

EXhibit C



**DRY CREEK RANCHERIA
BAND OF POMO INDIANS**

June 30, 2005

Suesan Saucerman (WTR-5)
CWA Standards and Permits Office
USEPA Region 9
75 Hawthorne Street
San Francisco, CA 94105

Received

*July 11
2005*

Dear Ms. Saucerman:

Subject: NPDES Permit Application for the Dry Creek Rancheria WWTP
Dry Creek Band of Pomo Indians

The Dry Creek Band of Pomo Indians is pleased to submit the addition information requested for a completed Permit Application in response to your May 27, 2005 letter. The attached NPDES permit application includes the following components:

1. USEPA Form 2A: Basic Application – Parts A, B, and C
2. USEPA Form 2S: Part 1, Part 2 (Sections A and B)

This completed information should be sufficient to begin processing the subject application. Additional sludge sample analysis is in progress and will be submitted as it becomes available.

Other documents submitted along with the original NPDES permit application, including the biological evaluation, rapid bioassessment technical memorandum, and as-built plans for the existing wastewater treatment plant, remain unchanged. Additional copies of these documents are available upon request.

Accordingly, we are requesting a determination that the subject application is complete. Should you have any questions about this NPDES application or the Engineering Report, please do not hesitate to contact me at (707) 473-2182.

Sincerely yours,
Dry Creek Band of Pomo Indians

Thomas Keegan
Director of Environmental Protection

Enclosures

USEPA Form 2A:

Basic Application – Parts A, B, and C

FACILITY NAME AND PERMIT NUMBER:

Dry Creek Rancheria WWTP

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 \geq 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)

FACILITY NAME AND PERMIT NUMBER:

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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 named Dry Creek Rancheria - Wastewater Reclamation Facility

Mailing Address P.O. Box 607
Geyserville, CA 95441

Contact person Tom Keegan

Title Director of Environmental Protection

Telephone number (707) 473-2178

Facility Address 3250 Highway 128 East
(not P.O. Box) Dry Creek Rancheria, CA 95441

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

Applicant name Same as above

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 <u> </u>	<u>N/A</u>	PSD <u> </u>	<u>N/A</u>
UIC <u> </u>	<u>N/A</u>	Other <u> </u>	<u>N/A</u>
RCRA <u> </u>	<u>N/A</u>	Other <u> </u>	<u>N/A</u>

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>Plant Operations Division</u>	<u>Currently no residents</u>	<u>Separate</u>	<u>Tribal Government</u>
<u> </u>	<u>Ave. Daily Guests: 4,200</u>	<u> </u>	<u> </u>
<u> </u>	<u>Daily Employees: 270</u>	<u> </u>	<u> </u>
Total population served	<u>Ave. Daily: 4,470</u>	<u> </u>	<u> </u>

FACILITY NAME AND PERMIT NUMBER:

Dry Creek Rancheria WWTP

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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 0.15 mgd

	Two Years Ago (2003)	Last Year (2004)	This Year (2005 projected)	
b. Annual average daily flow rate	<u>0.015</u>	<u>0.028</u>	<u>0.040</u>	mgd
c. Maximum daily flow rate	<u>0.032</u>	<u>0.047</u>	<u>0.060</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.?

(Proposed) 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 2 (Proposed), 0 (Current)
- ii. Discharges of untreated or partially treated effluent 0
- iii. Combined sewer overflow points 0
- iv. Constructed emergency overflows (prior to the headworks) 0
- v. Other _____ None

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: N/A

Annual average daily volume discharged to surface impoundment(s) N/A 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: Landscape Irrigation and Spray-field Application. Please see attached Figure 2A-1.

Number of acres: Plans for up to 16 acres, total

Annual average daily volume applied to site: 0.03 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

