FACILITY NAME: Stony Creek WWTF VPDES PERMIT NUMBER: VA 0062669

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Will this facility generate sewage sludge? ✓ Yes __No

   Will this facility derive a material from sewage sludge? __Yes ✓ No

   If you answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material Derived From Sewage Sludge).

3. Will this facility apply sewage sludge to the land? __Yes ✓ No

   Will sewage sludge from this facility be applied to the land? __Yes ✓ No

   If you answered No to both questions above, skip Section C.

   If you answered Yes to either, answer the following three questions:

   a. Will the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?
      __Yes __No

   b. Will sewage sludge from this facility be placed in a bag or other container for sale or give-away for application to the land? __Yes __No

   c. Will sewage sludge from this facility be sent to another facility for treatment or blending? __Yes __No

   If you answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

   If you answered Yes to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? __Yes __No

   If Yes, complete Section D (Surface Disposal).

FACILITY NAME: Stony Creek WWTF VPDES PERMIT NUMBER: VA0062669

SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. Facility Information.
   a. Facility name: Stony Creek WWTF
   b. Contact person: Robert Gunnell
      Title: Executive Director
      Phone: (804) 834-8930
   c. Mailing address:
      Street or P.O. Box: 4385 Beef Steak Rd.
      City or Town: Waverly State: VA Zip: 23890
   d. Facility location:
      Street or Route #: 12521 Setzer Road
      County: Sussex
      City or Town: Stony Creek State: VA Zip: 23882
   e. Is this facility a Class I sludge management facility? ___Yes ✓No
   f. Facility design flow rate: 0.04 mgd
   g. Total population served: 187
   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
      ___ Other (describe): _____

2. Applicant Information. If the applicant is different from the above, provide the following:
   a. Applicant name: _____
   b. Mailing address:
      Street or P.O. Box: _____
      City or Town: _____ State: _____ Zip: _____
   c. Contact person: _____
      Title: _____
      Phone: ( ) _____
   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? (Check one)
      _____ facility _____ applicant

3. Permit Information.
   a. Facility's VPDES permit number (if applicable): VA 0062669
   b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:

Permit Number:	Type of Permit:

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:
   _____

FACILITY NAME: Stony Creek WWTF VPDES PERMIT NUMBER: VA0062669

5. Topographic Map. Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps 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 generated, 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 property boundaries.

   See attachments 1

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.

   N/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).
   Name: _____
   Mailing address:
   Street or P.O. Box: _____
   City or Town: _____ State: _____ Zip: _____
   Phone: ( ) _____
   Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:
   _____
   If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).

8. Pollutant Concentrations. Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. 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.

   N/A

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

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 the application you have completed and are submitting:

   ✓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)

FACILITY NAME: Stony Creek WWTF **VPDES PERMIT NUMBER:** VA0062669

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 Gunnell / Executive Director

Signature Date Signed 9/13/10

Telephone number (804) 834-8930

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

FACILITY NAME: Stony Creek WWTF VPDES PERMIT NUMBER: VA0062669

SECTION 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

1. Amount Generated On Site.
   Total dry metric tons per 365-day period generated at your facility:_____ dry metric tons
   Unknown

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:_____
   b. Contact Person:_____
      Title: _____
      Phone ( )_____
   c. Mailing address:
      Street or P.O. Box:_____
      City or Town:_____ State:_____ Zip:_____
   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:
      _____
      _____

3. Treatment Provided at Your Facility.
   a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?
      ___Class A ___Class B ✓ Neither or unknown
   b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge:_____
      _____
   c. Which vector attraction reduction option is met for the sewage sludge at your facility?
      ___ Option 1 (Minimum 38 percent reduction in volatile solids)
      ___ Option 2 (Anaerobic process, with bench-scale demonstration)
      ___ Option 3 (Aerobic process, with bench-scale demonstration)
      ___ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
      ___ Option 5 (Aerobic processes plus raised temperature)
      ___ Option 6 (Raise pH to 12 and retain at 11.5)
      ___ Option 7 (75 percent solids with no unstabilized solids)
      ___ Option 8 (90 percent solids with unstabilized solids)
      ___ None or unknown
   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:_____
      _____
   e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above:_____
      _____

4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge).
   (If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)
   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?

FACILITY NAME: Stony Creek WWTF **VPDES PERMIT NUMBER:** VA0062669

__Yes ✓No

5. Sale or Give-Away in a Bag or Other Container for Application to the Land.
(Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this question if sewage sludge is covered in Question 4.)
   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.

6. Shipment Off Site for Treatment or Blending.
(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)
   a. Receiving facility name: Block Swamp WWTP
   b. Facility contact: Michael D. Smith
      Title: Operations Supervisor
      Phone: (804) 691-4599
   c. Mailing address:
      Street or P.O. Box: 4385 Beef Steak Rd.
      City or Town: Waverly State: VA Zip: 23890
   d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: _____ dry metric tons unknown
   e. List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:

Permit Number:	Type of Permit:
VA0088978	VPDES

   f. 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: Aerobic digestion
   g. 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 unknown
      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:_____
   h. Does the receiving facility provide any additional treatment or blending not identified in f or g above?
      __Yes ✓No
      If yes, describe, on this form or another sheet of paper, the treatment processes not identified in f or g above:
   i. If you answered yes to f., g or h above, attach a copy of any information you provide to the receiving facility

to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G.

j 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.

k. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? ✓ Yes ___ No. If no, provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.
Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported. To be determined at the time of disposal.

7. Land Application of Bulk Sewage Sludge.
(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6; complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)

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

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 (LAP) with this application (LAP should be prepared in accordance with the instructions).

c. Are any land application sites located in States other than Virginia? __Yes __No
If yes, describe, on this form or on 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.

d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).

8. Surface Disposal.
(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)

a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: _____ 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 questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.

c. Site name or number: _____

d. Contact person: _____
Title: _____
Phone: ( )_____
Contact is: __Site Owner __Site operator

e. Mailing address.
Street or P.O. Box:_____
City or Town:_____ State:_____ Zip:_____

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

g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:

Permit Number:	Type of Permit:
_____	_____
_____	_____

9. Incineration.
(Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)

a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: _____ 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, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.

c. Incinerator name or number: _____

d. Contact person: _____
Title: _____
Phone: ( ) _____
Contact is: ___Incinerator Owner ___Incinerator Operator

e. Mailing address.
Street or P.O. Box: _____
City or Town: _____ State: _____ Zip: _____

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

g. List on this form or an attachment the numbers of all other federal, state or local permits that regulate the firing of sewage sludge at this incinerator:

Permit Number:	Type of Permit:
_____	_____
_____	_____

10. Disposal in a Municipal Solid Waste Landfill.

(Complete Question 10 if sewage sludge from your facility is placed on 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. Landfill name: _____

b. Contact person: _____
Title: _____
Phone: ( ) _____
Contact is: ___Landfill Owner ___Landfill Operator

c. Mailing address.
Street or P.O. Box: _____
City or Town: _____ State: _____ Zip: _____

d. Landfill location.
Street or Route #: _____
County: _____
City or Town: _____ State: _____ Zip: _____

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

f. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill:

Permit Number:	Type of Permit:
_____	_____
_____	_____

g. Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill?
___Yes ___No

h. Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq.? ___Yes ___No

i. Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered? ___ Yes ___ No
Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported. _____
_____