ENTERED

FACILITY NAME AND PERMIT NUMBER:
Pepper's Ferry Regional Wastewater Treatment Authority - VA0062685

ENTERED 1-21-14

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

FORM **2A** NPDES

NPDES FORM 2A APPLICATION OVERVIEW

APPLICATION OVERVIEW

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

BASIC APPLICATION INFORMATION:

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

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

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

SUPPLEMENTAL APPLICATION INFORMATION:

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

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

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

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

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

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

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

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

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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 name: Pepper's Ferry Regional Wastewater Treatment Authority

Mailing Address: P.O. Box 2950, Radford, VA 24143

Contact person: R. Clarke Wallcraft

Title: Executive Director

Telephone number: (540) 639-3947

Facility Address (not P.O. Box): 7797 Mason Street, Radford, VA 24141

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

Applicant name: N/A

Mailing Address: N/A

Contact person: N/A

Title: N/A

Telephone number: N/A

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

X owner X operator

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

X 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	VA0062685	PSD	N/A
UIC	N/A	Other	Stormwater: VAR051282
RCRA	N/A	Other	N/A

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
City of Radford	16,414	Sanitary	Municipal
Town of Pulaski	9,017	Sanitary	Municipal
Town of Dublin	2,519	Sanitary	Municipal
Total population served	64,035 * Continued on next page.		

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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 name: Pepper's Ferry Regional Wastewater Treatment Authority

Mailing Address: P.O. Box 2950, Radford, VA 24143

Contact person: R. Clarke Wallcraft

Title: Executive Director

Telephone number: (540) 639-3947

Facility Address (not P.O. Box): 7797 Mason Street, Radford, VA 24141

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

Applicant name: N/A

Mailing Address: N/A

Contact person: N/A

Title: N/A

Telephone number: N/A

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

X owner X operator

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

X 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	VA0062685	PSD	N/A
UIC	N/A	Other	N/A
RCRA	N/A	Other	N/A

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
Pulaski County	34,607	Sanitary	Municipal
Montgomery County	1,478	Sanitary	Municipal
Total population served	64,035		

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

____ Yes X 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 X 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 9 mgd

	Two Years Ago	Last Year	This Year	
b. Annual average daily flow rate	4.3	4.2	4.6	mgd
c. Maximum daily flow rate	11.3	9.2	12.8	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.

X 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.? X 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 N/A

iii. Combined sewer overflow points N/A

iv. Constructed emergency overflows (prior to the headworks) N/A

v. Other ____ N/A

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 X 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 X 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?

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

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

N/A

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

Transporter name: N/A

Mailing Address: N/A

Contact person: N/A

Title: N/A

Telephone number: N/A

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

Name: N/A

Mailing Address: N/A

Contact person: N/A

Title: N/A

Telephone number: N/A

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: N/A

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

b. Location: New River - 7,000 feet downstream from the regional facility
(City or town, if applicable) (Zip Code)
Pulaski County
(County) (State)
37' 10' 59" (Latitude) 80' 33' 43" (Longitude)

c. Distance from shore (if applicable): 5 ft.

d. Depth below surface (if applicable): 3.5 ft.

e. Average daily flow rate: 4.6 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: N/A

Average duration of each discharge: N/A

Average flow per discharge: N/A mgd

Months in which discharge occurs: N/A

g. Is outfall equipped with a diffuser? ____ Yes X No

A.10. Description of Receiving Waters.

a. Name of receiving water: New River

b. Name of watershed (if known): New River Basin

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 675 cfs chronic 845 cfs

e. Total hardness of receiving stream at critical low flow (if applicable): 49 * mg/l of $CaCO_3$

* Please refer to attached data package.

Source is the Route 114 New River Raw Water intake of Christiansburg / Blacksburg / VPI Water Authority.

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Monthly Raw Hardness for 2012		Monthly Raw Hardness for 2013	January 1-3 2014
January	47	51	45
February	50	45	
March	54	52	
April	54	47	
May	50	42	
June	52	42	
July	53	39	
August	55	42	
September	51	46	
October	50	47	
November	52	50	
December	52	47	

* Unit of Measurement is ppm*

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A.11. Description of Treatment.

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

X Primary X Secondary

____ Advanced ____ Other. Describe: ____

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

Design BOD_5 removal or Design $CBOD_5$ removal	87	%
Design SS removal	87	%
Design P removal	N/A	%
Design N removal	N/A	%
Other N/A	N/A	%

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

UV

If disinfection is by chlorination, is dechlorination used for this outfall? ____ Yes X No

d. Does the treatment plant have post aeration? ____ Yes X No

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

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.5	s.u.			
pH (Maximum)	7.8	s.u.			
Flow Rate	12.8	MGD	4.6	MGD	396
Temperature (Winter)	23	degrees C	15	degress C	396
Temperature (Summer)	26	degrees C	23	degrees C	396

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

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN	BOD-5	26	mg/L	<MDL	mg/L	396	5210-B	5 mg/L
DEMAND (Report one)	CBOD-5	NA	NA	NA	NA	0	NA	NA
~~FECAL COLIFORM~~ E coli		727	mg/L	21	mg/L	396	Colilert	0 mg/L
TOTAL SUSPENDED SOLIDS (TSS)		80	mg/L	11	mg/L	396	2450-D	1 mg/L

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

BASIC APPLICATION INFORMATION

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

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

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

30,000 gpd

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

PFRWTA does not own the collection system. Each member jurisdiction maintains its own collection system.

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

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

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

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

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

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

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

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

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

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ___Yes X 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: _____

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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 N/A

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

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

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

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

Describe briefly: _____

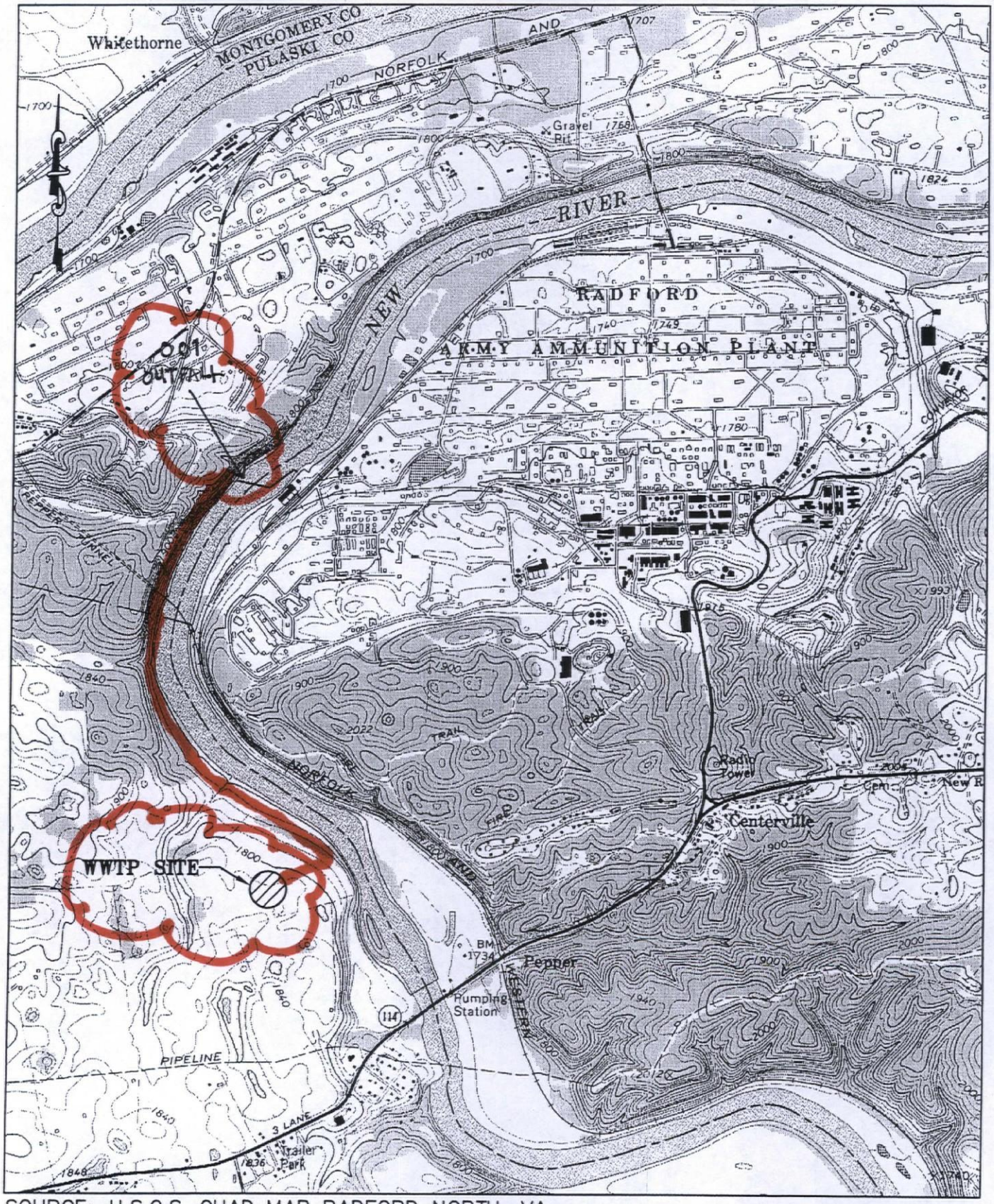
B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

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

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)	.09	mg/L	.06	mg/L	3	EPA350.1	.04 mg/L
CHLORINE (TOTAL RESIDUAL, TRC)	NA	NA	NA	NA	0	NA	NA
DISSOLVED OXYGEN	10.9	mg/L	8.9	mg/L	396	4500-O G	NA
TOTAL KJELDAHL NITROGEN (TKN)	1.11	mg/L	.77	mg/L	3	4500-NORGC	0.10 mg/L
NITRATE PLUS NITRITE NITROGEN	17	mg/L	15.9	mg/L	3	E300.0	0.5 mg/L
OIL and GREASE	2.3	mg/L	<MDL	mg/L	12	EPA1664A	2 m/L
PHOSPHORUS (Total)	2.26	mg/L	2.12	mg/L	3	4500-P BE	0.10 mg/L<
TOTAL DISSOLVED SOLIDS (TDS)	712	mg/L	634	mg/L	3	2540-C	5 mg/L
OTHER							

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



SOURCE: U.S.G.S. QUAD MAP RADFORD NORTH, VA

0 1000 2000

1 inch = 2,000 ft.

PFRWTA
WWTP SITE LOCATION

Scale: 1"=2,000'

Figure 1-2

\\11050.27\PEROCT2001\

OLVER INCORPORATED

Pepper
Pumping Station
Radio Tower
Centervi
PIPELINE
3 LANE
Trailer Park
Rockford Ch
Cem
Cem Gate
Riverlawn Sch
Fairlawn
Pumping Station
NEW RIVER
Water Tank
Cem
Sewage Disposal
Radio Towers (WRAD)
Gaging Sta
Stonebans Hospital
3 TRKS
New River Sch
East Radford
RADFORD UNIVERSITY
Central Cem
Willowood Park
High Sch
Armory
Belle Heth Sch
Municipal Bldgs
RADFORD
Hospital
City Park
Connelly Run
35'
MI. TO INTERSTATE 81
538
(RADFORD SOUTH)
4858 II SE
540
32'30"
541
SCALE 1:24 000

OVERALL SITE PLAN
1" = 80'

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NO.	ISSUED FOR	DATE	BY
3	RECORD DRAWING	11/9/2012	RLT
2	PERMIT APPROVAL REV1	2/16/2011	RLT
1	BID	2/11/2011	RLT
0	PERMIT APPROVAL	2/3/2011	RLT

DESIGNED JRD
DRAWN JRD
CHECKED
PROJ.ENGR. JRC
APPROVED

THIS DOCUMENT ORIGINALLY ISSUED FOR CONSTRUCTION AND SEALED BY RONALD L. TAYLOR, SEAL NUMBER 24649.

THIS DOCUMENT ORIGINALLY ISSUED FOR CONSTRUCTION AND SEALED BY JANICE R. CARROLL, SEAL NUMBER 34408.

RECORD DRAWING

THIS DRAWING HAS BEEN MODIFIED TO REFLECT FIELD CHANGES REPORTED BY THE CONTRACTOR OR ANOTHER PARTY, BUT NOT VERIFIED BY THE CERTIFYING ENGINEER

COMMONWEALTH OF VIRGINIA
RONALD L. TAYLOR
024649
11/9/12
PROFESSIONAL ENGINEER

HAZEN AND SAWYER
Environmental Engineers & Scientists
4035 Ridge Top Road, Suite 400
Fairfax, Virginia 22030
Certificate of Authorization Number: 2771

PEPPER'S FERRY REGIONAL WASTEWATER TREATMENT AUTHORITY
RADFORD, VA

ULTRAVIOLET DISINFECTION FACILITY

SITE WORK
CIVIL
OVERALL SITE PLAN

PEPPER'S FERRY REGIONAL WASTEWATER TREATMENT FACILITY PROCESS FLOW NARRATIVE

The drawing depicts the major facilities of the plant site. Pink coded units are influent structures (Flow meter Pit-1, and Splitter Box: SB-1) and primary treatment units (Primary Clarifiers T-1A, B, & C). Blue coding depicts the biological treatment (Aeration Basins T-2A, B, & C), Secondary Clarification (Secondary Clarifiers T-3A, B, & C) along with UV disinfection and NPW pumping. Green coding depicts the solids handling and dewatering facilities where solids are stabilized by anaerobic digesters (T-14 A, & B), and stored as liquid biosolids (T-15, volume: 750,000 gallons) or as dewatered biosolids within the dry sludge storage building (capacity: 160 dry tons). Methane gas is stored in the secondary anaerobic digester/ gas holder (24,000 cu ft) (T-14C).

The daily average flow is 4.6 MGD, and this flow may be split evenly (1.53 MGD) to each of three primary clarifiers (volume: 565,000 gallons each). Thickened primary sludge (5.8% solids) is pumped directly to the primary digesters (Volume: 750,000 each) at a rate of 8,000 gpd. The primary clarifier effluent flows evenly (1.53 MGD) into three aeration basins (volume: 875,000 gallons each), and after a minimum of 6 hours, the mixed liquor flows are evenly split (1.53 MGD) into three secondary clarifiers (volume: 780,000 gallons each). Activated sludge is returned evenly at a flow paced rate from each clarifier to each of the aeration basins, or wasted (approx. 45,000 gallons each day) to the anaerobic digesters after thickening. Secondary effluent flows are combined before entering the UV disinfection facility (capacity: 24 MGD) prior to effluent metering and sampling at the parshall flume which is included within the UV Facility.