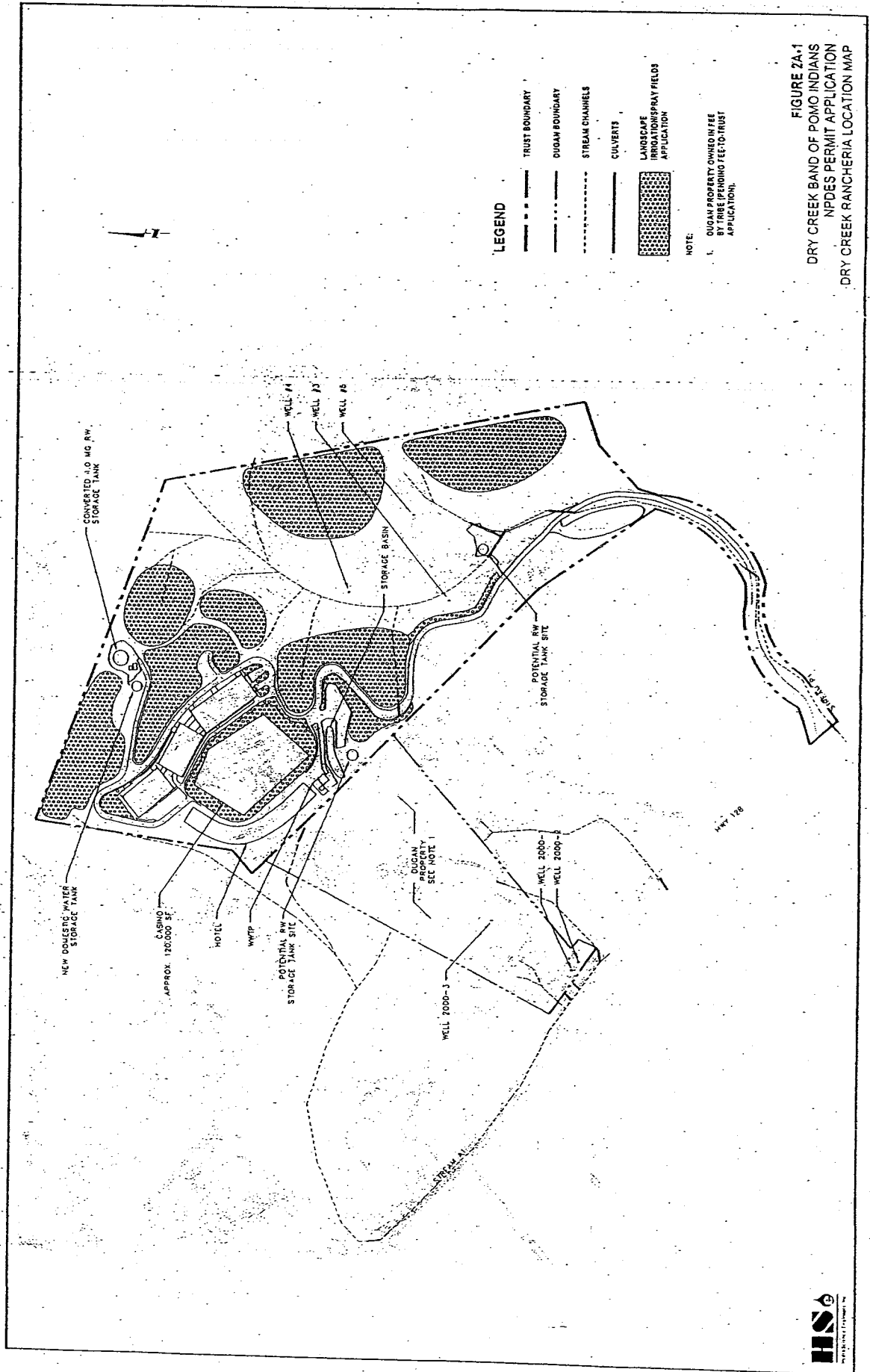


FIGURE ZA-1
 DRY CREEK BAND OF POMO INDIANS
 NPDES PERMIT APPLICATION
 DRY CREEK RANCHERIA LOCATION MAP



FACILITY NAME AND PERMIT NUMBER:

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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).

N/A

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 _____ X _____ No

If yes, provide the following for each disposal method:

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

N/A

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 A1-1
- b. Location Dry Creek Rancheria
(City or town, if applicable) 95441 (Zip Code)
Sonoma (County) CA (State)
38°42' 19" N (Latitude) 122°51' 35" N (Longitude)
- c. Distance from shore (if applicable) N/A ft.
- d. Depth below surface (if applicable) N/A ft.
- e. Average daily flow rate (2005 Projected) 0.001 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 Unnamed seasonal creek (A1) - Isolated inland surface water not tributary to Russian River
- b. Name of watershed (if known) Russian River
 United States Soil Conservation Service 14-digit watershed code (if known): _____
- c. Name of State Management/River Basin (if known) Russian River
 United States Geological Survey 8-digit hydrologic cataloging unit code (if known) 18010110
- d. Critical low flow of receiving stream (if applicable):
 acute 0 cfs chronic 0 cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): N/A mg/l of CaCO₃

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A.11. Description of Treatment.

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

Primary Secondary
 Advanced Other. Describe: _____

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

Design BOD ₅ removal or Design CBOD ₅ removal	99	%
Design SS removal	99	%
Design P removal	73	%
Design N removal	84	%
Other Turbidity	< 1 NTU	%

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

Ultraviolet (UV) disinfection

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: P1-1 / A1-1

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	7.0	s.u.			
pH (Maximum)	7.7	s.u.			
Flow Rate	39,000	gpd	28,000	gpd	7
Temperature (Winter)	No data		No data		
Temperature (Summer)	86	°F	82.9	°F	5

*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	< 5	mg/L	< 5	mg/L	11	SM5210B	5.0
	CBOD-5	—	—	—	—	—	—	—
FECAL COLIFORM		< 2	MPN/100mL	< 2	MPN/100mL	3	SM9221	2.0
TOTAL SUSPENDED SOLIDS (TSS)		22	mg/L	7.7	mg/L	11	EPA 160.2	1.0

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 \geq 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.

3,000 (2% max.) gpd

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

None at this time. Facility under construction.

