of power using natural gas fired turbines.

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): water, natural gas

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.

5300 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.

0 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?

CFR 423.17 (b)

F.8. ☒ NO

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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.

b. Number of CIUs.

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:

Castronics, Inc.

Mailing Address:

67 Village Street

Medway, MA 02053

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

plaster making

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): aluminum and copper components

Raw material(s): aluminum, copper, plaster, water, wax

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.

75 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.

100 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?

CFR 464 subpart A&B

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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.

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).

<u>EPA Hazardous Waste Number</u>	<u>Amount</u>	<u>Units</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

FACILITY NAME AND PERMIT NUMBER:

Charles River PCD MA0102598

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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. _____

b. Number of CIUs. _____

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 (division of Dean Foods)

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.

Dairy bottling

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): Bottled milk, spring water and juices

Raw material(s): milk, water, cocoa, preservatives

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.

300,000 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.

10,000 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?

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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.

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

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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.

b. Number of CIUs.

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: SMTC Manufacturing Corporation of Massachusetts

Mailing Address: 109 Constitution Boulevard
Franklin, MA 02038

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

Cutting, bending, grinding, sanding, washing, and painting metal

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): computer and medical cabinets

Raw material(s): sheet metal (stainless steel, aluminum, cold roll steel)

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.

 0 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.

 600 gpd (X continuous or intermittent)

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

a. Local limits X Yes No

b. Categorical pretreatment standards X Yes No

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

CFR 433.17 Metal Finishing

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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.

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).

<u>EPA Hazardous Waste Number</u>	<u>Amount</u>	<u>Units</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

FACILITY NAME AND PERMIT NUMBER:

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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.

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

FACILITY NAME AND PERMIT NUMBER:

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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)

- All CSO discharge points.
- Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).
- 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:

- Locations of major sewer trunk lines, both combined and separate sanitary.
- Locations of points where separate sanitary sewers feed into the combined sewer system.
- Locations of in-line and off-line storage structures.
- Locations of flow-regulating devices.
- Locations of pump stations.

CSO OUTFALLS:

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

G.3. Description of Outfall.

- Outfall number _____
- Location
(City or town, if applicable) _____ (Zip Code) _____
(County) _____ (State) _____
(Latitude) _____ (Longitude) _____
- Distance from shore (if applicable) _____ ft.
- Depth below surface (if applicable) _____ ft.
- 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
- How many storm events were monitored during the last year? _____

G.4. CSO Events.

- Give the number of CSO events in the last year.
_____ events (____ actual or ____ approx.)
- Give the average duration per CSO event.
_____ hours (____ actual or ____ approx.)

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Charles River PCD MA0102598

FORM

2S

NPDES

NPDES FORM 2S APPLICATION OVERVIEW

PRELIMINARY INFORMATION

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

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

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

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

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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. Box) _____

- 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:

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

FACILITY NAME AND PERMIT NUMBER:Form Approved 1/14/99
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Charles River PCD MA0102598

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)
- | | | |
|---|---|--|
| <input type="checkbox"/> Agricultural | <input type="checkbox"/> Lawn or home garden | <input type="checkbox"/> Forest |
| <input type="checkbox"/> Surface disposal | <input type="checkbox"/> Public Contact | <input type="checkbox"/> Incineration |
| <input type="checkbox"/> Reclamation | <input type="checkbox"/> Municipal Solid Waste Landfill | <input type="checkbox"/> 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 all 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.

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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 Cheri Lawless
Title Engineer/IPP Coordinator
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 X No
- f. Facility design flow rate: 5.70 mgd
- g. Total population served: 28,000
- h. Indicate the type of facility:
- | | |
|--|---|
| <u> X </u> Publicly owned treatment works (POTW) | <u> </u> Privately owned treatment works |
| <u> </u> Federally owned treatment works | <u> </u> Blending or treatment operation |
| <u> </u> Surface disposal site | <u> </u> Sewage sludge incinerator |
| <u> </u> Other (describe) _____ | |

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?
 X owner X operator
- e. Should correspondence regarding this permit should be directed to the facility or the applicant.
 X facility applicant

FACILITY NAME AND PERMIT NUMBER:

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A.3. Permit Information.

- a. Facility's NPDES permit number (if applicable): MA0102598
- 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 Synagro
- b. Mailing Address 15 Cumberland Hill Road
Woonsocket, RI 02895
- c. Telephone Number 401-765-6764
- d. Responsibilities of contractor Transport liquid sludge to incinerator operated
by Synagro in Woonsocket, Rhode Island.

FACILITY NAME AND PERMIT NUMBER:

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

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

PLEASE REFER TO ATTACHMENT

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 Robert D. McRae, P.E., Executive Director

Signature

Robert D. McRae

Date signed

6/2/04

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:

**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: 1780 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 X 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)
- X None or unknown

CHARLES RIVER POLLUTION CONTROL DISTRICT
FORM 2S, PART 2.A.8. Pollution Concentrations

POLLUTANT	CONCENTRATION (gm/kg)	ANALYTICAL METHOD	DETECTION LIMIT FOR ANALYSIS
ARSENIC	<0.0063	6010B	0.0023
BERYLLIUM	<0.0028	6010B	0.0011
CADMIUM	<0.0057	6010B	0.0023
CHROMIUM	14.87	6010B	0.0023
LEAD	<6.54	6010B	0.00600
MERCURY	<0.20	7471A	0.00086
NICKEL	<0.016	6010B	0.0057

note: Calculated numbers in bold include one or more results below detection limit. Minimum detection limit concentration was used for these non-detect results.

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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, unless the sewage sludge is covered in:

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

B.7. Land Application of Bulk Sewage Sludge.

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

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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:
- 1780
- 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:
- Synagro Northeast

- d. Contact person:
- Michael Madden

Title: Plant ManagerTelephone number: 401-765-6764 x12Contact is: ☐ Incinerator owner ☒ Incinerator operator

B.9. Incineration. (con't)

- e. Mailing address: 15 Cumberland Hill Road
Woonsocket, RI 02895
- f. Total dry metric tons of sewage sludge from your facility fired in this sewage sludge incinerator per 365-day period: 1780 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



Legend

- Public Water Supply (Well)
- Pond, Lake or River
- ▨ Wetland (marsh / swamp)

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

CDM

\\CAMD008396\Projects\Medway\location_plan.mxd MB 4/27/2004



0 1,500 3,000 Feet

Charles River Pollution Control District Wastewater Treatment Facility Location Plan

May 2004

Source: MassGIS