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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:

X Basic Application Information packet

Supplemental Application Information packet:

X Part D (Expanded Effluent Testing Data)

X Part E (Toxicity Testing: Biomonitoring Data)

X 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: R. Clarke Wallcraft, Executive Director

Signature: R. Clarke Wallcraft

Telephone number: (540) 639-3947

Date signed: Jan. 13, 2014

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:

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SUPPLEMENTAL APPLICATION INFORMATION

PART D. EXPANDED EFFLUENT TESTING DATA

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

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

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

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.											
ANTIMONY	<MDL	ug/L			<MDL	ug/L			3	E200.7	8 ug/L
ARSENIC	<MDL	ug/L			<MDL	ug/L			3	E200.7	7 ug/L
BERYLLIUM	<MDL	ug/L			<MDL	ug/L			3	E200.7	0.2 ug/L
CADMIUM	0.2	ug/L			<MDL	ug/L			3	E200.7	0.2 ug/L
CHROMIUM	26.7	ug/L			14.1	ug/L			3	E200.7	1 ug/L
COPPER	5.3	ug/L			5.2	ug/L			3	E200.7	2 ug/L
LEAD	<MDL	ug/L			<MDL	ug/L			3	E200.7	3 ug/L
MERCURY	<MDL	ug/L			<MDL	ug/L			3	E200.7	0.1 ug/L
NICKEL	6.7	ug/L			5.6	ug/L			3	E200.7	2 ug/L
SELENIUM	<MDL	ug/L			<MDL	ug/L			3	E200.7	8 ug/L
SILVER	<MDL	ug/L			<MDL	ug/L			3	E200.7	1 ug/L
THALLIUM	<MDL	ug/L			<MDL	ug/L			3	E200.7	7 ug/L
ZINC	40.6	ug/L			35	ug/L			3	E200.7	3 ug/L
CYANIDE	<MDL	ug/L			<MDL	ug/L			12	E335.4	5 ug/L
TOTAL PHENOLIC COMPOUNDS	18	ug/L			6	ug/L			12	E420.1	5 ug/L
HARDNESS (AS $CaCO_3$)	258	mg/L			246	mg/L			3	SM2340B	1 mg/L
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											

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

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
VOLATILE ORGANIC COMPOUNDS.											
ACROLEIN	<MDL	ug/L			<MDL	ug/L			3	E624	0.5 ug/L
ACRYLONITRILE	<MDL	ug/L			<MDL	ug/L			3	E624	0.5 ug/L
BENZENE	<MDL	ug/L			<MDL	ug/L			3	E624	0.5 ug/L
BROMOFORM	<MDL	ug/L			<MDL	ug/L			3	E624	0.5 ug/L
CARBON TETRACHLORIDE	<MDL	ug/L			<MDL	ug/L			3	E624	0.5 ug/L
CLOROBENZENE	<MDL	ug/L			<MDL	ug/L			3	E624	0.5 ug/L
CHLORODIBROMO-METHANE	<MDL	ug/L			<MDL	ug/L			3	E624	0.5 ug/L
CHLOROETHANE	<MDL	ug/L			<MDL	ug/L			3	E624	0.5 ug/L
2-CHLORO-ETHYLVINYL ETHER	<MDL	ug/L			<MDL	ug/L			3	E624	0.5 ug/L
CHLOROFORM	<MDL	ug/L			<MDL	ug/L			3	E624	0.5 ug/L
DICHLOROBROMO-METHANE	<MDL	ug/L			<MDL	ug/L			3	E624	0.5 ug/L
1,1-DICHLOROETHANE	<MDL	ug/L			<MDL	ug/L			3	E624	0.5 ug/L
1,2-DICHLOROETHANE	<MDL	ug/L			<MDL	ug/L			3	E624	0.5 ug/L
TRANS-1,2-DICHLORO-ETHYLENE	<MDL	ug/L			<MDL	ug/L			3	E624	0.5 ug/L
1,1-DICHLOROETHYLENE	<MDL	ug/L			<MDL	ug/L			3	E624	0.5 ug/L
1,2-DICHLOROPROPANE	<MDL	ug/L			<MDL	ug/L			3	E624	0.5 ug/L
1,3-DICHLORO-PROPYLENE	<MDL	ug/L			<MDL	ug/L			3	E624	0.5 ug/L
ETHYLBENZENE	<MDL	ug/L			<MDL	ug/L			3	E624	0.5 ug/L
METHYL BROMIDE	<MDL	ug/L			<MDL	ug/L			3	E624	0.5 ug/L
METHYL CHLORIDE	<MDL	ug/L			<MDL	ug/L			3	E624	0.5 ug/L
METHYLENE CHLORIDE	<MDL	ug/L			<MDL	ug/L			3	E624	0.5 ug/L
1,1,2,2-TETRACHLORO-ETHANE	<MDL	ug/L			<MDL	ug/L			3	E624	0.5 ug/L
TETRACHLORO-ETHYLENE	<MDL	ug/L			<MDL	ug/L			3	E624	0.5 ug/L
TOLUENE	<MDL	ug/L			<MDL	ug/L			3	E624	0.5 ug/L

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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	<MDL	ug/L			<MDL	ug/L			3	E624	0.5 ug/L
1,1,2-TRICHLOROETHANE	<MDL	ug/L			<MDL	ug/L			3	E624	0.5 ug/L
TRICHLORETHYLENE	<MDL	ug/L			<MDL	ug/L			3	E624	0.5 ug/L
VINYL CHLORIDE	<MDL	ug/L			<MDL	ug/L			3	E624	0.5 ug/L
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	<MDL	ug/L			<MDL	ug/L			3	E625	2.1 ug/L
2-CHLOROPHENOL	<MDL	ug/L			<MDL	ug/L			3	E625	2.1 ug/L
2,4-DICHLOROPHENOL	<MDL	ug/L			<MDL	ug/L			3	E625	2.1 ug/L
2,4-DIMETHYLPHENOL	<MDL	ug/L			<MDL	ug/L			3	E625	2.1 ug/L
4,6-DINITRO-O-CRESOL	<MDL	ug/L			<MDL	ug/L			3	E625	2.1 ug/L
2,4-DINITROPHENOL	<MDL	ug/L			<MDL	ug/L			3	E625	2.1 ug/L
2-NITROPHENOL	<MDL	ug/L			<MDL	ug/L			3	E625	2.1 ug/L
4-NITROPHENOL	<MDL	ug/L			<MDL	ug/L			3	E625	2.1 ug/L
PENTACHLOROPHENOL	<MDL	ug/L			<MDL	ug/L			3	E625	2.1 ug/L
PHENOL	<MDL	ug/L			<MDL	ug/L			3	E625	2.1 ug/L
2,4,6-TRICHLOROPHENOL	<MDL	ug/L			<MDL	ug/L			3	E625	2.1 ug/L
Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.											
BASE-NEUTRAL COMPOUNDS.											
ACENAPHTHENE	<MDL	ug/L			<MDL	ug/L			3	E625	2.1 ug/L
ACENAPHTHYLENE	<MDL	ug/L			<MDL	ug/L			3	E625	2.1 ug/L
ANTHRACENE	<MDL	ug/L			<MDL	ug/L			3	E625	2.1 ug/L
BENZIDINE	<MDL	ug/L			<MDL	ug/L			3	E625	5.3 ug/L
BENZO(A)ANTHRACENE	<MDL	ug/L			<MDL	ug/L			3	E625	2.1 ug/L
BENZO(A)PYRENE	<MDL	ug/L			<MDL	ug/L			3	E625	2.1 ug/L

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

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
3,4 BENZO-FLUORANTHENE	<MDL	ug/L			<MDL	ug/L			3	E625	2.2 ug/L
BENZO(GHI)PERYLENE	<MDL	ug/L			<MDL	ug/L			3	E625	2.2 ug/L
BENZO(K)FLUORANTHENE	<MDL	ug/L			,MDL	ug/L			3	E625	2.2 ug/L
BIS (2-CHLOROETHOXY) METHANE	<MDL	ug/L			<MDL	ug/L			3	E625	2.2 ug/L
BIS (2-CHLOROETHYL)-ETHER	<MDL	ug/L			<MDL	ug/L			3	E625	5.5 ug/L
BIS (2-CHLOROISO-PROPYL) ETHER	<MDL	ug/L			<MDL	ug/L			3	E625	2.2 ug/L
BIS (2-ETHYLHEXYL) PHTHALATE	<MDL	ug/L			<MDL	ug/L			3	E625	2.2 ug/L
4-BROMOPHENYL PHENYL ETHER	<MDL	ug/L			<MDL	ug/L			3	E625	2.2 ug/L
BUTYL BENZYL PHTHALATE	<MDL	ug/L			<MDL	ug/L			3	E625	5.5 ug/L
2-CHLORONAPHTHALENE	<MDL	ug/L			<MDL	ug/L			3	E625	2.2 ug/L
4-CHLORPHENYL PHENYL ETHER	<MDL	ug/L			<MDL	ug/L			3	E625	2.2 ug/L
CHRYSENE	<MDL	ug/L			<MDL	ug/L			3	E625	2.2 ug/L
DI-N-BUTYL PHTHALATE	<MDL	ug/L			<MDL	ug/L			3	E625	5.5 ug/L
DI-N-OCTYL PHTHALATE	<MDL	ug/L			<MDL	ug/L			3	E625	5.5 ug/L
DIBENZO(A,H) ANTHRACENE	<MDL	ug/L			<MDL	ug/L			3	E625	2.2 ug/L
1,2-DICHLOROBENZENE	<MDL	ug/L			<MDL	ug/L			3	E625	2.2 ug/L
1,3-DICHLOROBENZENE	<MDL	ug/L			<MDL	ug/L			3	E625	2.2 ug/L
1,4-DICHLOROBENZENE	<MDL	ug/L			<MDL	ug/L			3	E625	2.2 ug/L
3,3-DICHLOROBENZIDINE	<MDL	ug/L			<MDL	ug/L			3	E625	5.5 ug/L
DIETHYL PHTHALATE	<MDL	ug/L			<MDL	ug/L			3	E625	2.2 ug/L
DIMETHYL PHTHALATE	<MDL	ug/L			<MDL	ug/L			3	E625	2.2 ug/L
2,4-DINITROTOLUENE	<MDL	ug/L			<MDL	ug/L			3	E625	2.2 ug/L
2,6-DINITROTOLUENE	<MDL	ug/L			<MDL	ug/L			3	E625	2.2 ug/L
1,2-DIPHENYLHYDRAZINE	<MDL	ug/L			<MDL	ug/L			3	E625	2.2 ug/L

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

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
FLUORANTHENE	<MDL	ug/L			<MDL	ug/L			3	E625	2.2 ug/L
FLUORENE	<MDL	ug/l			<MDL	ug/L			3	E625	2.2 ug/L
HEXACHLOROBENZENE	<MDL	ug/L			<MDL	ug/L			3	E625	2.2 ug/L
HEXACHLOROBUTADIENE	<MDL	ug/L			<MDL	ug/L			3	E625	2.2 ug/L
HEXACHLOROCYCLO-PENTADIENE	<MDL	ug/L			<MDL	ug/L			3	E625	2.2 ug/L
HEXACHLOROETHANE	<MDL	ug/L			<MDL	ug/L			3	E625	2.2 ug/L
INDENO(1,2,3-CD)PYRENE	<MDL	ug/L			<MDL	ug/L			3	E625	2.2 ug/L
ISOPHORONE	<MDL	ug/L			<MDL	ug/L			3	E625	2.2 ug/L
NAPHTHALENE	<MDL	ug/L			<MDL	ug/L			3	E625	2.2 ug/L
NITROBENZENE	<MDL	ug/L			<MDL	ug/L			3	E625	2.2 ug/L
N-NITROSODI-N-PROPYLAMINE	<MDL	ug/L			<MDL	ug/L			3	E625	2.2 ug/L
N-NITROSODI- METHYLAMINE	<MDL	ug/L			<MDL	ug/L			3	E625	2.2 ug/L
N-NITROSODI-PHENYLAMINE	<MDL	ug/L			<MDL	ug/L			3	E625	2.2 ug/L
PHENANTHRENE	<MDL	ug/L			<MDL	ug/L			3	E625	2.2 ug/L
PYRENE	<MDL	ug/L			<MDL	ug/L			3	E625	2.2 ug/L
1,2,4-TRICHLOROBENZENE	<MDL	ug/L			,MDL	ug/L			3	E625	2.2 ug/L

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.

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

__X__chronic ____acute

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

Test number: 2013 Test number: 2013 Test number: _____

a. Test information.			
Test species & test method number	P. promelas / EPA 1000.0	C. dubia / EPA 1002.0	
Age at initiation of test	< 24 hours	16-24 hours	
Outfall number	001	001	
Dates sample collected	10/13-10/18/13	10/13-10/18/13	
Date test started	10/15/2013	10/15/2009	
Duration	7-Day static renewal	6-8 Day 3 brood survival/rep.	
b. Give toxicity test methods followed.			
Manual title	EPA 821-R-02-013	EPA 821-R-02-013	
Edition number and year of publication	October 2002	October 2002	
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	Isco Refrigerated Sampler	Isco Refrigerated Sampler	
Grab			
d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)			
Before disinfection			
After disinfection			
After dechlorination	Outfall 001	Outfall 001	

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	Test number: 2013	Test number: 2013	Test number:
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	Outfall 001 Parshall Flume	Outfall 001 Parshall Flume	
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity	X	X	
Acute toxicity			
g. Provide the type of test performed.			
Static			
Static-renewal	7-Day	3-8 Day survival/rep.	
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water	Dilute Mineral Water	Dilute Mineral Water	
Receiving water			
i. Type of dilution water. It salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water	Dilute Mineral Water	Dilute Mineral Water	
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
	2%, 5.2% 14%, 37.4%, 100%	2%, 5.2%,14%, 37.4%, 100%	
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH	X	X	
Salinity			
Temperature	X	X	
Ammonia			
Dissolved oxygen	X	X	
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

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Chronic:			
NOEC	100 %	100 %	%
IC_{25}	>100 %	>100 %	%
Control percent survival	100 %	100 %	%
Other (describe)			
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?	Yes	Yes	
Was reference toxicant test within acceptable bounds?	Yes	Yes	
What date was reference toxicant test run (MM/DD/YYYY)?	10-08-13	10-08-13	
Other (describe)			

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

___Yes X No If yes, describe: _____

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

Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)

_____

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

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PART E. TOXICITY TESTING DATA

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

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

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

E.1. Required Tests.

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

__X__ chronic ____ acute

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

	Test number: 2012	Test number: 2012	Test number:
a. Test information.			
Test species & test method number	P. promelas / EPA 1000.0	C. dubia / EPA 1002.0	
Age at initiation of test	< 24 hours	16-24 hours	
Outfall number	001	001	
Dates sample collected	09/23-09/27/2012	09/23-09/27/2012	
Date test started	09/25/2012	09/25/2012	
Duration	7-Day static renewal	6-8 Day 3 brood survival/rep.	
b. Give toxicity test methods followed.			
Manual title	EPA 821-R-02-013	EPA 821-R-02-013	
Edition number and year of publication	October 2002	October 2002	
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	Isco Refrigerated Sampler	Isco Refrigerated Sampler	
Grab			
d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)			
Before disinfection			
After disinfection	Outfall 001	Outfall 001	
After dechlorination			

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	Test number: 2012	Test number: 2012	Test number:
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	Outfall 001 Parshall Flume	Outfall 001 Parshall Flume	
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity	X	X	
Acute toxicity			
g. Provide the type of test performed.			
Static			
Static-renewal	7-Day	3-8 Day survival/rep.	
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water	Dilute Mineral Water	Dilute Mineral Water	
Receiving water			
i. Type of dilution water. It salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water	Dilute Mineral Water	Dilute Mineral Water	
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
	2%, 5.2% 14%, 37.4%, 100%	2%, 5.2%,14%, 37.4%, 100%	
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH	X	X	
Salinity			
Temperature	X	X	
Ammonia			
Dissolved oxygen	X	X	
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	>100 %	>100 %	%
IC_{25}	>100 %	>100 %	%
Control percent survival	>100 %	>100 %	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	Yes	Yes	
Was reference toxicant test within acceptable bounds?	Yes	Yes	
What date was reference toxicant test run (MM/DD/YYYY)?	09-12-12	09-12-12	
Other (describe)			

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

____Yes __X__No If yes, describe: _____

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

Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)

_____

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

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

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

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

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

E.1. Required Tests.

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

__X__ chronic ____ acute

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

Test number: 2011 Test number: 2011 Test number: _____

a. Test information.			
Test species & test method number	P. promelas / EPA 1000.0	C. dubia / EPA 1002.0	
Age at initiation of test	< 24 hours	16-24 hours	
Outfall number	001	001	
Dates sample collected	10/09-10/14/2011	10/09-10/14/2011	
Date test started	10/11/2011	10/11/2011	
Duration	7-Day static renewal	6-8 Day 3 brood survival/rep.	
b. Give toxicity test methods followed.			
Manual title	EPA 821-R-02-013	EPA 821-R-02-013	
Edition number and year of publication	October 2002	October 2002	
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	Isco Refrigerated Sampler	Isco Refrigerated Sampler	
Grab			
d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)			
Before disinfection			
After disinfection			
After dechlorination	Outfall 001	Outfall 001	

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Pepper's Ferry Regional wastewater Treatment Authority - VA0062685

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	Test number: 2011	Test number: 2011	Test number:
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	Outfall 001 Parshall Flume	Outfall 001 Parshall Flume	
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity	X	X	
Acute toxicity			
g. Provide the type of test performed.			
Static			
Static-renewal	7-Day	3-8 Day survival/rep.	
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water	Dilute Mineral Water	Dilute Mineral Water	
Receiving water			
i. Type of dilution water. It salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water	Dilute Mineral Water	Dilute Mineral Water	
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
	2%, 5.2% 14%, 37.4%, 100%	2%, 5.2%,14%, 37.4%, 100%	
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH	X	X	
Salinity			
Temperature	X	X	
Ammonia			
Dissolved oxygen	X	X	
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	>100 %	>100 %	%
IC_{25}	>100 %	>100 %	%
Control percent survival	80 %	90 %	%
Other (describe)			
m. Quality Control/Quality Assurance.			
Is reference toxicant data available?	Yes	Yes	
Was reference toxicant test within acceptable bounds?	Yes	Yes	
What date was reference toxicant test run (MM/DD/YYYY)?	09-14-11	09-14-11	
Other (describe)			

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

___Yes X No If yes, describe: _____

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

Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)

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

SUPPLEMENTAL APPLICATION INFORMATION

PART E. TOXICITY TESTING DATA

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

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

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

E.1. Required Tests.