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: _____

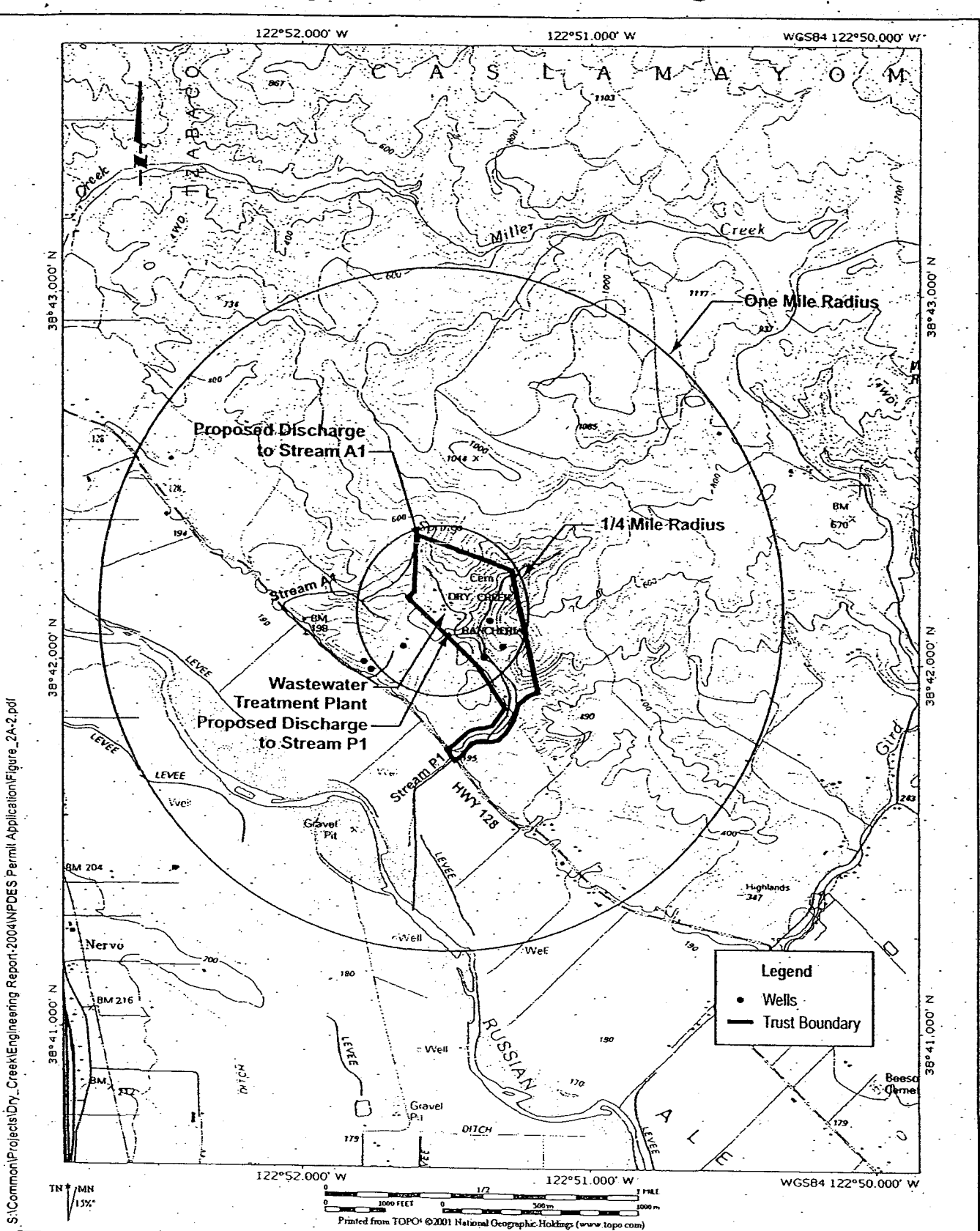
B.5. Scheduled Improvements and Schedules of Implementation. Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several 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



S:\Common\Projects\Dry_Creek\Engineering Report\2004\NPDES Permit Application\Figure_2A-2.pdf

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FIGURE 2A-2
DRY CREEK BAND OF POMÓ INDIANS
NPDES PERMIT APPLICATION
LOCATION/TOPOGRAPHIC MAP