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

__X__ chronic ____ acute

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

	Test number: 2010	Test number: 2010	Test number:
a. Test information.			
Test species & test method number	P. promelas / EPA 1000.0	C. dubia / EPA 1002.0	
Age at initiation of test	< 24 hours	16-24 hours	
Outfall number	001	001	
Dates sample collected	10/03-10/08/2010	10/03-10/08/2010	
Date test started	10/05/2010	10/05/2010	
Duration	7-Day static renewal	6-8 Day 3 brood survival/rep.	
b. Give toxicity test methods followed.			
Manual title	EPA 821-R-02-013	EPA 821-R-02-013	
Edition number and year of publication	October 2002	October 2002	
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	Isco Refrigerated Sampler	Isco Refrigerated Sampler	
Grab			
d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)			
Before disinfection			
After disinfection			
After dechlorination	Outfall 001	Outfall 001	

FACILITY NAME AND PERMIT NUMBER:
Pepper's Ferry Regional wastewater Treatment Authority - VA0062685

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	Test number: 2010	Test number: 2010	Test number:
e. Describe the point in the treatment process at which the sample was collected.			
Sample was collected:	Outfall 001 Parshall Flume	Outfall 001 Parshall Flume	
f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.			
Chronic toxicity	X	X	
Acute toxicity			
g. Provide the type of test performed.			
Static			
Static-renewal	7-Day	3-8 Day survival/rep.	
Flow-through			
h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.			
Laboratory water	Dilute Mineral Water	Dilute Mineral Water	
Receiving water			
i. Type of dilution water. It salt water, specify "natural" or type of artificial sea salts or brine used.			
Fresh water	Dilute Mineral Water	Dilute Mineral Water	
Salt water			
j. Give the percentage effluent used for all concentrations in the test series.			
	2%, 5.2% 14%, 37.4%, 100%	2%, 5.2%,14%, 37.4%, 100%	
k. Parameters measured during the test. (State whether parameter meets test method specifications)			
pH	X	X	
Salinity			
Temperature	X	X	
Ammonia			
Dissolved oxygen	X	X	
l. Test Results.			
Acute:			
Percent survival in 100% effluent	%	%	%
LC_{50}			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

Chronic:			
NOEC	>100 %	>100 %	%
IC_{25}	>100 %	>100 %	%
Control percent survival	95 %	100 %	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?	Yes	Yes	
Was reference toxicant test within acceptable bounds?	Yes	Yes	
What date was reference toxicant test run (MM/DD/YYYY)?	09-16-10	09-16-10	
Other (describe)			

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

____Yes X No If yes, describe: _____

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

Date submitted: _____ (MM/DD/YYYY)

Summary of results: (see instructions)

_____

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

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?

X 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. 3

b. Number of CIUs. 4

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: The Electroplate-Rite Corporation

Mailing Address: P.O. Box 160, Dublin, VA 24084

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

Job Shop Electroplating

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): Job Shop Electroplating

Raw material(s): Metal salts / plating solutions, acids / alkaline cleaners, CN solutions, bleach.

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.

1,803 gpd (___ continuous or X 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.

640 gpd (___ continuous or X 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?

40 CFR Part 413 (PSES) Subparts A,B,D,E,F and G

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 __X__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 __X__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.) __X__No

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

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

_____

_____

_____

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

_____

_____

F.15. Waste Treatment.

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

____Yes ____No

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

_____

_____

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

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

SUPPLEMENTAL APPLICATION INFORMATION

PART 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?

X 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. 3

b. Number of CIUs. 4

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: Volvo Trucks North America - New River Valley Plant

Mailing Address: P.O. Box 1126, Dublin, VA 24084

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

Heavy truck assembly including metal finishing processes.

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): Heavy truck assembly.

Raw material(s): Paints/primers, solvents, detactifiers, WWTP chemicals, acids and bases.

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.

72,425 gpd (___ continuous or X 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.

44,653 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?

40 CFR Part 433 (PSES)

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 __X__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 __X__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.) __X__No

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

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

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

F.15. Waste Treatment.

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

____Yes ____No

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

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

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

SUPPLEMENTAL APPLICATION INFORMATION

PART 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?

X 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. 3

b. Number of CIUs. 4

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: Kollmorgen Corporation - Inland Motor Division

Mailing Address: 501 West Main Street, Radford, VA 24141

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

Manufacture electronic motors.

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): Electric motors.

Raw material(s): Steel and aluminum basis material, metal salts & plating solutions, acids, alkali cleaners.

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.

15,000 gpd (___ continuous or X 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.

32,000 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?

40 CFR Part 433 (PSES)

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 __X__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 __X__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.) __X__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:
Pepper's Ferry Regional Wastewater Treatment Authority - VA0062685

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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?

X 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. 3

b. Number of CIUs. 4

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: Imperial Group Manufacturing Holdings, Inc.

Mailing Address: 4696 Stepp Place, Dublin, VA 24084

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

Small parts manufacturing, warehousing, and sequencing parts for the heavy truck industry. Metal frames for bins.

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): Surface preparation of small parts for the heavy truck industry.

Raw material(s): Steel and aluminum basis material, iron phosphate, sealer, alkali cleaners, soda ash.

F.6. Flow Rate.

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

< 3,000 gpd (___ continuous or X intermittent)

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

2,181 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?

40 CFR Part 433 (PSES)

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 __X__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 __X__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.) __X__No

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

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

_____

_____

_____

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

_____

_____

F.15. Waste Treatment.

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

____Yes ____No

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

_____

_____

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

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

SUPPLEMENTAL APPLICATION INFORMATION

PART 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?

X 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. 3

b. Number of CIUs. 4

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: James Hardie Building Products

Mailing Address: 1000 James Hardie Way, Pulaski, VA 24301

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

Manufacture fiber cement plank, panels and backboard for the building products industry.

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

Principal product(s): Fiber cement planks, panels, and backboard.

Raw material(s): Trace metals in cement, WWT chemicals, color pigments, lubricating oils and grease.

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.

346,000 gpd (X continuous or ___ intermittent)

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

2,920 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 ___ Yes X No

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

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 __X__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 __X__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.) __X__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:
Pepper's Ferry Regional Wastewater Treatment Authority - VA0062685

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

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?

X 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. 3

b. Number of CIUs. 4

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: New River Resource Authority - New River Solid Waste Management Area

Mailing Address: P.O. Box 1246, Dublin, VA 24084

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

Leachate from active regional sanitary landfill.

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): N/A

Raw material(s): N/A

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.

42,000 gpd (___ continuous or X 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.

300 gpd (___ continuous or X intermittent)

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

a. Local limits X Yes ___ No

b. Categorical pretreatment standards ___ Yes X No

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

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 __X__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 __X__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.) __X__No

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

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

_____

_____

_____

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

_____

_____

F.15. Waste Treatment.

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

____Yes ____No

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

_____

_____

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

____Continuous ____Intermittent If intermittent, describe discharge schedule.

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

SUPPLEMENTAL APPLICATION INFORMATION

PART 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?

X 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. 3

b. Number of CIUs. 4

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: Nuvotronics LLC

Mailing Address: 7586 Old Peppers Ferry Loop, Fairlawn, VA 24141

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

Semiconductor research and development facility - no manufacturing.

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): Semiconductor research.

Raw material(s): Residual metal salts & plating solutions, acids and alkali cleaners, photo developer.

F.6. Flow Rate.

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

3,577 gpd (___ continuous or X 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.

1,260 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 ___ Yes X No

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

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 __X__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 __X__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.) __X__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

VPDES

Sewage Sludge Permit Application for Permit Reissuance

VPDES Sewage Sludge Permit Application for Permit Reissuance

Instructions

WHO MUST SUBMIT THE APPLICATION - All facilities with a current VPDES Permit that authorizes the discharge of treated sewage wastewater that are applying for reissuance must complete and submit this application.
Part 1 is general information to be provided by all facilities.
Part 2 must be completed by all facilities that generate Class A or Class B biosolids that are land applied.
Part 3 must be completed by all facilities that land apply Class B biosolids.

Part 1 – Sludge Disposal Management (To be completed by all facilities)

Facility Name: Pepper's Ferry Regional Wastewater Treatment Authority **VPDES Permit No:** VA0062685

1. Shipment Off Site for Treatment or Blending

Is sewage sludge from your facility sent to another facility that provides treatment or blending? ☐ Yes ☒ No

If you send sewage sludge to more than one facility, attach additional sheets as necessary.

Shipment off site is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Receiving Facility Name N/A

b. Receiving Facility VPDES Permit No. N/A

c. Include an acceptance letter from the Receiving Facility.

d. Receiving Facility's ultimate disposal method for sewage sludge N/A

2. Disposal in a Municipal Solid Waste Landfill

Is sewage sludge from your facility placed in a municipal solid waste landfill? ☒ Yes ☐ No

If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.

Landfilling is: ☐ The primary method of sludge disposal ☒ A back up method of sludge disposal

a. Landfill Name New River Resources Solid Waste Management Area

b. Landfill Permit No. 548

c. Include an acceptance letter from the landfill.

3. Incineration

Is sewage sludge from your facility fired in a sewage sludge incinerator? ☐ Yes ☒ No

Incineration is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

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

If yes, provide the Air Registration No. N/A

If no, complete items b - d for each incinerator that you do not own or operate.

b. Facility Name N/A

c. Air Registration No. N/A

d. Include an acceptance letter from the Incinerator.

4. Class A Biosolids

Do you produce Class A biosolids for land application or distribution and marketing? If yes, complete Part 2. ☐ Yes ☒ No

Are Class A biosolids from your facility land applied in bulk? ☐ Yes ☐ No

Do you sell or give away Class A biosolids in a bag or other container for application to the land? If yes, provide the VDACS certification number? _____ ☐ Yes ☐ No

5. Class B Biosolids

Do you produce Class B biosolids? If yes, complete Part 2. ☒ Yes ☐ No

Are Class B biosolids from your facility land applied land applied under the authorization of this VPDES Permit? If yes, complete Part 3. ☒ Yes ☐ No

6. Land Application Under a Separate Permit

Are biosolids from your facility land applied under the authorization of a permit other than your VPDES Permit? ☐ Yes ☒ No

Biosolids are land applied under the authorization of a ☐ VPA permit ☐ Another VPDES Permit ☐ Out of State

Complete items a - c for each VPA permit authorized to land apply biosolids from your facility.

a. Permittee Name N/A

b. Permit No. N/A

c. Include copy of any information you provide to the Receiving VPDES or VPA Permittee to comply with the "notice and necessary information" requirement of VAC 25-31-530.F.

VPDES Sewage Sludge Permit Application for Permit Reissuance

Part 2 – Biosolids Characterization (To be completed by all facilities that generate biosolids that are land applied.)

1. Have there been changes to sludge treatment processes or storage facilities since the previous permit issuance/reissuance? ☐ Yes ☒ No
2. Do the biosolids generated under this permit that will be land applied meet one of the Class A pathogen requirements in 9 VAC25-31-710.A.3. through A.8 or Class B pathogen requirements in 9VAC25-31-710.B.1. through B.4.? ☒ Yes ☐ No

   Identify the pathogen reduction option utilized to demonstrate compliance with the pathogen reductions requirements and provide the data that demonstrate compliance with the applicable alternative. Class B Alternative 2:PSRP 710.D.3 "Anerobic Digestion"
3. Do the biosolids generated under this permit that will be land applied meet one of the vector attraction reduction requirements in 9VAC25-31-720.B.1. through 10? ☒ Yes ☐ No

   Identify the vector attraction reduction option utilized to demonstrate compliance with the vector attraction reductions requirements and provide the data that demonstrate compliance with the applicable alternative. 720.B.1:Vol SolidReduction of 38% (9VAC25.31.490.B8)
4. Do the biosolids to be land applied meet the ceiling/pollutant concentrations in 9VAC25-31-540.B? ☒ Yes ☐ No
5. Has data from the most recent 3 samples for PCBs (mg/kg), pH (S. U.), Percent Solids (%), Ammonium Nitrogen (mg/kg), Nitrate Nitrogen (mg/kg), Total Kjeldahl Nitrogen (mg/kg), Total Phosphorus (mg/kg), Total Potassium (mg/kg), Alkalinity as $CaCO_3$ (mg/kg), Arsenic (mg/kg), Cadmium (mg/kg), Copper (mg/kg), Lead (mg/kg), Mercury (mg/kg), Nickel (mg/kg), Selenium (mg/kg), Zinc (mg/kg) been submitted to DEQ? The samples shall be no more than 4½ years old and each sampling date shall be at least 1 month apart. ☒ Yes ☐ No

   If no, provide the data with this application.

Part 3 – Land Application of Class B Biosolids (To be completed by all facilities that land apply Class B biosolids.)

1. Provide to DEQ and to each locality in which biosolids are to be land applied, written evidence of financial responsibility. Evidence of financial responsibility shall be provided in accordance with 9VAC25-31-100.P.9.
2. Provide a properly completed Biosolids Application Agreement Form for each land owner.
3. Are any new land application fields proposed at this reissuance? ☐ Yes ☒ No

   If yes, contact the DEQ Regional Office for additional submittal requirements.
4. For the currently permitted land application fields, are the previously submitted site booklets, maps and acreage accurate. ☒ Yes ☐ No

   If no, contact the DEQ Regional Office for additional submittal requirements.
5. Does the facility's Biosolids Management Plan on file with DEQ include the following minimum information? ☒ Yes ☐ No
   a. An odor control plan that addresses the abatement of odors resulting from the storage and/or land application of biosolids.
   b. A description of the transport vehicles to be used.
   c. Procedures for biosolids offloading at the land application site including spill prevention, cleanup (including vehicle cleaning), field reclamation, and emergency notification and cleanup measures.
   d. A description of the land application equipment including procedures for calibrating equipment to ensure uniform distribution and appropriate loading rates.
   e. Procedures used to ensure that land application activities address notification requirements, signage requirements, slope restrictions, operation limitations during periods of inclement weather, soil pH requirements, buffer zone requirements, and site restrictions.
   f. Any other information necessary to ensure compliance with the requirements of the Biosolids Program of the VPDES Permit Regulation (9VAC25-31-420 through 720).

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 R. Clarke Wallcraft, Executive Director

Signature R. Clarke Wallcraft

Telephone number / Email (540) 639-3947 / cwallcraft@jetbroadband.com

Date signed Jan. 2, 2014

(Based on a review of this information, it may be necessary to submit additional information to meet other legal or technical review requirements.)

VPDES Sewage Sludge Permit Application for Permit Reissuance

Part 1

Question 2. c.

NEW RIVER RESOURCE AUTHORITY
P.O. Box 1246 · 7100 Cloyd's Mountain Road
Dublin, Virginia 24084
Telephone (540) 674-1677
Fax (540) 674-1431

December 30, 2013

Peppers Ferry RWTA
Attn: Mac McCutchen
P. O. Box 2950
Radford VA 24143

Mac,

The New River Resource Authority has and will continue to accept the PFRWTA's biosolid waste with the previsions of 1. Annually completing our waste profile, 2. The testing criteria continues to meet our disposal criteria for acceptance as in previous years, and 3. Payment for waste disposal at our facility by PFRWTA. Your facility is currently in compliance with our disposal criteria.

Sincerely,

Brent Williams
Operations Manager
New River Resource Authority

VPDES Sewage Sludge Permit Application for Permit Reissuance

Part 2

Question 2, Question 3, and Question 5: See attached

PEPPERS FERRRY RWWTA: PATHOGEN AND VECTOR ATTRACTION DATA

MONTH	TEMP (F) MAX	TEMP (F) MIN	VOL. SOLIDS REDUCTION (%)	RESIDENCE TIME (DAYS)
2013				
JANUARY	96	89	46	58
FEBRUARY	96	94	48	41
MARCH	96	94	48	30
APRIL	96	94	43	31
MAY	96	95	40	29
JUNE	96	95	43	36
JULY	96	95	42	31
AUGUST	97	95	47	36
SEPTEMBER	97	95	39	25
OCTOBER	96	95	40	25
NOVEMBER	96	95	46	25
DECEMBER	96	93	56	25

REI Consultants, Inc.
PO Box 286
Beaver, WV 25813
TEL: 304.255.2500
Website: www.reiclabs.com

Improving the environment, one client at a time...

3029-C Peters Creek Road
Roanoke, VA 24019
TEL: 540.777.1276

101 17th Street
Ashland, KY 41101
TEL: 606.393.5027

1557 Commerce Road, Suite 201
Verona, VA 24482
TEL: 540.248.0183

16 Commerce Drive
Westover, WV 26501
TEL: 304.241.5861

Monday, September 16, 2013

Mr. Robbie Graham
PEPPER'S FERRY RWTA
PO BOX 2950
RADFORD, VA 24143

TEL: (540) 639-3947
FAX: (540) 633-0215

RE: BIOSOLIDS MANAGEMENT

Work Order #: 1309886

Dear Mr. Robbie Graham:

REI Consultants, Inc. received 1 sample(s) on 9/9/2013 for the analyses presented in the following report.

Sincerely,

Scott Gross

Project Manager

REI Consultants, Inc. - Case Narrative

WO#: 1309886

Date Reported: 9/16/2013

Client: PEPPER'S FERRY RWTA

Project: BIOSOLIDS MANAGEMENT

The analytical results presented in this report were produced using documented laboratory SOPs that incorporate appropriate quality control procedures as described in the applicable methods. Verification of required sample preservation (as required) is recorded on associated laboratory logs. Any deviation from compliance or method modification is identified within the body of this report by a qualifier footnote which is defined at the bottom of this page.

All sample results for solid samples are reported on an "as-received" wet weight basis unless otherwise noted.

Results reported for sums of individual parameters, such as TTHM and HAA5, may vary slightly from the sum of the individual parameter results, due to rounding of individual results, as required by EPA.

The test results in this report meet all NELAP (and/or VELAP) requirements for parameters except as noted in this report.

Please note if the sample collection time is not provided on the Chain of Custody, the default recording will be 0:00:00. This may cause some tests to be apparently analyzed out of hold.

All tests performed by REIC Service Centers are designated by an annotation on the test code. All other tests were performed by REIC's Main Laboratory in Beaver, WV.

This report may not be reproduced, except in full, without the written approval of REIC.

DEFINITIONS:
MCL: Maximum Contaminant Level
MDL: Method Detection Limit; The lowest concentration of analyte that can be detected by the method in the applicable matrix.
Mg/Kg or mg/L: Units of part per million (PPM) - milligram per Kilogram (weight/weight) or milligram per Liter (weight/volume).
NA: Not Applicable
ND: Not Detected at the PQL or MDL
PQL: Practical Quantitation Limit; The lowest verified limit to which data is quantified without qualifications. Analyte concentrations below PQL are reported either as ND or as a number with a "J" qualifier.
Qual: Qualifier that applies to the analyte reported.
TIC: Tentatively Identified Compound, Estimated Concentration
Ug/Kg or ug/L: Units of part per billion (PPB) - microgram per kilogram (weight/weight) or microgram per liter (weight/volume).

QUALIFIERS:
*: Reported value exceeds required MCL
B: Analyte detected in the associated Method Blank at a concentration > 1/2 the PQL
E: Analyte concentration reported that exceeds the upper calibration standard. Greater uncertainty is associated with this result and data should be consider estimated.
H: Holding time for preparation or analysis has been exceeded.
J: Analyte concentration is reported, and is less than the PQL and greater than or equal to the MDL. The result reported is an estimate.
S: % REC (% recovery) exceeds control limits

CERTIFICATIONS:
Beaver, WV: WVDHHR 00412CM, WVDEP 060, VADCLS 00281, KYDEP 90039, TNDEQ TN02926, NCDWQ 466, PADEP 68-00839, VADCLS (VELAP) 460148
Bioassay (Beaver, WV): WVDEP 060, VADCLS(VELAP) 460149, PADEP 68-00839
Roanoke, VA: VADCLS(VELAP) 460150
Verona, VA: VADCLS(VELAP) 460151
Ashland, KY: KYDEP 00094, WV 389
Morgantown, WV: WVDHHR 003112M, WVDEP 387

REI Consultants, Inc. - Analytical Report

WO#: 1309886

Date Reported: 9/16/2013

Client:	PEPPER'S FERRY RWTA	**Collection Date:**	9/9/2013 9:45:00 AM
Project:	BIOSOLIDS MANAGEMENT	**Date Received:**	9/9/2013
Lab ID:	1309886-01A	**Matrix:**	Solid
Client Sample ID:	PRESS CAKE	**Site ID:**	

Analysis	Result	MDL	PQL	MCL	Qual	Units	Date Analyzed
PERCENT MOISTURE		**Method: SM2540 B**					**Analyst: SL**
Percent Moisture	74	NA	0.5	NA		wt%	9/14/2013 12:04 PM
PCBS		**Method: SW8082**			**SW3550B**		**Analyst: NC**
Aroclor 1016	ND	0.0568	0.162	NA		mg/Kg	9/10/2013 11:18 PM
Aroclor 1221	ND	0.0671	0.162	NA		mg/Kg	9/10/2013 11:18 PM
Aroclor 1232	ND	0.0331	0.162	NA		mg/Kg	9/10/2013 11:18 PM
Aroclor 1242	ND	0.0710	0.162	NA		mg/Kg	9/10/2013 11:18 PM
Aroclor 1248	ND	0.0204	0.162	NA		mg/Kg	9/10/2013 11:18 PM
Aroclor 1254	ND	0.0195	0.162	NA		mg/Kg	9/10/2013 11:18 PM
Aroclor 1260	ND	0.0163	0.162	NA		mg/Kg	9/10/2013 11:18 PM
Surr: Tetrachloro-m-xylene	50.5	NA	32.8-150	NA		%REC	9/10/2013 11:18 PM

Notes:

Elevated PQLs are due to matrix interference.

Matrix spike recovery did not meet REIC control criteria due to matrix interference.

DBPix Evaluation

CHAIN OF CUSTODY RECORD

REIC

Research Environmental & Industrial Consultants, Inc.

MAIN LABORATORY & CORPORATE HEADQUARTERS:
P.O. Box 286 • 225 Industrial Park Rd, Beaver, WV 25813
800-999-0105 • 304-255-2500 • www.reiclabs.com

MID-OHIO VALLEY Service Center
209 15th Street
Ashland, KY 41101
606-393-5027

SHENANDOAH Service Center
1557 Commerce Rd., Ste. 201
Verona, VA 24482
540-248-0183

ROANOKE Service Center
3029-C Peters Creek Rd
Roanoke, VA 24019
540-777-1276

V5-1109 REIC use ONLY CLIENT ID _____ DATE _____ SHEET _____

Client: Pepper's Ferry Regional Wastewater Treatment Authority PO # _____
Contact Person: Robert Graham, Technical Services Manager Phone: 540-639-3947
Address: P.O. Box 2950 City: Radford State: VA Zip: 24143
Billing Address (if different): SAME
City: Radford State: VA Zip: 24143
Site ID & State: _____ Project ID: Biosolids Management Sampler: Staff

SAMPLE LOG & ANALYSIS REQUEST

TURNAROUND TIME: (•) NORMAL
RUSH TURNAROUND: ( ) 5 DAY ( ) 3 DAY ( ) 2 DAY ( ) 1 DAY
*Rush work needs prior laboratory approval and will incur additional charges

ANALYSIS & METHOD REQUESTED: PCBs (SW8082)

SAMPLE ID	No. & Type of Containers	Sampling Date/Time	Matrix	Sample Comp/Grab	0								
Press Cake	1(P)	9/9/13 0945	Solid	Comp	✓								
			Choose	Choose									
			Choose	Choose									
			Choose	Choose									
			Choose	Choose									
			Choose	Choose									
			Choose	Choose									
			Choose	Choose									
			Choose	Choose									

ENTER PRESERVATIVE CODE:
0 None
1 Hydrochloric Acid
2 Nitric Acid
3 Sulfuric Acid
4 Sodium Thiosulfate
5 Sodium Hydroxide
6 Zinc Acetate
7 EDTA

COMMENTS:
Sample is a composite of grab samples taken at the sludge storage building.

All analytical requests are subject to REIC's Standard Terms and Conditions.

Temperature at arrival: 3 °C ICED? Y ✓ N ___

1 [signature]	9-9-13 11:33	2		3	
[signature]	9-9-13 11:33				

PDF created with pdfFactory Pro trial version www.pdffactory.com

www.ammara.com

VPDES Sewage Sludge Permit Application for Permit Reissuance

Part 3

Question1, Question 2, and Question 5: See attached

Illinois Union Insurance Company
Chicago, Illinois

Virginia Biosolids Pollution Liability Insurance Policy

Declarations

This Policy is issued by the stock insurance company listed above (herein called *the Insurer*).

THIS POLICY PROVIDES LIABILITY COVERAGE ON A CLAIMS-MADE AND REPORTED BASIS, WHICH COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER, IN WRITING, DURING THE POLICY PERIOD. THIS POLICY PROVIDES COVERAGE FOR REMEDIATION COSTS ON A DISCOVERED AND REPORTED BASIS, WHICH COVERS ONLY POLLUTION CONDITIONS FIRST DISCOVERED AND REPORTED TO THE INSURER, IN WRITING, DURING THE POLICY PERIOD. PLEASE READ THIS POLICY CAREFULLY. SOME OF THE PROVISIONS CONTAINED IN THIS POLICY RESTRICT COVERAGE, SPECIFY WHAT IS AND IS NOT COVERED AND DESIGNATE YOUR RIGHTS AND DUTIES. LEGAL DEFENSE EXPENSES ARE SUBJECT TO AND SHALL ERODE THE LIMITS OF LIABILITY AND ANY APPLICABLE SELF-INSURED RETENTION.

THE DECLARATIONS, TOGETHER WITH THE COMPLETED AND SIGNED APPLICATION, THIS POLICY, AND ANY ENDORSEMENTS OR SCHEDULES ATTACHED HERETO, CONSTITUTE THE INSURANCE POLICY.

Policy No.: PPE G27371929 001		**Renewal of: NEW**	
Item 1.	**First Named Insured:** **Address:**	**Peppers Ferry Regional Wastewater Treatment Authority** **PO Box 2950** **Radford, VA 24143**	
Item 2.	**Policy Period:** (Local Time of the Address Shown in Item **1.**, above.)	**Policy Inception Date:** **December 16, 2013** 12:01 A.M.	**Policy Expiration Date:** **December 16, 2014** 12:01 A.M.
Item 3.	**Limits of Liability:**	**a. $2,000,000** Per Pollution Condition Limit of Liability For Claims and Remediation costs **b. $2,000,000** Aggregate Limit of Liability For Claims and Remediation Costs **b. $1,000,000** Aggregate Limit of Liability For Legal Defense Expense **d. $3,000,000** Total Policy and Program Aggregate Limit of Liability for all Pollution Conditions	
Item 4.	**Deductible:**	**$25,000** Per Pollution Condition	
Item 5.	**Retroactive Dates:**	**a. *Coverage A.* – December 16, 2013** **b. *Coverage B.* – December 16, 2013**	
Item 6.	**Premium:** In US Dollars	**$5,325** (This premium shall be twenty-five percent (100%) minimum earned as of the first day of the Policy Period indicated in Item 2., above.)	

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***All dollar amounts identified above are in *United States dollars*.**

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Item 7.	Producer: Name & Address	**Alliant Insurance Services, Inc.** **1301 Dove St., Suite 200** **Newport Beach, CA 92660**

Item 8.	a. Notice of Claim or Pollution Condition	b. All other Notices
Notices	Environmental Risk Claims Manager ACE USA Claims P.O. Box 5103 Scranton, PA 18505-0510 Fax: (866) 635-5687 First Notice Fax: (877) 201-6866 First Notice Email: CasualtyRiskEnvironmentalFirstNotice@acegroup.com	Environmental Risk Underwriting Officer ACE Environmental Risk P.O. Box 1000 436 Walnut Street – WA 07A Philadelphia, PA 19106
	24 Hour Emergency Response Hotline	**1-888-310-9553**

Item 9.	Covered Locations:	**7797 Mason St., Radford, VA 24141** ☐ if checked here, schedule of Covered Locations is designated via endorsement.

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Policy Form No. MANU (12/13) Virginia Biosolids Pollution Liability Insurance Policy

Endorsements and Notices Attached at Policy Issuance:

Endorsement Number:	Form Number:	Form Name:
001	PF-27658 (06/09)	Other Insurance (Primary) Endorsement
002	ALL-21101 (11/06)	Trade or Economic Sanctions Endorsement
003	XS-3U96f (02/06)	Service of Suit Endorsement
004	LD-5S23i (12/11)	Signature Endorsement
005	TRIA15c (01/08)	Policyholder Disclosure Notice of Terrorism Insurance Coverage
006	ALL-21101 (11/06)	Trade or Economic Sanctions Endorsement
	TRIA15c (01/08)	Policyholder Disclosure Notice of Terrorism Insurance Coverage
	SL-17907 (04/05)	Virginia Surplus Lines Notification
	ALL-7X47a (02/06)	Important Information to Virginia Policyholders Regarding Your Insurance
	ALL-20887 (10/06)	ACE Producer Compensation Practices & Policies
	IL P 001 01 04	U.S. Treasury Department's Office of Foreign Assets Control ("OFAC") Advisory Notice to Policyholders

IN WITNESS WHEREOF, the Insurer has caused this Policy to be countersigned by a duly authorized representative of the Insurer.

DATE: **December 16, 2013**

MO/DAY/YR

AUTHORIZED REPRESENTATIVE

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Virginia Biosolids Pollution Liability Insurance Policy

This Policy is issued by the stock insurance company identified in the Declarations (hereinafter *the Insurer*).

THIS POLICY PROVIDES LIABILITY COVERAGE ON A CLAIMS-MADE AND REPORTED BASIS, WHICH COVERS ONLY CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER, IN WRITING, DURING THE POLICY PERIOD. THIS POLICY PROVIDES COVERAGE FOR REMEDIATION COSTS ON A DISCOVERED AND REPORTED BASIS, WHICH COVERS ONLY POLLUTION CONDITIONS FIRST DISCOVERED AND REPORTED TO THE INSURER, IN WRITING, DURING THE POLICY PERIOD. PLEASE READ THIS POLICY CAREFULLY. SOME OF THE PROVISIONS CONTAINED IN THIS POLICY RESTRICT COVERAGE, SPECIFY WHAT IS AND IS NOT COVERED AND DESIGNATE YOUR RIGHTS AND DUTIES. LEGAL DEFENSE EXPENSES ARE SUBJECT TO AND SHALL ERODE THE LIMITS OF LIABILITY AND ANY APPLICABLE DEDUCTIBLE.

Throughout this Policy the words *the Insurer* shall refer to the company providing this insurance. Other words and phrases that appear in quotation marks have special meanings and are defined in Section **V., DEFINITIONS**.

In consideration of the payment of the premium and in reliance upon all statements made in the Application to this Policy, including the information furnished in connection therewith, and subject to all terms, definitions, conditions, exclusions and limitations of this Policy, the Insurer agrees to provide insurance coverage to the "insured" as described herein.

I. INSURING AGREEMENTS

Solely to the extent that the Coverages, below, are identified on the Declarations to this Policy as being underwritten by the Insurer, the Insurer agrees to pay on behalf of the "insured" for:

A. POLLUTION CONDITIONS FROM COVERED LOCATIONS (Coverage **A.**)

"Claims", "remediation costs", and associated "legal defense expenses", in excess of the "deductible", arising out of a "pollution condition" on, at, under, or migrating from a "covered location", provided the "claim" is first made, or the "insured" first discovers such "pollution condition", during the "policy period". Any such discovery of a "pollution condition" must be reported to the Insurer, in writing, during the "policy period". Any such "claim" must be reported to the Insurer, in writing, during the "policy period" or any applicable "extended reporting period".

The coverage afforded pursuant to this Coverage **A.** only applies to "pollution conditions" that first commence, in their entirety:

1. During the "policy period"; or

2. If prior to the "policy period", on or after the Retroactive Date identified in Item **5.a.** of the Declarations to this Policy.