AVA 00569

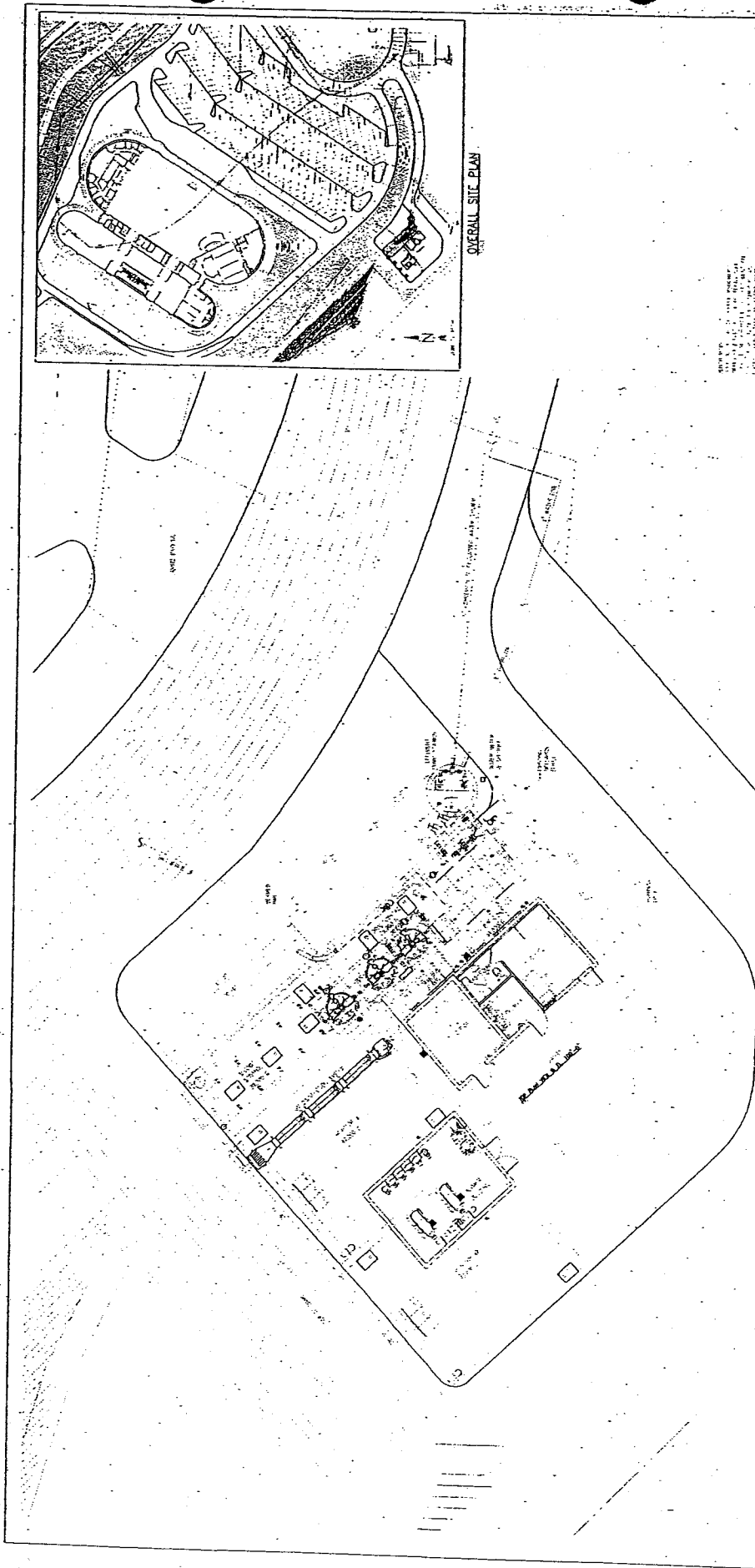
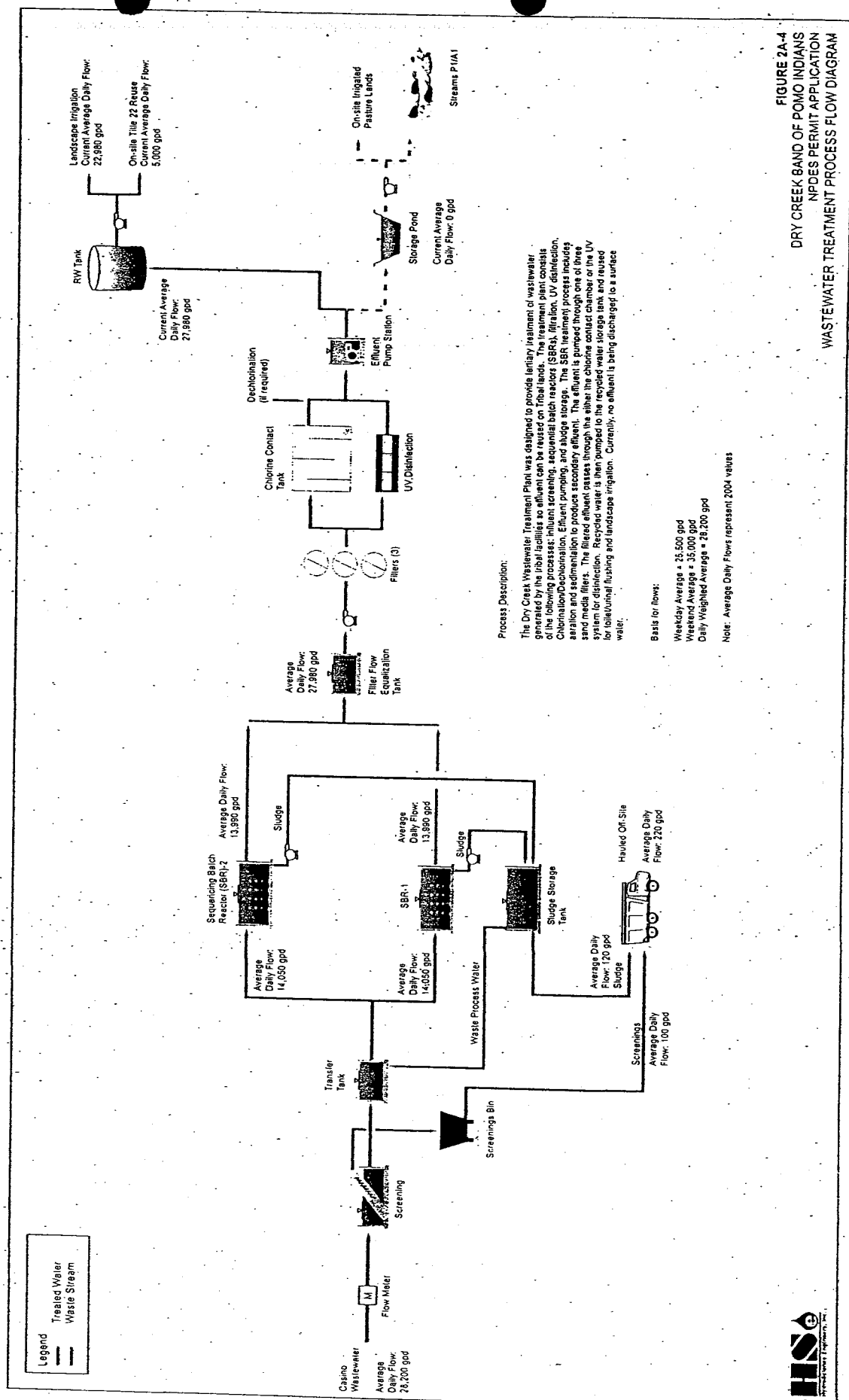


FIGURE 2A-3
 DRY CREEK BAND OF POMO INDIANS
 NPDES PERMIT APPLICATION
 TREATMENT PLANT SITE LAYOUT

P81A 19 10 00 2003	
PUMPS & EXPANSION STORAGE TANKS (S&E) SITE LAYOUT	WATER RECLAMATION FACILITY DRY CREEK BAND OF POMO INDIANS 51700, HUNTER, CALIFORNIA



Process Description:
 The Dry Creek Wastewater Treatment Plant was designed to provide tertiary treatment of wastewater or by the final facilities to effluent can be reused on tribal lands. The treatment plant consists of the following processes: influent screening, sequential batch reactor (SBRs), filtration, UV disinfection, chlorination, effluent pumping, and sludge storage. The SBR treatment process includes aeration and sedimentation, produce secondary effluent. The effluent is pumped through one of three sand media filters. The filtered water then passes through the chlorine contact chamber or the UV system for disinfection. Recycled water is then pumped to the recycled water storage tank and reused for (intermittent) flushing and landscape irrigation. Currently, no effluent is being discharged to a surface water.

Basin for flows:
 Weekday Average = 25,500 gpd
 Weekend Average = 35,000 gpd
 Daily Weighted Average = 28,200 gpd

Note: Average Daily Flows represent 2004 values

FIGURE 2A-4
DRY CREEK BAND OF POMO INDIANS
NPDES PERMIT APPLICATION
WASTEWATER TREATMENT PROCESS FLOW DIAGRAM





PHASE II EXPANSION STATIONING BATCH FACTOR (BM) WATER RECLAMATION FACILITY DRY CREEK RANCHERIA CEYSERVILLE, CALIFORNIA

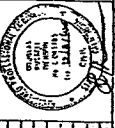


Table with columns for 'ITEM NO.', 'DESCRIPTION', 'QUANTITY', 'UNIT', 'PRICE', 'TOTAL'. Includes entries for 'CONTRACTOR', 'ELECTRICIAN', 'PLUMBER', etc.

VALVE SCHEDULE table listing various valves (V1 through V30) with their descriptions and specifications.

EQUIPMENT SPECIFICATIONS table listing pumps (P1 through P10) and their technical details.

EQUIPMENT SPECIFICATIONS table listing tanks (T1 through T5) and their technical details.

EQUIPMENT SPECIFICATIONS table listing reactors (R1, R2) and their technical details.

EQUIPMENT SPECIFICATIONS table listing storage tanks (ST1, ST2) and their technical details.

EQUIPMENT SPECIFICATIONS table listing miscellaneous equipment and their technical details.

Table with columns for 'ITEM NO.', 'DESCRIPTION', 'QUANTITY', 'UNIT', 'PRICE', 'TOTAL'. Lists various materials and components.

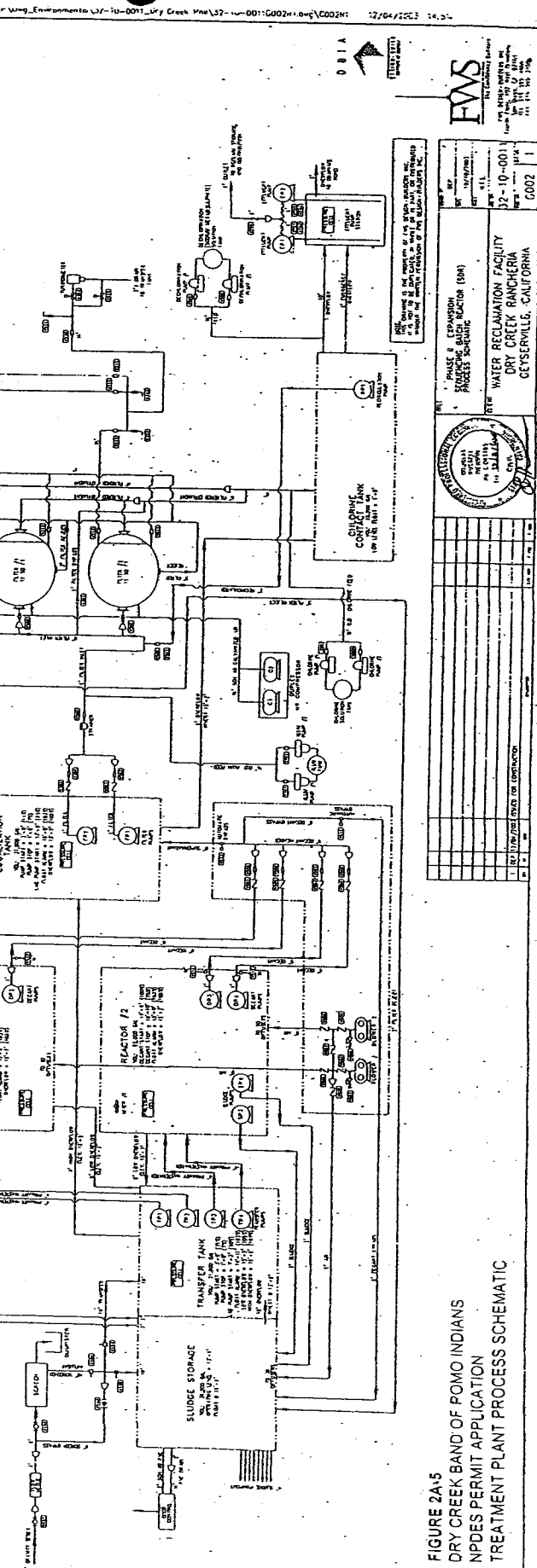


FIGURE 2A-5 DRY CREEK BAND OF POMO INDIANS NPDES PERMIT APPLICATION TREATMENT PLANT PROCESS SCHEMATIC

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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	__ / __ / __	12 / 15 / 2004
- Begin discharge	09 / 07 / 2005	__ / __ / __
- Attain operational level	09 / 07 / 2005	__ / __ / __