B. POLLUTION CONDITIONS FROM COVERED OPERATIONS (Coverage **B.**)

"Claims" and associated "legal defense expenses", in excess of the "deductible", arising out of: **1)** a "pollution condition" resulting from "covered operations"; or **2)** "product pollution", provided the "claim" is first made during the "policy period". Any such "claim" must be reported to the Insurer, in writing, during the "policy period" or any applicable "extended reporting period".

The coverage afforded pursuant to this Coverage **B.** only applies to "pollution conditions" that first commence, in their entirety:

1. During the "policy period"; or

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2. If prior to the "policy period", on or after the Retroactive Date identified in Item **5.b.** of the Declarations to this Policy.

II. LIMITS OF LIABILITY AND DEDUCTIBLE

A. The Insurer shall pay on behalf of the "insured" for any "claims" or "remediation costs" covered pursuant to this Policy, including "legal defense expenses", but only for those amounts that are in excess of the applicable "deductible" identified in Item **4.** of the Declarations to this Policy. In the event that the "deductible" is not satisfied by payments made by one or more "named insureds", the Insurer shall pay, subject to the Limits of Liability of this Policy, all of any outstanding "deductible" to effect resolution of any "claim" and/or to satisfy all "remediation costs". If the Insurer makes any such outstanding "deductible" payment, upon receipt of notice from the Insurer, the "first named insured" shall promptly reimburse the Insurer for all such amounts paid by the Insurer

B. One "deductible" shall apply to all "claims", "remediation costs" and "legal defense expenses" arising from the same, continuous, repeated, or related "pollution condition".".

C. Subject to Subsections **D.** and **F.**, below, the most the Insurer shall pay for all "claims" and "remediation costs" arising out of the same, continuous, repeated, or related "pollution condition" is the Limit of Liability identified in Item **3.a.** of the Declarations to this Policy.

D. Subject to Subsections **C**, above, and **F.**, below, the most the Insurer shall pay for all "claims" and "remediation costs" arising out of all "pollution conditions" is the Limit of Liability identified in Item **3.b.** of the Declarations to this Policy.

E. Subject to Subsection **F.**, below, the most the Insurer shall pay for all "legal defense expense" arising out of all "pollution conditions" is the Limit of Liability identified in Item **3.c.** of the Declarations to this Policy.

F. Subject to Subsections **D., E.** and **F.**, above, the Total Policy and Program Aggregate Limit of Liability identified in Item **3.d.** of the Declarations shall be the maximum liability of the Insurer pursuant to this Policy with respect to all "claims", "remediation costs" and "legal defense expense" arising out of all "pollution conditions".

G. If the Insurer or an affiliate has issued pollution liability coverage afforded on a discovered and reported basis or claims-made and reported basis consistent with Coverages **A.** or **B.**, herein, in one or more policy periods, and a "pollution condition" is first discovered and reported to the Insurer, or a "claim" is first made and reported to the Insurer with respect to a "pollution condition", in accordance with the terms and conditions of this Policy, then:

1. Any continuous, repeated, or related "pollution condition" that is subsequently reported to the Insurer during later policy periods shall be deemed to be one "pollution condition" discovered during this "policy period"; and

2. All "claims" seeking "bodily injury", "property damage" or "remediation costs" arising out of:

   a. That same, continuous, repeated, or related "pollution condition" that was discovered and reported during this "policy period"; or

   b. That same, continuous, repeated, or related "pollution condition" that was the subject of a "claim" first made and reported during this "policy period" or any applicable "extended reporting period",

   shall be deemed to have been first made and reported during this "policy period" and no other policy shall respond.

III. DEFENSE AND SETTLEMENT

A. The Insurer shall have the right and, subject to the "deductible" obligation, the duty to defend the "insured" against a "claim" to which this insurance applies. The Insurer shall have no duty to defend the "insured" against any "claim" to which this insurance does not apply. The Insurer's duty to defend the "insured" ends pursuant this Policy once:

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1. The applicable Limits of Liability identified in Items **3.a.** or **3.b.** are exhausted or are tendered into a court of applicable jurisdiction;
2. The Limit of Liability identified in Item **3.c.** is exhausted; or
3. The "insured" refuses a settlement offer as provided in Subsection **E.**, below.

B. The Insurer shall have the right to select legal counsel to represent the "insured" for the investigation, adjustment, and defense of any "claims" covered pursuant to this Policy. Selection of legal counsel by the Insurer shall not be done without the consent of the "insured"; such consent shall not be unreasonably withheld. "Legal defense expenses" incurred prior to the selection of legal counsel by the Insurer shall not be covered pursuant to this Policy, or credited against the "deductible".

In the event the "insured" is entitled by law to select independent counsel to defend itself at the Insurer's expense, the attorney fees and all other litigation expenses the Insurer shall pay to that counsel are limited to the rates the Insurer actually pays to counsel that the Insurer normally retains in the ordinary course of business when defending "claims" or lawsuits of similar complexity in the jurisdiction where the "claim" arose or is being defended. In addition, the "insured" and the Insurer agree that the Insurer may exercise the right to require that such counsel: **1)** have certain minimum qualifications with respect to their competency, including experience in defending "claims" similar to those being asserted against the "insured"; **2)** maintain suitable errors and omissions insurance coverage; **3)** be located within a reasonable proximity to the jurisdiction of the "claim"; and **4)** agree in writing to respond in a timely manner to the Insurer's requests for information regarding the "claim". The "insured" may at anytime, by its signed consent, freely and fully waive its right to select independent counsel.

C. The "insured" shall have the right and the duty to retain a qualified environmental consultant to perform any investigation and/or remediation of any "pollution condition" covered pursuant to this Policy. The "insured" must receive the written consent of the Insurer prior to the selection and retention of such consultant, except in the event of an "emergency response". Any costs incurred prior to such consent shall not be covered pursuant to this Policy, or credited against the "deductible", except in the event of an "emergency response".

D. "Legal defense expenses" reduce the Limits of Liability identified in Items **3.c.** and **4.** of the Declarations to this Policy. "Legal defense expense" shall also be applied to the "deductible".

E. The Insurer shall present all settlement offers to the "insured". If the Insurer recommends a settlement which is acceptable to a claimant, exceeds any applicable "deductible", is within the Limits of Liability, and does not impose any additional unreasonable burdens on the "insured", and the "insured" refuses to consent to such settlement offer, then the Insurer's duty to defend shall end. Thereafter, the "insured" shall defend such "claim" independently and at the "insured's" own expense. The Insurer's liability shall not exceed the amount for which the "claim" could have been settled if the Insurer's recommendation had been accepted, exclusive of the "deductible".

IV. COVERAGE TERRITORY

The coverage afforded pursuant to this Policy shall only apply to "pollution conditions" located, and "claims" made, within the United States of America.

V. DEFINITIONS

A. **"Additional insured"** means any person or entity specifically endorsed onto this Policy as an "additional insured", if any. Such "additional insured" shall maintain only those rights that are specified by endorsement to this Policy.

B. **"Bodily injury"** means physical injury, illness, disease, mental anguish, emotional distress, or shock, sustained by any person, including death resulting therefrom, and any prospective medical monitoring costs that are intended to confirm any such physical injury, illness or disease.

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C. **"Claim"** means the written assertion of a legal right received by the "insured" from a third-party, including, but not limited to, a "government action", suits or other actions alleging responsibility or liability on the part of the "insured" for "bodily injury", "property damage" or "remediation costs" arising out of "pollution conditions" to which this insurance applies.

D. **"Covered location"** means:

1. Any location specifically identified in Item **9.** of the Declarations to this Policy;
2. Any other location specifically scheduled as a "covered location" by endorsement attached to this Policy, if any.

E. **"Covered operations"** means:

1. "Transportation"; and
2. The temporary storage, temporary staging or application of biosolids and/or sludge performed by or on behalf of a "named insured" at a location, other than a "covered location", which is permitted to receive same by the Commonwealth of Virginia.

F. **"Deductible"** means the dollar amount identified in Item **4.** of the Declarations to this Policy, or as otherwise designated by endorsement to this Policy, if any.

G. **"Emergency response"** means actions taken and reasonable "remediation costs" incurred within seventy-two (72) hours following the discovery of a "pollution condition" by an "insured" in order to abate or respond to an imminent and substantial threat to human health or the environment arising out of such "pollution condition".

H. **"Environmental law"** means any federal, state, provincial, municipal or other local law, statute, ordinance, rule, guidance document, regulation, and all amendments thereto, including state voluntary cleanup or risk-based corrective action guidance, governing the liability or responsibilities of the "insured" with respect to a "pollution condition".

I. **"Extended reporting period"** means the additional period of time in which to report a "claim" first made against the "insured" during or subsequent to the end of the "policy period".

J. **"First named insured"** means the person or entity as identified in Item **1.** of the Declarations to this Policy. The "first named insured" is the party responsible for the payment of any premiums and the payment of, or evidencing payment of, any applicable "deductible" amounts. The "first named insured" shall also serve as the sole agent on behalf of all "insureds" with respect to the provision and receipt of notices, including notice of cancellation or non-renewal, receipt and acceptance of any endorsements or any other changes to this Policy, return of any premium, assignment of any interest pursuant to this Policy, as well as the exercise of any applicable "extended reporting period", unless any such responsibilities are otherwise designated by endorsement.

K. **"Fungi"** means any type or form of fungus, including mold or mildew, and any mycotoxins, spores, scents, or byproducts produced or released by "fungi".

L. **"Government action"** means action taken or liability imposed by any federal, state, provincial, municipal or other local government agency or body acting pursuant to the authority of "environmental law".

M. **"Insured"** means the "first named insured", any "named insured", any "additional "insured", and any of the following:

1. A governmental agency or subdivision, department, municipal body, commission or board, or a not-for profit corporation which is owned or controlled by any "named insured";
2. An individual while acting in the capacity as a director of, officer of, trustee of, employee of, temporary or leased worker of, or staff member of, any "named insured";
3. A volunteer, but solely while acting within the scope of such duties and at the direction of any "named insured";

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4. A paramedic or emergency technician, but solely while acting within the course and scope of employment or while acting as a volunteer pursuant to the direction of any "named insured";

5. An elective or appointive officer or a member of any such commission, board or agency of any "named insured" but solely while acting within the scope of duties as such; or

6. A joint venture or partnership, including a mutual assistance pact, joint powers agreement or similar association, but only with respect to the conduct of the business of any "named Insured" on behalf of that entity or association and only to the extent of such "named insured's" participation or interest in that entity or association.

N. **"Legal defense expense"** means reasonable legal costs, charges, and expenses, including expert charges, incurred by the "insured" in the investigation, adjustment, or defense of "claims" or suits.

O. **"Named insured"** means any person or entity specifically endorsed onto this Policy as a "named insured", if any. Such "named insured" shall maintain the same rights pursuant to this Policy as the "first named insured", except for those rights specifically reserved to the "first named insured" that are identified in Subsection **I.**, above.

P. **"Natural resource damage"** means injury to, destruction of, or loss of, including the resulting loss of value of, fish, wildlife, biota, land, air, water, groundwater, drinking water supplies, and other such resources belonging to, managed by, held in trust by, appertaining to, or otherwise controlled by the United States of America (including the resources of the fishery conservation zone established by the Magnuson-Stevens Fishery Conservation and Management Act (16 U.S.C. § 1801 et. seq.)), any state or local government, or any Native American Tribe, or, if such resources are subject to a trust restriction on alienation, any members of any Native American Tribe, including the reasonable costs of assessing such injury, destruction or loss resulting therefrom.

Q. **"Policy period"** means:

1. The period of time specifically identified in Item **2.** of the Declarations to this Policy; or

2. Any shorter period resulting from the cancellation of this Policy.

R. **"Pollution condition"** means the discharge, dispersal, release, escape, migration, or seepage of any biosolids or sludge. including vapors, fumes, acids, alkalis, chemicals, hazardous substances, hazardous materials, or waste materials originating from such biosolids or sludge, on, in, into, or upon land and structures thereupon, the atmosphere, surface water, or groundwater.

S. **"Product pollution"** means a "pollution condition" first commencing after application of a "named insured's" biosolids and/or sludge has been completed at a location, other than a "covered location", which is permitted to receive same by the Commonwealth of Virginia.

T. **"Property damage"** means:

1. Physical injury to, or destruction of, tangible property of a third-party, including all resulting loss of use of that property;

2. Loss of use of tangible property of a third-party, that is not physically injured or destroyed;

3. Diminished value of tangible property owned by a third-party; or

4. "Natural resource damages".

U. **"Remediation costs"** means reasonable expenses incurred to investigate, quantify, monitor, mitigate, abate, remove, dispose, treat, neutralize, or immobilize "pollution conditions" to the extent required by "environmental law".

"Remediation costs" shall also include:

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1. Reasonable legal cost, where such cost has been incurred by an "insured" with the written consent of the Insurer; and

2. Reasonable expenses required to restore, repair or replace real or personal property, to substantially the same condition it was in prior to being damaged during the course of responding to a "pollution condition".

V. **"Responsible person"** means any employee of an "insured" responsible for environmental affairs, control, or compliance at a "covered location", and any officer or director of, or partner in, or elected official of, an "insured".

W. **"Terrorism"** means activities against persons, organizations or property of any nature:

1. That involve the following or preparation for the following:

   a. Use or threat of force or violence; or

   b. Commission or threat of a dangerous act; or

   c. Commission or threat of an act that interferes with or disrupts an electronic, communication, information, or mechanical system; and

2. When one or both of the following applies:

   a. The effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy; or

   b. It appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.

X. **"Transportation"** means the movement of a "named insured's" biosolids and/or sludge by automobile or other conveyance beyond the boundaries of a "covered location" by a "named insured", or by a person or entity, other than a "named insured", engaged in the business of transporting property for hire, until such time as the waste or product is unloaded from an automobile or other conveyance.

Y. **"Underground storage tank"** means any tank, and associated piping and appurtenances connected thereto, which has more than ten percent (10%) of its volume below ground. "Underground storage tank" does not mean a septic tank or oil/water separator.

Z. **"War"** means war, whether or not declared, civil war, martial law, insurrection, revolution, invasion, bombardment or any use of military force, usurped power or confiscation, nationalization or damage of property by any government, military or other authority.

VI. EXCLUSIONS

This insurance shall not apply to:

A. Asbestos

"Claims", "remediation costs" or "legal defense expenses" arising out of or related to asbestos or asbestos-containing materials.

B. Contractual Liability

"Claims", "remediation costs" or "legal defense expenses" arising out of or related to liability of others assumed by any "insured" through contract or agreement, except if the liability would have attached to the "insured" in the absence of such contract or agreement.

C. Divested Property

"Claims", "remediation costs" or "legal defense expenses" arising out of or related to a "pollution condition" on, at, under or migrating from a "covered location" when such "pollution condition" first commenced after the "covered location" had been sold, abandoned, or given away by any "insured", or was condemned.

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D. Employers Liability

"Claims" or "legal defense expenses" arising out of or related to "bodily injury" to:

1. Any "insured" or any employee of its parent corporation, subsidiary or affiliate:

a. Arising out of, or in the course of, employment by any "insured", its parent corporation, subsidiary or affiliate; or

b. Performing duties related to the conduct of the business of any "insured", its parent corporation, subsidiary, or affiliate.

2. The spouse, child, parent, brother or sister of any "insured" or employee of its parent corporation, subsidiary or affiliate as a consequence of Paragraph **1.**, above.

This exclusion applies:

1. Whether an "insured" may be liable as an employer or in any other capacity; and

2. To any obligation to share damages with or repay someone else who must pay damages because of such "bodily injury".

E. Fines and Penalties

Payment of criminal fines, criminal penalties, punitive, exemplary or multiplied damages, or any associated "claims" seeking exclusively injunctive relief in addition to such fines, penalties or damages.

This exclusion also applies to any "legal defense expense" associated with such fines, penalties or damages.

This exclusion shall not apply to punitive or exemplary damages where such coverage is insurable by law.

F. First-Party Property Damage

"Claims" or "legal defense expenses" arising out of or related to damage to real or personal property owned by, leased to, loaned to, or rented by any "insured", or otherwise in the care, custody, or control of any "insured".

This exclusion shall not apply to "remediation costs".