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? Yes No

Describe briefly: Biological Evaluation per USEPA requirement

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: P1-1 / A1-1

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)	4.2	mg/L	1.06	mg/L	5	SM4500NH3C	0.2
CHLORINE (TOTAL RESIDUAL TRC)	0.2	mg/L	0.1	mg/L	5	EPA 330.3	0.02
DISSOLVED OXYGEN	5.14	mg/L	4.83	mg/L	5	EPA 360.1	0
TOTAL KJELDAHL NITROGEN (TKN)	4.7	mg/L	2.1	mg/L	6	EPA 351.3	1.0
NITRATE PLUS NITRITE NITROGEN	24	mg/L	21.6	mg/L	5	EPA 300.3	0.4
OIL and GREASE	6.1	mg/L	1.0	mg/L	6	EPA 1664	5.0
PHOSPHORUS (Total)	19	mg/L	14.9	mg/L	11	EPA 365.2	5.0
TOTAL DISSOLVED SOLIDS (TDS)	1300	mg/L	1117	mg/L	6	EPA 160.1	10
OTHER							

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:

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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 Tom Keegan, Director of Environmental Protection

Signature 

Telephone number (707) 473-2178

Date signed 6/29/05

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:

Suesan Saucerman (WTR-5)
CWA Standards and Permits Office
USEPA Region 9
75 Hawthorne Street
San Francisco, CA 94105

USEPA Form 2S

Sewage Sludge Use or Disposal Information Application

Part 1, and Part 2 (Sections A and B)

FACILITY NAME AND PERMIT NUMBER:

Dry Creek Rancheria WWTP

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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).

FACILITY NAME AND PERMIT NUMBER:

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OMB Number 2040-0086

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 Dry Creek Rancheria - Wastewater Reclamation Facility
- b. Mailing Address P.O. Box 607
Geyserville, CA 95441
- c. Contact person Tom Keegan
Title Director of Environmental Protection
Telephone number (707) 473-2178
- d. Facility Address (not P.O. Box) 3250 Highway 128 East
Dry Creek Rancheria, CA 95441
- 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) Tribally owned treatment facility

2. Applicant Information.

- a. Applicant name Same as above
- 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:

Dry Creek Rancheria WWTP

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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 5.4 dry metric tons
- b. Amount received from off site 0 dry metric tons
- c. Amount treated or blended on site 0 dry metric tons
- d. Amount sold or given away in a bag or other container for application to the land 0 dry metric tons
- e. Amount of bulk sewage sludge shipped off site for treatment or blending 5.4 dry metric tons
- f. Amount applied to the land in bulk form 0 dry metric tons
- g. Amount placed on a surface disposal site 0 dry metric tons
- h. Amount fired in a sewage sludge incinerator 0 dry metric tons
- i. Amount sent to a municipal solid waste landfill 0 dry metric tons
- j. Amount used or disposed by another practice 0 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	ND	EPA 7060	1.0
CADMIUM	ND	EPA 6010	1.0
CHROMIUM	ND	EPA 6010	5.0
COPPER	ND	EPA 6010	10
LEAD	ND	EPA 6010	5.0
MERCURY	ND	EPA 7471	0.20
MOLYBDENUM	ND	EPA 6010	10
NICKEL	ND	EPA 6010	10
SELENIUM	ND	EPA 7740	1.0
ZINC	20.2	EPA 6010	10

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:

None

FACILITY NAME AND PERMIT NUMBER:

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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:

N/A

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 East Bay Municipal Utility District
- b. Mailing address P.O. Box 24055
Oakland, CA 94623
- c. Contact person Mr. Ben Horenstein
Title Manager of Environmental Services
Telephone number (510) 287-1651

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):

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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 N/A
- 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 Tom Keegan, Director of Environmental Protection
 Signature *Tom Keegan*
 Telephone number (707) 473-2178
 Date signed 6/29/05

SEND COMPLETED FORMS TO:

FACILITY NAME AND PERMIT NUMBER:

Dry Creek Rancheria WWTP

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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.

FACILITY NAME AND PERMIT NUMBER:

Dry Creek Rancheria WWTP

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A. GENERAL INFORMATION

All applicants must complete this section.

A.1. Facility Information.

- a. Facility name Dry Creek Rancheria - Wastewater Reclamation Facility
- b. Mailing Address P.O. Box 607
Geyserville, CA 95441
- c. Contact person Tom Keegan
Title Director of Environmental Protection
Telephone number (707) 473-2178
- d. Facility Address (not P.O. Box) 3250 Highway 128 East
Dry Creek Rancheria, CA 95441
- e. Is this facility a Class I sludge management facility? Yes No
- f. Facility design flow rate: 0.15 mgd
- g. Total population served: Ave. Daily 4,470
- h. 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) Tribally owned treatment facility

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

- a. Applicant name Same as above
- 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

FACILITY NAME AND PERMIT NUMBER:

Dry Creek Rancheria WWTP

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A.3. Permit Information.

- a. Facility's NPDES permit number (if applicable): N/A
- 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
<u>N/A</u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>

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: Generation of Sludge from the Dry Creek Rancheria WWTP occurs in
Indian Country

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.