G. Fraud or Misrepresentation

"Claims", "remediation costs" or "legal defense expenses" arising out of or related to:

1. Fraudulent acts or material misrepresentations on the part of the "first named insured" made:

a. Within the Application to this Policy; or

b. During the Application or underwriting process prior to the inception date identified in Item **2.** of the Declarations to this Policy, as applicable, which would have affected the Insurer's decision to either issue this Policy, or issue this Policy and its endorsements pursuant to the financial terms identified in the Declarations to this Policy; or

2. Fraudulent acts or material misrepresentations on the part of any "responsible person" during the "policy period".

H. Fungi and Legionella

"Claims", "remediation costs" or "legal defense expenses" arising out of or related to, in whole or part, the actual, alleged, or threatened inhalation of, ingestion of, contact with, exposure to, existence of, or presence of, any "fungi" or *legionella pneumophila*, regardless of whether any other cause, event, material, or product contributed concurrently or in any sequence to such injury or damage.

This exclusion shall also apply to any costs or expense arising out of or related to the testing for, monitoring, cleaning up, removing, containing, treating, detoxifying, neutralizing, remediating, or disposing

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of, or in any way responding to or assessing the effects of, "fungi" or *legionella pneumophila*, by any "insured" or by any other person or entity.

I. Insured's Internal Expenses

"Claims", "remediation costs" or "legal defense expenses" arising out of or related to expenses incurred by any "insured" for services performed by its salaried staff and any employees.

This exclusion shall not apply to "emergency response" or any costs, charges or expenses incurred with the prior written approval of the Insurer at its sole discretion.

J. Insured vs. Insured

"Claims" made by any "insured" against any other "insured".

K. Intentional Non-Compliance

"Claims", "remediation costs" or "legal defense expenses" arising out of or related to the intentional disregard of, or knowing, willful, or deliberate non-compliance with, any law, statute, regulation, ordinance, municipal code, administrative complaint, notice of violation, notice letter, administrative order, or instruction of any governmental agency or body, or executive, judicial or administrative order by any "responsible person".

L. Landfills or Recycling Facilities

"Claims", "remediation costs" or "legal defense expenses" arising out of or related to "pollution conditions" on, at, or under any Landfills or Recycling Facilities that are now, or have been at any time, leased, owned or operated by an "insured".

This exclusion shall not apply to "claims" for "bodily injury" or "property damage" arising out of "pollution conditions" allegedly migrating from landfills or recycling facilities that are specifically scheduled as "covered locations" pursuant to an endorsement attached to this Policy.

M. Lead-Based Paint

"Claims", "remediation costs" or "legal defense expenses" arising out of or related to lead-based paint.

N. Material Change in Risk

"Claims", "remediation costs", or "legal defense expenses" arising out of or related to a change in the:

1. Use or operations at a "covered location"; or

2. "Covered operations" performed by or on behalf of a "named insured",

that materially increases the likelihood or severity of a "pollution condition" or "claim" from the intended uses or operations identified by the "first named insured" for the Insurer in the Application and accompanying underwriting materials provided prior to the inception date identified in Item **2.** of the Declarations to this Policy; or

This exclusion shall only apply to the "covered location" associated with the change in use or operations, or the modified "covered operations" at issue, and shall not limit coverage for other "covered locations" or "covered operations" to which this insurance applies.

O. Naturally Occurring Materials

"Claims", "remediation costs" or "legal defense expenses" arising out of or related to the presence or removal of naturally occurring materials.

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This exclusion shall not apply in those circumstances where naturally occurring substances are present at a "covered location" as a result of human activities or human processes.

P. Pre-Existing Conditions

"Claims", "remediation costs" or "legal defense expenses" arising out of or related to "pollution conditions" commencing, in whole or in part, prior to the Retroactive Dates identified in Items **5.a.** and **5.b.**, as applicable, or any more specific Retroactive Date added to this Policy by endorsement.

Q. Products Liability

"Claims", "remediation costs" or "legal defense expense" arising out of any goods or products manufactured, sold or distributed by an "insured".

This exclusion shall not apply to "product pollution".

R. Professional Liability

"Claims", "remediation costs" or "legal defense expenses" arising out of or related to the rendering of or failure to render professional services, including, but not limited to, recommendations, opinions, and strategies rendered for architectural, consulting, design and engineering work, such as drawings, designs, maps, reports, surveys, change orders, plan specifications, assessment work, remedy selection, site maintenance, equipment selection, and related construction management, supervisory, inspection or engineering services.

S. Regulatory Compliance

"Claims", "remediation costs" or "legal defense expenses" arising out of or related to an "insured's" failure to comply with applicable Federal, State, or local regulations governing compliance with respect to any a covered "underground storage tank".

This exclusion shall not apply to any such non-compliance that occurs subsequent to release from a covered "underground storage tank".

T. Underground Storage Tanks

"Claims", "remediation costs" or "legal defense expenses" arising out of or related to "pollution conditions" emanating from an "underground storage tank".

This exclusion shall not apply to "underground storage tanks" specifically identified on the Schedule of Insured Underground Storage Tanks Endorsement attached to this Policy, if any.

U. Vehicles

"Claims", "remediation costs" or "legal defense expenses" arising out of or related to "pollution conditions" resulting from the use, maintenance or operation, including loading or unloading, of an automobile, aircraft, watercraft, or other conveyance beyond the boundaries of a "covered location".

This exclusion shall not apply to "transportation".

V. War or Terrorism

"Claims", "remediation costs" or "legal defense expenses" arising out of or related to "pollution conditions" attributable, whether directly or indirectly, to any acts that involve, or that involve preparation for, "war" or "terrorism", regardless of any other cause or event that contributes concurrently or in any sequence to the injury or damage.

W. Work Product

"Claims", "remediation costs" or "legal defense expenses" arising out of or related to work or operations performed by you or on your behalf, unless such work or operations are "covered operations".

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VII. REPORTING AND COOPERATION

A. The "insured" must see to it that the Insurer receives written notice of any "claim" or "pollution condition", as soon as practicable, at the address identified in Item **8.a.** of the Declarations to this Policy. Notice should include reasonably detailed information as to:

1. The identity of the "insured", including contact information for an appropriate person to contact regarding the handling of the "claim" or "pollution condition";
2. The identity of the "covered location" or "covered operations";
3. The nature of the "claim" or "pollution condition"; and
4. Any steps undertaken by the "insured" to respond to the "claim" or "pollution condition".

In the event of a "pollution condition", the "insured" must also take all reasonable measures to provide immediate verbal notice to the Insurer.

B. The "insured" must:

1. As soon as practicable, send the Insurer copies of any demands, notices, summonses or legal papers received in connection with any "claim";
2. Authorize the Insurer to obtain records and other information;
3. Cooperate with the Insurer in the investigation, settlement or defense of the "claim";
4. Assist the Insurer, upon the Insurer's request, in the enforcement of any right against any person or organization which may be liable to the "insured" because of "bodily injury", "property damage", "remediation costs" or "legal defense expense" to which this Policy may apply; and
5. Provide the Insurer with such information and cooperation as it may reasonably require.

C. No "insured" shall make or authorize an admission of liability or attempt to settle or otherwise dispose of any "claim" without the written consent of the Insurer. Nor shall any "insured" retain any consultants or incur any "remediation costs" without the prior express written consent of the Insurer, except in the event of an "emergency response".

D. Upon the discovery of a "pollution condition", the "insured" shall make every attempt to mitigate any loss and comply with applicable "environmental law". The Insurer shall have the right, but not the duty, to mitigate such "pollution conditions" if, in the sole judgment of the Insurer, the "insured" fails to take reasonable steps to do so. In that event, any "remediation costs" incurred by the Insurer shall be deemed incurred by the "insured", and shall be subject to the "deductible" and Limits of Liability identified in the Declarations to this Policy.

VIII. EXTENDED REPORTING PERIOD

A. The "first named insured" shall be entitled to a basic "extended reporting period", and may purchase an optional supplemental "extended reporting period", following Cancellation, as described in Subsection **A.**, Paragraph **1.** of Section **IX., GENERAL CONDITIONS**, or nonrenewal.

B. "Extended reporting periods" shall not reinstate or increase any of the Limits of Liability. "Extended reporting periods" shall not extend the "policy period" or change the scope of coverage provided. A "claim" first made against an "insured" and reported to the Insurer within the basic "extended reporting period" or supplemental "extended reporting period", whichever is applicable, shall be deemed to have been made and reported on the last day of the "policy period".

C. Provided the "first named insured" has not purchased any other insurance to replace this Policy, the "first named insured" shall have a ninety (90) day basic "extended reporting period" without additional charge.

D. Provided the "first named insured" has not purchased any other insurance to replace this Policy, the "first named insured" shall also be entitled to purchase a supplemental "extended reporting period" of up to thirty-three (33) months for not more than two hundred percent (200%) of the full premium identified in

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Item **5.** of the Declarations to this Policy, and any additional premiums resulting from coverage added during the "policy period". Such supplemental "extended reporting period" starts when the basic "extended reporting period" ends. The Insurer shall issue an endorsement providing a supplemental "extended reporting period" provided that the "first named insured":

1. Makes a written request, to the address identified in Item **8.b.** of the Declarations to this Policy, for such endorsement which the Insurer receives prior to the expiration of the "policy period"; and
2. Pays the additional premium when due. If that additional premium is paid when due, the supplemental "extended reporting period" may not be cancelled, provided that all other terms and conditions of the Policy are met.

IX. GENERAL CONDITIONS

A. Cancellation and Non-Renewal

1. This Policy may be cancelled only by the "first named insured", or through the "first named insured's" agent, by mailing to the Insurer at the address identified in Item **8.b.** of the Declarations to this Policy and to the Virginia Department of Environmental Quality (**VADEQ**), written notice stating when such cancellation shall be effective, which shall not be prior to at least sixty (60) days after the **VADEQ**'s receipt of such notice.
2. This Policy may be cancelled by the Insurer for the following reasons:
   - **a.** Non-payment of premium;
   - **b.** Fraud or material misrepresentation on the part of any "insured"; or
   - **c.** Failure by the "first named insured" to maintain collateral if such collateral is required by the Insurer to secure the "first named insured's" "deductible" reimbursement obligation contemplated within this Policy,

   by mailing to the "first named insured" at the "first named insured's" last known address and the **VADEQ**, written notice stating when, not less than sixty (60) days after **VADEQ**'s receipt of the notice, such cancellation shall be effective. The mailing of notice shall be sufficient proof of notice for the "first named insured". The effective date and hour of cancellation stated in the notice shall be the end of the "policy period".

   Subparagraph **2.b.**, herein, shall apply only to that "insured" that engages in the fraud or misrepresentation. This exception shall not apply to any "insured" who is a parent corporation, subsidiary, employer of, or otherwise affiliated by ownership with, such "insured".
3. <u>Non-Renewal</u>

   This Policy may be non-renewed by the Insurer for any reason by mailing to the "first named insured" at the "first named insured's" last known address, and the **VADEQ**, written notice confirming non-renewal, which is received by **VADEQ** at least thirty (30) days prior to the policy expiration date in Item **2.** of the Declarations to this Policy. The mailing of notice shall be sufficient proof of notice for the "first named insured".
4. In the event of cancellation, the premium percentage identified in Item **6.** of the Declarations to this Policy shall be the minimum-earned premium upon the inception date identified in Item **2.** of the Declarations to this Policy. Thereafter, the remaining unearned premium, if any, shall be deemed earned by the Insurer on a *pro rata* basis over the remainder of the "policy period". Any unearned premium amounts due the "first named insured" upon cancellation of this Policy, if any, shall be calculated on a *pro rata* basis and refunded within thirty (30) days of the effective date of cancellation.

B. Inspection and Audit

To the extent of the "insured's" ability to provide such access, and with reasonable notice to the "insured", the Insurer shall be permitted, but not obligated, to inspect and sample the "covered locations". The

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"insured" shall have the concurrent right to collect split samples. Neither the Insurer's right to make inspections, the making of said inspections, nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of the "insured" or others, to determine or warrant that such property or operations are safe or in compliance with "environmental law", or any other law.

The Insurer may examine and audit the "insured's" books and records during this "policy period" and extensions thereof and within three (3) years after the final termination of this Policy.

C. Legal Action Against the Insurer

No person or organization other than an "insured" has a right pursuant to this Policy:

1. To join the Insurer as a party or otherwise bring the Insurer into a suit against any "insured"; or
2. To sue the Insurer in connection with this insurance unless all of the Policy terms have been fully complied with.

D. Bankruptcy

The insolvency or bankruptcy of any "insured" or any "insured's" estate shall not relieve the Insurer of its obligations pursuant to this Policy. This insurance shall not replace any other insurance to which this Policy is excess, nor shall this Policy drop down to be primary, in the event of the insolvency or bankruptcy of any underlying insurer.

E. Subrogation

In the event of any payment pursuant to this Policy by the Insurer, the Insurer shall be subrogated to all of the rights of recovery against any person or organization, and the "insured" shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights. The "insureds" shall do nothing to prejudice such rights. Any recovery as a result of subrogation proceedings arising pursuant to this Policy shall accrue first to the "insureds" to the extent of any payments in excess of the limit of coverage; then to the Insurer to the extent of its payment pursuant to the Policy; and then to the "insured" to the extent of the "deductible". Expenses incurred in such subrogation proceedings shall be apportioned among the interested parties in the recovery in the proportion that each interested party's share in the recovery bears to the total recovery.

F. Representations

By accepting this Policy, the "first named insured" agrees that:

1. The statements in the Declarations, schedules and endorsements to, and Application for, this Policy are accurate and complete;
2. Those statements and representations constitute warranties that the "first named insured" made to the Insurer; and
3. This Policy has been issued in reliance upon the "first named insured's" warranties.

G. Separation of Insureds

Except with respect to the Limits of Liability, Cancellation condition **2.a.**, above, the Fraud or Misrepresentation Exclusion, the Insured vs. Insured Exclusion, the Intentional Non-Compliance Exclusion, the Pre-Existing Conditions Exclusion, the Material Change in Risk Exclusion, the Underground Storage Tanks Exclusion, and any obligations specifically assigned to the "first named insured", this Policy applies:

1. As if each "named insured" were the only "insured"; and
2. Separately to each "named insured" against whom a "claim" is made.

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H. Other Insurance

If other valid and collectible insurance is available to any "insured" covering a loss also covered by this Policy, other than a policy that is specifically written to apply in excess of this Policy, the insurance afforded by this Policy shall apply in excess of and shall not contribute with such other insurance.

I. Jurisdiction and Venue

It is agreed that in the event of the failure of the Insurer to pay any amount claimed to be due hereunder, the Insurer and the "insured" shall submit to the exclusive jurisdiction of the State of New York and shall comply with all requirements necessary to give such court jurisdiction. Nothing in this clause constitutes or should be understood to constitute a waiver of the Insurer's right to remove an action to a United States District Court.

J. Choice of Law

All matters arising hereunder, including questions relating to the validity, interpretation, performance, and enforcement of this Policy, and the rights, duties and obligations hereunder, shall be determined in accordance with the law and practices of the State of New York.

K. Changes and Assignment

Notice to or knowledge possessed by any person shall not effect waiver or change in any part of this Policy or estop the Insurer from asserting any right pursuant to the terms of this Policy. The terms, definitions, conditions, exclusions and limitations of this Policy shall not be waived or changed, and no assignment of any interest in this Policy shall bind the Insurer, except as provided by endorsement and attached to this Policy.

L. Headings

The descriptions in the headings and sub-headings of this Policy are inserted solely for convenience and do not constitute any part of the terms or conditions hereof.

M. Consent

Where the consent of the Insurer, or an "insured", is required pursuant to this Policy, such consent shall not be unreasonably withheld, delayed, conditioned, or denied.

N. Direct Action Litigation

In the event a direct legal action is taken by a third-party against the Insurer related to a "claim" that is, or may be afforded coverage pursuant to this Policy, the Insurer shall provide prompt notice to the "first named insured" of such action. Costs incurred to defend the Insurer and the payment of any such "claims" against the Insurer shall be subject to the "deductible" and shall erode all applicable Limits or Sublimits of Liability. If any Limits or Sublimits of Liability have been exhausted, the "first named insured" shall assume the defense of the Insurer and such costs shall be borne by the "first named insured". The Insurer maintains the right to retain independent counsel; however, if the Insurer elects to retain independent counsel, the Insurer shall provide the "first named insured" with copies of estimated defense costs, prior to such costs being incurred, and all invoices received by the Insurer, related to such defense.

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OTHER INSURANCE (Primary) ENDORSEMENT

Named Insured **Peppers Ferry Regional Wastewater Treatment Authority**			Endorsement Number **001**
Policy Symbol **PPE**	Policy Number **G27371929 001**	Policy Period **12/16/2013 to 12/16/2014**	Effective Date of Endorsement **12/16/2013**
Issued By (Name of Insurance Company) **Illinois Union Insurance Company**			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

The "insured" and the Insurer hereby agree to the following changes to this Policy:

Section **IX.**, **GENERAL CONDITIONS**, Subsection **H.**, **Other Insurance**, of this Policy is hereby deleted in its entirety and replaced with the following:

H. Other Insurance

If other valid and collectible insurance is available to the "insured" covering a loss also covered by this Policy, the insurance afforded by this Policy shall apply as primary insurance.

All other terms and conditions of this Policy remain unchanged.

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William P Hyatt

Authorized Representative

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TRADE OR ECONOMIC SANCTIONS ENDORSEMENT

Named Insured			Endorsement Number
Peppers Ferry Regional Wastewater Treatment Authority			**002**
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
PPE	**G27371929 001**	**12/16/2013 to 12/16/2014**	**12/16/2013**
Issued By (Name of Insurance Company)			
Illinois Union Insurance Company			

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims. All other terms and conditions of the policy remain unchanged.

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William P. Hyatt

Authorized Agent

SERVICE OF SUIT ENDORSEMENT

Named Insured			Endorsement Number
Peppers Ferry Regional Wastewater Treatment Authority			**003**
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
PPE	**G27371929 001**	**12/16/2013 to 12/16/2014**	**12/16/2013**
Issued By (Name of Insurance Company)			
Illinois Union Insurance Company			

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Information about service of suits upon the company is given below. Service of process of suits against the company may be made upon the following person, or another person the company may designate:

Saverio Rocca, Assistant General Counsel
ACE USA Companies
436 Walnut Street
Philadelphia, PA 19106-3703

The person named above is authorized and directed to accept service of process on the company's behalf in any action, suit or proceeding instituted against the company. If the insured requests, the company will give the insured a written promise that a general appearance will be entered on the company's behalf if a suit is brought.

If the insured requests, the company will submit to the jurisdiction of any court of competent jurisdiction. The company will accept the final decision of that court or any Appellate Court in the event of an appeal.

The law of some jurisdictions of the United States of America require that the Superintendent, Commissioner or Director of Insurance (or their successor in office) be designated as the company's agent for service of process. In these jurisdictions, the company designates the Director of Insurance as the company's true and lawful attorney upon whom service of process on the company's behalf may be made. The company also authorizes the Director of Insurance to mail process received on the company's behalf to the company person named above.

If the insured is a resident of Canada, the insured may also serve suit upon the company by serving the government official designated by the law of the insured's province.

NOTHING HEREIN CONTAINED SHALL BE HELD TO VARY, ALTER, WAIVE OR EXTEND ANY OF THE TERMS, CONDITIONS, OR LIMITATIONS OF THE POLICY TO WHICH THIS ENDORSEMENT IS ATTACHED OTHER THAN AS ABOVE STATED.

William P. Hyatt

Authorized Representative

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SIGNATURE ENDORSEMENT

Named Insured			Endorsement Number
Peppers Ferry Regional Wastewater Treatment Authority			**004**
Policy Symbol	Policy Number	Policy Period	Effective Date of Endorsement
PPE	**G27371929 001**	**12/16/2013 to 12/16/2014**	**12/16/2013**
Issued By (Name of Insurance Company)			
Illinois Union Insurance Company			

THE ONLY SIGNATURES APPLICABLE TO THIS POLICY ARE THOSE REPRESENTING THE COMPANY NAMED ON THE FIRST PAGE OF THE DECLARATIONS.

By signing and delivering the policy to you, we state that it is a valid contract when countersigned by our authorized representative.

ILLINOIS UNION INSURANCE COMPANY (A stock company)
525 W. Monroe Street, Suite 400, Chicago, Illinois 60661

WESTCHESTER SURPLUS LINES INSURANCE COMPANY (A stock company)
Royal Centre Two, 11575 Great Oaks Way, Suite 200, Alpharetta, GA 30022

CARMINE A. GIGANTI, Secretary

JOHN J. LUPICA, President

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William P. Hyatt

Authorized Representative

LD-5S23i (12/11)

Illinois Union Insurance Company
Insurance Company

Peppers Ferry Regional Wastewater Treatment Authority
Policyholder

PPE G27371929 001
Policy Number

Alliant Insurance Services, Inc.
Broker/Producer

POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM INSURANCE COVERAGE

You were notified that under the Terrorism Risk Insurance Act, as amended, that you have the right to purchase insurance coverage for losses resulting from acts of terrorism, *as defined in Section 102(1) of the Act*. The term "act of terrorism" means any act that is certified by the Secretary of the Treasury---in concurrence with the Secretary of State, and the Attorney General of the United States---to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, SUCH POLICIES MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS THAT MAY BE COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A $100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABIITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS $100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED $100 BILLION, COVERAGE MAY BE REDUCED.

You elected ***NOT*** to purchase terrorism coverage under the Act at the price indicated. ACCORDINGLY, WE WILL ***NOT*** PROVIDE THIS COVERAGE AND YOU DO NOT OWE THE ADDITIONAL PREMIUM FOR THAT COVERAGE INDICATED BELOW.

Terrorism coverage described by the Act under your policy was made available to you for additional premium in the amount of $266, however you elected to decline such coverage.

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ACE USA

☒ Illinois Union Insurance Company
☐ INA Surplus Insurance Company
☐ Westchester Surplus Lines Insurance Company
☐ _____

Insured:
Peppers Ferry Regional Wastewater Treatment Authority
PO Box 2950
Radford, VA 24143

Attached To Policy No.: **PPE G27371929 001**

Effective Date: **December 16, 2013**

VIRGINIA SURPLUS LINES NOTIFICATION

Form SLB-9

THE INSURANCE POLICY THAT YOU HAVE APPLIED FOR HAS BEEN PLACED WITH OR IS BEING OBTAINED FROM AN INSURER APPROVED BY THE STATE CORPORATION COMMISSION FOR ISSUANCE OF SURPLUS LINES INSURANCE IN THIS COMMONWEALTH, BUT NOT LICENSED OR REGULATED BY THE STATE CORPORATION COMMISSION OF THE COMMONWEALTH OF VIRGINIA. THEREFORE YOU, THE POLICYHOLDER, AND PERSONS FILING A CLAIM AGAINST YOU ARE NOT PROTECTED UNDER THE VIRGINIA PROPERTY AND CASUALTY INSURANCE GUARANTY ASSOCIATION ACT (SECTION 38.2-1600 et seq.) AGAINST DEFAULT OF THE COMPANY DUE TO INSOLVENCY. IN THE EVENT OF INSURANCE COMPANY INSOLVENCY YOU MAY BE UNABLE TO COLLECT ANY AMOUNT OWED TO YOU BY THE COMPANY REGARDLESS OF THE TERMS OF THIS INSURANCE POLICY, AND YOU MAY HAVE TO PAY FOR ANY CLAIMS MADE AGAINST YOU.

Constance J. Webberley
(Name of Surplus Lines Broker)

105426
(License Number)

1301 Dove Street, Suite 200, Newport Beach, CA 92660
(Broker's Mailing Address)

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NOTHING HEREIN CONTAINED SHALL BE HELD TO VARY, ALTER, WAIVE OR EXTEND ANY OF THE TERMS, CONDITIONS, OR LIMITATIONS OF THE POLICY TO WHICH THIS NOTICE IS ATTACHED OTHER THAN AS STATED ABOVE.

SCHEDULE OF COVERED LOCATIONS (Coverage A.) ENDORSEMENT

Named Insured **Pepper's Ferry Regional Wastewater Treatment Authority**			Endorsement Number **007**
Policy Symbol **PPE**	Policy Number **G27371929 001**	Policy Period **12/16/2013 to 12/16/2014**	Effective Date of Endorsement **12/16/2014**
Issued By (Name of Insurance Company) **Illinois Union Insurance Company**			

Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

The "insured" and the Insurer hereby agree to the following changes to this Policy:

Coverage is afforded only under Coverage **A.** of this Policy for the "covered locations" identified in the Schedule of Covered Locations, below.

SCHEDULE OF COVERED LOCATIONS	COVERAGE PROVIDED
1. KB Alexander Farm, 37° 5'11.73"N 80°42'10.45"W & 37° 5'12.12"N 80°42'49.83"W Alexander Farm Road, Dublin, VA 24084	**Coverage A.**
2. Doug Bunn Farm, 37° 8'46.96"N 80°39'9.81"W 6500 Ruebush Road, Dublin, VA 24084	**Coverage A.**
3. Alan Graybeal Farm, 37° 9'34.98"N 80°37'16.60"W 4900 Tie Lane, Dublin, VA 24084	**Coverage A.**
4. Glen Goad Farm, 37° 8'50.20"N 80°36'35.40"W 7143 Warden Ct., Fairlawn, VA 24141	**Coverage A.**
5. Darrel Bird Property, 37° 6'22.98"N 80°42'44.47"W P.O. Box 1302, Dublin, VA 2408441	**Coverage A.**
6. Ted Dalton Property, 37° 7'43.74"N 80°39'51.16"W P.O. Box 2950, Radford, VA 24143	**Coverage A.**

All other terms and conditions of this Policy remain unchanged.

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William P. Hazelton

Authorized Representative

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Important Information to Virginia Policyholders Regarding Your Insurance

In the event you need to contact someone about this insurance for any reason please contact your agent. If no agent was involved in the sale of this insurance, or if you have additional questions you may contact the insurance company issuing this insurance at the following address and telephone number

ACE USA Companies
Customer Support Service Department
436 Walnut Street
PO Box 1000
Philadelphia, PA 19106-3703
1-800-352-4462

If you have been unable to contact or obtain satisfaction from the company or the agent, you may contact the Virginia State Corporation Commission's Bureau of Insurance at:

1300 East Main Street
Tyler Building
Richmond, VA 23219
Consumer Hot Line: 1-800-552-7945
Bureau of Insurance: 804-371-9185

Written correspondence is preferable so that a record of your inquiry is maintained. When contacting your agent, company or the Bureau of Insurance, have your policy number available.

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ACE Producer Compensation
Practices & Policies

ACE believes that policyholders should have access to information about ACE's practices and policies related to the payment of compensation to brokers and independent agents. You can obtain that information by accessing our website at http://www.aceproducercompensation.com or by calling the following toll-free telephone number: 1-866-512-2862.

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ALL-20887 (10/06)

U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site – http//www.treas.gov/ofac.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.

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ODOR CONTROL

The plan for controlling biosolids odors at the Pepper's Ferry Regional Wastewater Treatment Authority includes two major elements: 1) a description of the processes used to prepare biosolids for land application; and 2) strategies to control or manage odors including short-term and long-term components.

1. Description of processes to prepare Biosolids for land application

The biosolids stabilization process utilized at the Pepper's Ferry treatment facility, is designed to perform two functions: 1) to produce a stabilized product that meets all the requirements of the regulatory agency, and 2) to produce a product that may be utilized or disposed of in an economical manner. To accomplish this, the Authority produces a Class B material that is fully compliant with permit regulation, utilizing the anaerobic digestion stabilization process for pathogen removal and vector attraction reduction. The resultant biosolids are then dewatered on a belt filter press to an average of 21% solids and stored under cover at the treatment facility until used.

2. Strategies to control or manage odors

The anaerobic digestion process produces a well-stabilized material with no discernable odor, or if any, none that could be considered objectionable. Once the biosolids have been processed, the material is stored in two dry sludge storage buildings. All material to be land applied is loaded into a covered, sealed transportation/spreader truck and driven to the site where the biosolids are immediately applied to the farmland. No material is ever stockpiled or stored at the land application site. Any slight earthy or musty odor quickly dissipates and cannot be detected for more than a few hours after application.

All operators involved with the land application program are Certified Land Appliers as well as licensed wastewater operators. Any material determined by these operators to be of a strong or irritating odor will be immediately transported via sealed, covered truck to the New River Resources Solid Waste Management Area for disposal.

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Pepper's Ferry RWTA
Biosolids Land Application Site Checklist

1 Site Designation and location/address

2 Has the regional Office of Virginia DEQ been properly notified of site activities? Yes No

3 Have signs been properly placed with regard to location and duration? Yes No

4 Does the site book contain field maps showing buffer, site and slope restrictions? Yes No

5 Is the site book in the spreader vehicle? Yes No

6 Are weather conditions acceptable for land application activities? Yes No

Signature Certified Land Applier

_____ Date _____

Signature Chief Operator

_____ Date _____

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VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM
SECTION C: LAND APPLICATION OF BULK BIOSOLIDS

LAND APPLICATION AGREEMENT - BIOSOLIDS

A. This land application agreement is made on September 27, 2013 between Alan Graybeal referred to here as "Landowner", and Pepper's Ferry RWSTA, referred to here as the "Permittee". This agreement remains in effect until it is terminated in writing by either party or, with respect to those parcels that are retained by the Landowner in the event of a sale of one or more parcels, until ownership of all parcels changes. If ownership of individual parcels identified in this agreement changes, those parcels for which ownership has changed will no longer be authorized to receive biosolids or industrial residuals under this agreement.

Landowner:
The Landowner is the owner of record of the real property located in Dublin, Virginia, which includes the agricultural, silvicultural or reclamation sites identified below in Table 1 and identified on the tax map(s) attached as Exhibit A.

Table 1.: Parcels authorized to receive biosolids

Tax Parcel ID	Tax Parcel ID	Tax Parcel ID	Tax Parcel ID
T27			
T25			
T1			
T16			

☐ Additional parcels containing Land Application Sites are identified on Supplement A (check if applicable)

Check one:
☑ The Landowner is the sole owner of the properties identified herein.
☐ The Landowner is one of multiple owners of the properties identified herein.

In the event that the Landowner sells or transfers all or part of the property to which biosolids have been applied within 38 months of the latest date of biosolids application, the Landowner shall:

1. Notify the purchaser or transferee of the applicable public access and crop management restrictions no later than the date of the property transfer; and
2. Notify the Permittee of the sale within two weeks following property transfer.

The Landowner has no other agreements for land application on the fields identified herein. The Landowner will notify the Permittee immediately if conditions change such that the fields are no longer available to the Permittee for application or any part of this agreement becomes invalid or the information herein contained becomes incorrect.

The Landowner hereby grants permission to the Permittee to land apply biosolids on the agricultural sites identified above and in Exhibit A. The Landowner also grants permission for DEQ staff to conduct inspections on the land identified above, before, during or after land application of biosolids for the purpose of determining compliance with regulatory requirements applicable to such application.

Alan Graybeal Owner — Landowner – Printed Name, Title
Alan Graybeal — Signature
4900 Tic Lane Dublin, VA. 24084 — Mailing Address

Permittee:
Pepper's Ferry RWSTA, the Permittee, agrees to apply biosolids on the Landowner's land in the manner authorized by the VPDES Permit Regulation and in amounts not to exceed the rates identified in the nutrient management plan prepared for each land application field by a person certified in accordance with §10.1-104.2 of the Code of Virginia.

The Permittee agrees to notify the Landowner or the Landowner's designee of the proposed schedule for land application and specifically prior to any particular application to the Landowner's land. Notice shall include the source of residuals to be applied.

☐ I reviewed the documents assigning signatory authority to the person signing for landowner above. I will make a copy of this document available to DEQ for review upon request. (Do not check this box if the landowner signs this agreement)

R. Clarke Wallcraft — Permittee – Authorized Representative Printed Name
R. Clarke Wallcraft — Signature
P.O. Box 2950, Radford, VA 24143 — Mailing Address

Rev 9/14/2012

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LAND APPLICATION AGREEMENT - BIOSOLIDS

Permittee: Potomac Ferry Partners **County or City:** Pulaski, VA

Landowner: Alan Graybeal

Landowner Site Management Requirements:

I, the Landowner, I have received a DEQ Biosolids Fact Sheet that includes information regarding regulations governing the land application of biosolids, the components of biosolids and proper handling and land application of biosolids.

I have also been expressly advised by the Permittee that the site management requirements and site access restrictions identified below must be complied with after biosolids have been applied on my property in order to protect public health, and that I am responsible for the implementation of these practices.