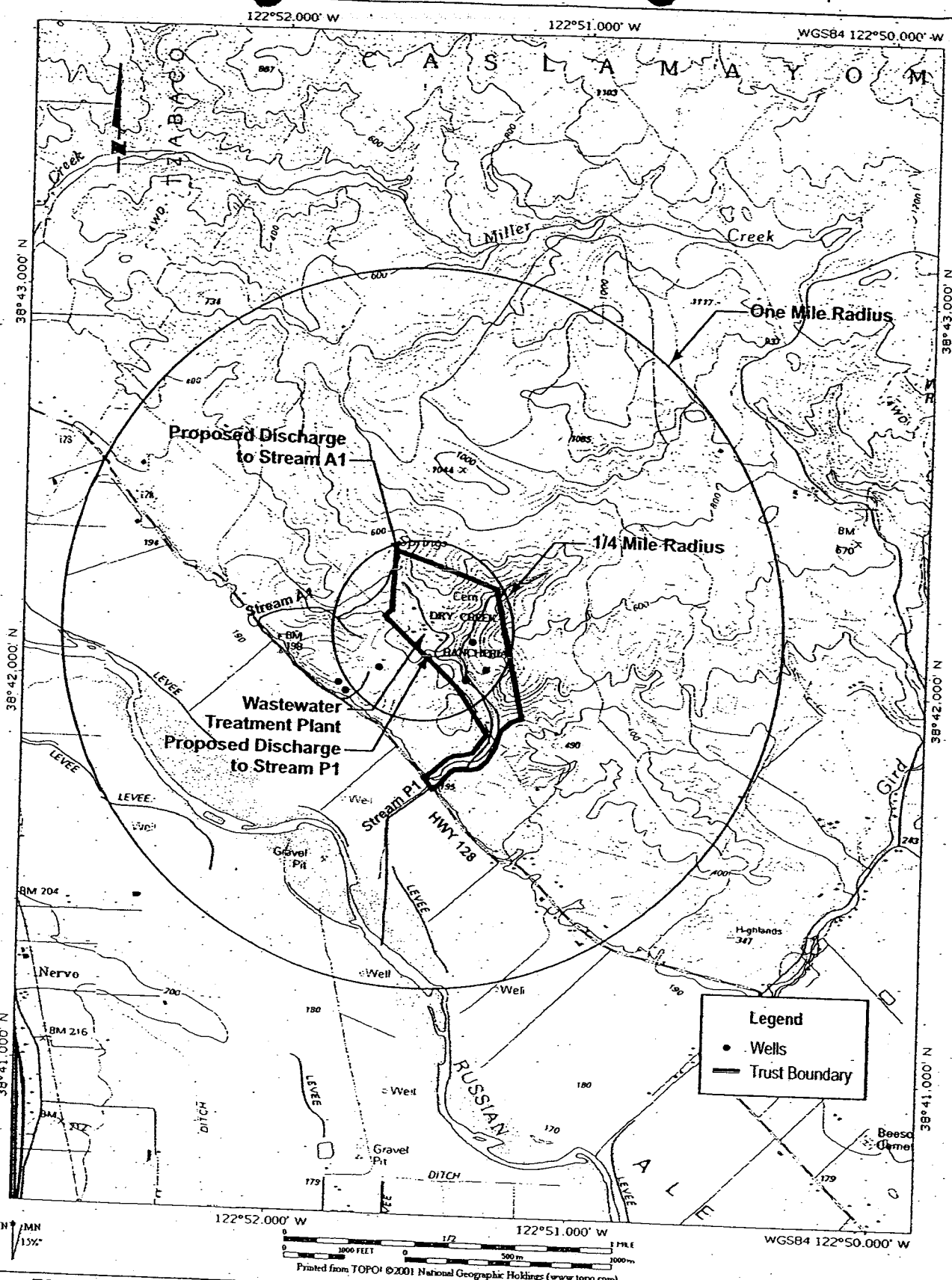
A.7. Contractor Information.

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	<u>Morrow & Sons Super Pumper</u>	<u>Portosan Company, LLC</u>
b. Mailing Address	<u>P.O. Box 7841</u>	<u>1521 Copperhill Parkway</u>
	<u>Santa Rosa, CA 95407</u>	<u>Santa Rosa, CA 95403</u>
c. Telephone Number	<u>(707) 585-9509</u>	<u>(707) 566-2000</u>
d. Responsibilities of contractor	<u>Transportation of sewage sludge from the Dry Creek Rancheria WWTP to the</u> <u>East Bay Municipal Utility District's Wastewater Treatment Facility in Oakland, CA</u>	

S:\Common\Projects\Dry_Creek\Engineering Report\2004\NPDES Permit Application\Figure_2S-1.pdf



Source: TOPO!



FIGURE 2S-1
DRY CREEK BAND OF POMO INDIANS
NPDES PERMIT APPLICATION
LOCATION/TOPOGRAPHIC MAP

AVA 00584

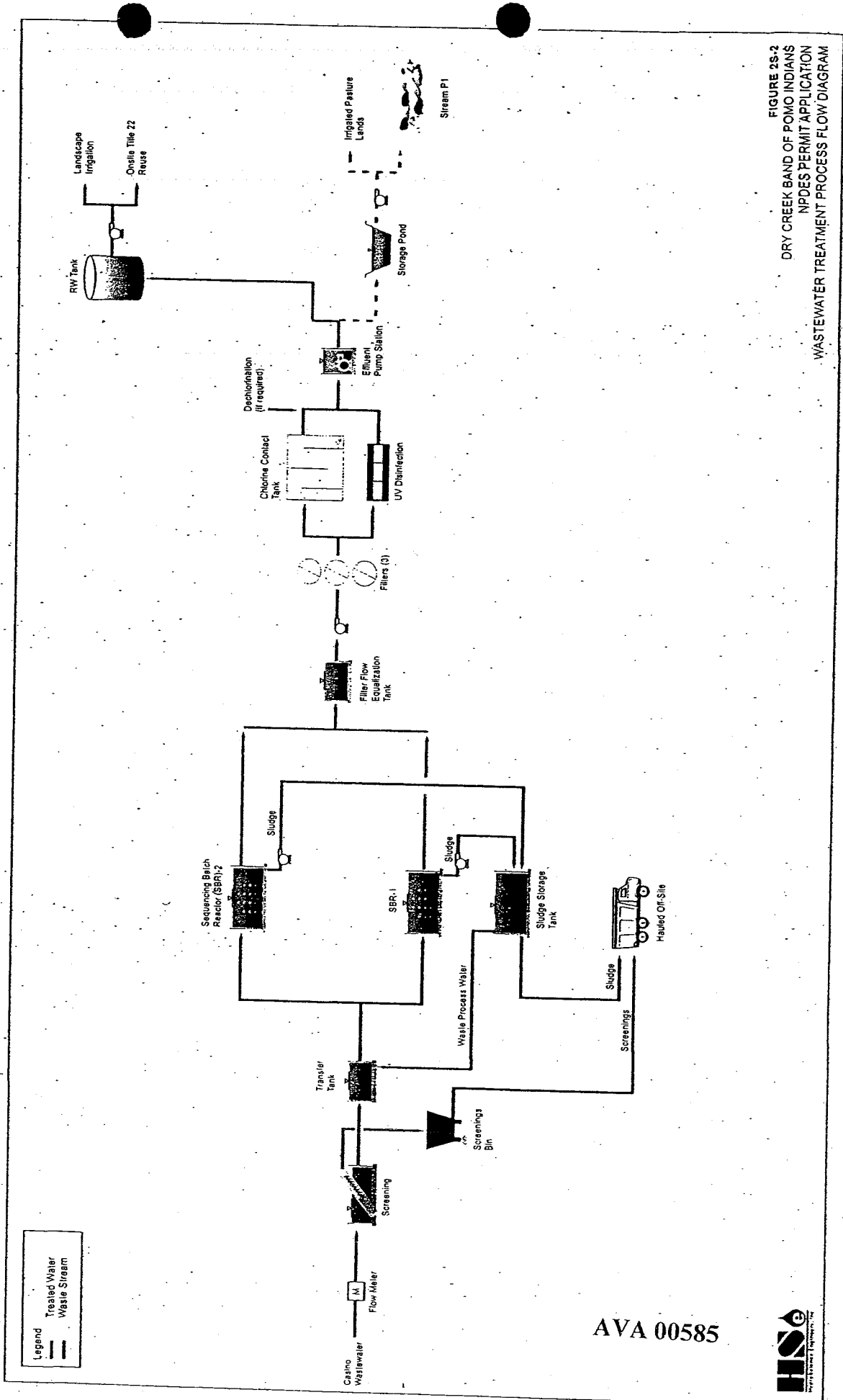


FIGURE 2S-2
 DRY CREEK BAND OF POMO INDIANS
 NPDES PERMIT APPLICATION
 WASTEWATER TREATMENT PROCESS FLOW DIAGRAM

AVA 00585



5. Environmental Technology, Inc. 2004. NPDES Permit Application, Figure 2S-2.pdf

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	ND	EPA 7060	1.0
CADMIUM	ND	EPA 6010	1.0
CHROMIUM	ND	EPA 6010	5.0
COPPER	ND	EPA 6010	10
LEAD	ND	EPA 6010	5.0
MERCURY	ND	EPA 7471	0.20
MOLYBDENUM	ND	EPA 6010	10
NICKEL	ND	EPA 6010	10
SELENIUM	ND	EPA 7740	1.0
ZINC	20.2	EPA 6010	10

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:

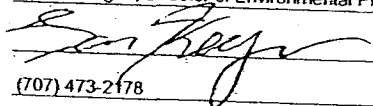
Part 1 Limited Background Information packet

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: Tom Keegan, Director of Environmental Protection

Signature: 

Date signed: 6/29/05

Telephone number: (707) 473-2178

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:

FACILITY NAME AND PERMIT NUMBER:

Dry Creek Rancheria WWTP

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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: 5.4 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:

None

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

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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:
None

e. Describe, on this form or another sheet of paper, any other sewage sludge treatment or blending activities not identified in (a) - (d) above:
None

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 East Bay Municipal Utility District

b. Mailing address P.O. Box 24055

Oakland, CA 94623

c. Contact person Mr. Ben Horenstein

Title Manager of Environmental Services

Telephone number (510) 287-1651

d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: 5.4

FACILITY NAME AND PERMIT NUMBER:

Dry Creek Rancheria WWTP

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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:
Advanced Secondary Treatment

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

FACILITY NAME AND PERMIT NUMBER:

Dry Creek Rancheria WWTP

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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: _____ 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: _____

d. Contact person: _____

Title: _____

Telephone number: _____

Contact is: _____ Incinerator owner _____ Incinerator operator

FACILITY NAME AND PERMIT NUMBER:

Dry Creek Rancheria WWTP

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B.9. Incineration. (con't)

e. Mailing address: _____

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