I agree to implement the following site management practices at each site under my ownership following the land application of biosolids at the site:

1. Notification Signs: I will not remove any signs posted by the Permittee for the purpose of identifying my field as a biosolids land application site, unless requested by the Permittee, until at least 30 days after land application at that site is completed.
2. Public Access
   a. Public access to land with a high potential for public exposure shall be restricted for at least one year following any application of biosolids.
   b. Public access to land with a low potential for public exposure shall be restricted for at least 30 days following any application of biosolids. No biosolids amended soil shall be excavated or removed from the site during this same period of time unless adequate provisions are made to prevent public exposure to soil, dusts or aerosols;
   c. Turf grown on land where biosolids are applied shall not be harvested for one year after application of biosolids when the harvested turf is placed on either land with a high potential for public exposure or a lawn, unless otherwise specified by DEQ.
3. Crop Restrictions:
   a. Food crops with harvested parts that touch the biosolids/soil mixture and are totally above the land surface shall not be harvested for 14 months after the application of biosolids.
   b. Food crops with harvested parts below the surface of the land shall not be harvested for 20 months after the application of biosolids when the biosolids remain on the land surface for a time period of four (4) or more months prior to incorporation into the soil,
   c. Food crops with harvested parts below the surface of the land shall not be harvested for 38 months when the biosolids remain on the land surface for a time period of less than four (4) months prior to incorporation.
   d. Other food crops and fiber crops shall not be harvested for 30 days after the application of biosolids;
   e. Feed crops shall not be harvested for 30 days after the application of biosolids (60 days if fed to lactating dairy animals).
4. Livestock Access Restrictions:
   Following biosolids application to pasture or hayland sites:
   a. Meat producing livestock shall not be grazed for 30 days,
   b. Lactating dairy animals shall not be grazed for a minimum of 60 days.
   c. Other animals shall be restricted from grazing for 30 days;
5. Supplemental commercial fertilizer or manure applications will be coordinated with the biosolids and industrial residuals applications such that the total crop needs for nutrients are not exceeded as identified in the nutrient management plan developed by a person certified in accordance with §10.1-104.2 of the Code of Virginia;
6. Tobacco, because it has been shown to accumulate cadmium, should not be grown on the Landowner's land for three years following the application of biosolids or industrial residuals which bear cadmium equal to or exceeding 0.45 pounds/acre (0.5 kilograms/hectare).

Alan Graybeal 9-27-13

Landowner's Signature Date

Rev 9/14/2012

LAND APPLICATION AGREEMENT - BIOSOLIDS

Landowner Coordination Form

This form is used by the Permittee to identify properties (tax parcels) that are authorized to receive biosolids and each of the legal landowners of those tax parcels. A *Land Application Agreement – Biosolids* form, pages 1 and 2 with original signature must be attached for each legal landowner identified below prior to land application at the identified parcels.

Permittee: Pepper Ferry RWWTA

County or City: Pulaski, VA

Please Print

(Signatures not required on this page)

Tax Parcel ID(s)	Landowner(s)
T27	Alan Graybeal
T25	Alan Graybeal
T1	Alan Graybeal
T16	Alan Graybeal

LAND APPLICATION AGREEMENT - BIOSOLIDS

Permittee: Peppers Ferry RWWTA City/County: Pulaski, VA

Landowner: Alan Graybeal

Supplement A: Additional Land Application Sites

Table 1 continued: Parcels authorized to receive biosolids.

Tax Parcel ID	Tax Parcel ID	Tax Parcel ID	Tax Parcel ID
T27	T25	T1	T16

Alan Graybeal Alan Graybeal 4900 Tie Lane, Dublin, VA 24084

Landowner – Printed Name Signature Mailing Address

Rev 9/14/2012

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM
SECTION C: LAND APPLICATION OF BULK BIOSOLIDS

LAND APPLICATION AGREEMENT - BIOSOLIDS

A. This land application agreement is made on September 27 20[illegible] between Glenn Good referred to here as "Landowner", and Pepper's Ferry RWTA referred to here as the "Permittee". This agreement remains in effect until it is terminated in writing by either party or, with respect to those parcels that are retained by the Landowner in the event of a sale of one or more parcels, until ownership of all parcels changes. If ownership of individual parcels identified in this agreement changes, those parcels for which ownership has changed will no longer be authorized to receive biosolids or industrial residuals under this agreement.

Landowner:
The Landowner is the owner of record of the real property located in Fairlawn, Virginia, which includes the agricultural, silvicultural or reclamation sites identified below in Table 1 and identified on the tax map(s) attached as Exhibit A.

Table 1.: Parcels authorized to receive biosolids

Tax Parcel ID	Tax Parcel ID	Tax Parcel ID	Tax Parcel ID
T 1315			
T 282			

☐ Additional parcels containing Land Application Sites are identified on Supplement A (check if applicable)

Check one:
☑ The Landowner is the sole owner of the properties identified herein.
☐ The Landowner is one of multiple owners of the properties identified herein.

In the event that the Landowner sells or transfers all or part of the property to which biosolids have been applied within 38 months of the latest date of biosolids application, the Landowner shall:

1. Notify the purchaser or transferee of the applicable public access and crop management restrictions no later than the date of the property transfer; and
2. Notify the Permittee of the sale within two weeks following property transfer.

The Landowner has no other agreements for land application on the fields identified herein. The Landowner will notify the Permittee immediately if conditions change such that the fields are no longer available to the Permittee for application or any part of this agreement becomes invalid or the information herein contained becomes incorrect.

The Landowner hereby grants permission to the Permittee to land apply biosolids on the agricultural sites identified above and in Exhibit A. The Landowner also grants permission for DEQ staff to conduct inspections on the land identified above, before, during or after land application of biosolids for the purpose of determining compliance with regulatory requirements applicable to such application.

Glenn H. Good — 7143 Warden Ct., Fairlawn, VA 24141

Landowner – Printed Name, Title | Signature | Mailing Address

Permittee:
Pepper's Ferry RWTA the Permittee, agrees to apply biosolids on the Landowner's land in the manner authorized by the VPDES Permit Regulation and in amounts not to exceed the rates identified in the nutrient management plan prepared for each land application field by a person certified in accordance with §10.1-104.2 of the Code of Virginia.

The Permittee agrees to notify the Landowner or the Landowner's designee of the proposed schedule for land application and specifically prior to any particular application to the Landowner's land. Notice shall include the source of residuals to be applied.

☐ I reviewed the documents assigning signatory authority to the person signing for landowner above. I will make a copy of this document available to DEQ for review upon request. (Do not check this box if the landowner signs this agreement)

R. Clarke Wallcraft — R. Clarke Wallcraft — P.O. Box 2950 Radford, VA 24143

Permittee – Authorized Representative Printed Name | Signature | Mailing Address

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LAND APPLICATION AGREEMENT - BIOSOLIDS

Permittee: Peppers Ferry Partnership **County or City:** Pulaski, VA

Landowner: Glenn Lead

Landowner Site Management Requirements:

I, the Landowner, I have received a DEQ Biosolids Fact Sheet that includes information regarding regulations governing the land application of biosolids, the components of biosolids and proper handling and land application of biosolids.

I have also been expressly advised by the Permittee that the site management requirements and site access restrictions identified below must be complied with after biosolids have been applied on my property in order to protect public health, and that I am responsible for the implementation of these practices.

I agree to implement the following site management practices at each site under my ownership following the land application of biosolids at the site:

1. Notification Signs: I will not remove any signs posted by the Permittee for the purpose of identifying my field as a biosolids land application site, unless requested by the Permittee, until at least 30 days after land application at that site is completed.
2. Public Access
   a. Public access to land with a high potential for public exposure shall be restricted for at least one year following any application of biosolids.
   b. Public access to land with a low potential for public exposure shall be restricted for at least 30 days following any application of biosolids. No biosolids amended soil shall be excavated or removed from the site during this same period of time unless adequate provisions are made to prevent public exposure to soil, dusts or aerosols;
   c. Turf grown on land where biosolids are applied shall not be harvested for one year after application of biosolids when the harvested turf is placed on either land with a high potential for public exposure or a lawn, unless otherwise specified by DEQ.
3. Crop Restrictions:
   a. Food crops with harvested parts that touch the biosolids/soil mixture and are totally above the land surface shall not be harvested for 14 months after the application of biosolids.
   b. Food crops with harvested parts below the surface of the land shall not be harvested for 20 months after the application of biosolids when the biosolids remain on the land surface for a time period of four (4) or more months prior to incorporation into the soil,
   c. Food crops with harvested parts below the surface of the land shall not be harvested for 38 months when the biosolids remain on the land surface for a time period of less than four (4) months prior to incorporation.
   d. Other food crops and fiber crops shall not be harvested for 30 days after the application of biosolids;
   e. Feed crops shall not be harvested for 30 days after the application of biosolids (60 days if fed to lactating dairy animals).
4. Livestock Access Restrictions:
   Following biosolids application to pasture or hayland sites:
   a. Meat producing livestock shall not be grazed for 30 days,
   b. Lactating dairy animals shall not be grazed for a minimum of 60 days.
   c. Other animals shall be restricted from grazing for 30 days;
5. Supplemental commercial fertilizer or manure applications will be coordinated with the biosolids and industrial residuals applications such that the total crop needs for nutrients are not exceeded as identified in the nutrient management plan developed by a person certified in accordance with §10.1-104.2 of the Code of Virginia;
6. Tobacco, because it has been shown to accumulate cadmium, should not be grown on the Landowner's land for three years following the application of biosolids or industrial residuals which bear cadmium equal to or exceeding 0.45 pounds/acre (0.5 kilograms/hectare).

Isaac G. Glenn 9-27-13

Landowner's Signature Date

LAND APPLICATION AGREEMENT - BIOSOLIDS

Landowner Coordination Form

This form is used by the Permittee to identify properties (tax parcels) that are authorized to receive biosolids and each of the legal landowners of those tax parcels. A *Land Application Agreement – Biosolids* form, pages 1 and 2 with original signature must be attached for each legal landowner identified below prior to land application at the identified parcels.

Permittee: Peppers Ferry RWWTA

County or City: Pulaski, VA

Please Print

(Signatures not required on this page)

Tax Parcel ID(s)	Landowner(s)
T 135	Dave L. Good
T 282	Dave L. Good

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM
SECTION C: LAND APPLICATION OF BULK BIOSOLIDS

LAND APPLICATION AGREEMENT - BIOSOLIDS

Permittee: Peppers Ferry RWWTA City/County: Pulaski, VA

Landowner: Glenn Good

Supplement A: Additional Land Application Sites

Table 1 continued: Parcels authorized to receive biosolids.

Tax Parcel ID	Tax Parcel ID	Tax Parcel ID	Tax Parcel ID
T1115	T282		

ISAAC G GOOD

Landowner – Printed Name

Signature

7143 Warden Ct, Fairlawn, VA 24141

Mailing Address

Rev 9/14/2012

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM
SECTION C: LAND APPLICATION OF BULK BIOSOLIDS

LAND APPLICATION AGREEMENT - BIOSOLIDS

A. This land application agreement is made on September 25, 2013 between New River Valley Airport Commission referred to here as "Landowner", and Peppers Ferry PSWTF, referred to here as the "Permittee". This agreement remains in effect until it is terminated in writing by either party or, with respect to those parcels that are retained by the Landowner in the event of a sale of one or more parcels, until ownership of all parcels changes. If ownership of individual parcels identified in this agreement changes, those parcels for which ownership has changed will no longer be authorized to receive biosolids or industrial residuals under this agreement.

Landowner:
The Landowner is the owner of record of the real property located in Dublin, Virginia, which includes the agricultural, silvicultural or reclamation sites identified below in Table 1 and identified on the tax map(s) attached as Exhibit A.

Table 1.: Parcels authorized to receive biosolids

Tax Parcel ID	Tax Parcel ID	Tax Parcel ID	Tax Parcel ID
T 2033			

☐ Additional parcels containing Land Application Sites are identified on Supplement A (check if applicable)

Check one:
☐ The Landowner is the sole owner of the properties identified herein.
☐ The Landowner is one of multiple owners of the properties identified herein.

In the event that the Landowner sells or transfers all or part of the property to which biosolids have been applied within 38 months of the latest date of biosolids application, the Landowner shall:

1. Notify the purchaser or transferee of the applicable public access and crop management restrictions no later than the date of the property transfer; and
2. Notify the Permittee of the sale within two weeks following property transfer.

The Landowner has no other agreements for land application on the fields identified herein. The Landowner will notify the Permittee immediately if conditions change such that the fields are no longer available to the Permittee for application or any part of this agreement becomes invalid or the information herein contained becomes incorrect.

The Landowner hereby grants permission to the Permittee to land apply biosolids on the agricultural sites identified above and in Exhibit A. The Landowner also grants permission for DEQ staff to conduct inspections on the land identified above, before, during or after land application of biosolids for the purpose of determining compliance with regulatory requirements applicable to such application.

Keith Holt, Airport Manager	Keith Holt	5391 C.V. Jackson Rd Bldg. 4, Dublin VA 24060
Landowner – Printed Name, Title	Signature	Mailing Address

Permittee:
Peppers Ferry PSWTF, the Permittee, agrees to apply biosolids on the Landowner's land in the manner authorized by the VPDES Permit Regulation and in amounts not to exceed the rates identified in the nutrient management plan prepared for each land application field by a person certified in accordance with §10.1-104.2 of the Code of Virginia.

The Permittee agrees to notify the Landowner or the Landowner's designee of the proposed schedule for land application and specifically prior to any particular application to the Landowner's land. Notice shall include the source of residuals to be applied.

☐ I reviewed the documents assigning signatory authority to the person signing for landowner above. I will make a copy of this document available to DEQ for review upon request. (Do not check this box if the landowner signs this agreement)

R. Clarke Wallcraft	R. Clarke Wallcraft	P.O. Box 2950 Radford, VA 24143
Permittee – Authorized Representative Printed Name	Signature	Mailing Address

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LAND APPLICATION AGREEMENT - BIOSOLIDS

Permittee: Peppers Ferry RWWTA **County or City:** Pulaski, VA

Landowner: New River Valley Airport Commission

Landowner Site Management Requirements:

I, the Landowner, I have received a DEQ Biosolids Fact Sheet that includes information regarding regulations governing the land application of biosolids, the components of biosolids and proper handling and land application of biosolids.

I have also been expressly advised by the Permittee that the site management requirements and site access restrictions identified below must be complied with after biosolids have been applied on my property in order to protect public health, and that I am responsible for the implementation of these practices.

I agree to implement the following site management practices at each site under my ownership following the land application of biosolids at the site:

1. Notification Signs: I will not remove any signs posted by the Permittee for the purpose of identifying my field as a biosolids land application site, unless requested by the Permittee, until at least 30 days after land application at that site is completed.
2. Public Access
   a. Public access to land with a high potential for public exposure shall be restricted for at least one year following any application of biosolids.
   b. Public access to land with a low potential for public exposure shall be restricted for at least 30 days following any application of biosolids. No biosolids amended soil shall be excavated or removed from the site during this same period of time unless adequate provisions are made to prevent public exposure to soil, dusts or aerosols;
   c. Turf grown on land where biosolids are applied shall not be harvested for one year after application of biosolids when the harvested turf is placed on either land with a high potential for public exposure or a lawn, unless otherwise specified by DEQ.
3. Crop Restrictions:
   a. Food crops with harvested parts that touch the biosolids/soil mixture and are totally above the land surface shall not be harvested for 14 months after the application of biosolids.
   b. Food crops with harvested parts below the surface of the land shall not be harvested for 20 months after the application of biosolids when the biosolids remain on the land surface for a time period of four (4) or more months prior to incorporation into the soil,
   c. Food crops with harvested parts below the surface of the land shall not be harvested for 38 months when the biosolids remain on the land surface for a time period of less than four (4) months prior to incorporation.
   d. Other food crops and fiber crops shall not be harvested for 30 days after the application of biosolids;
   e. Feed crops shall not be harvested for 30 days after the application of biosolids (60 days if fed to lactating dairy animals).
4. Livestock Access Restrictions:
   Following biosolids application to pasture or hayland sites:
   a. Meat producing livestock shall not be grazed for 30 days,
   b. Lactating dairy animals shall not be grazed for a minimum of 60 days.
   c. Other animals shall be restricted from grazing for 30 days;
5. Supplemental commercial fertilizer or manure applications will be coordinated with the biosolids and industrial residuals applications such that the total crop needs for nutrients are not exceeded as identified in the nutrient management plan developed by a person certified in accordance with §10.1-104.2 of the Code of Virginia;
6. Tobacco, because it has been shown to accumulate cadmium, should not be grown on the Landowner's land for three years following the application of biosolids or industrial residuals which bear cadmium equal to or exceeding 0.45 pounds/acre (0.5 kilograms/hectare).

Leah Hoke 9-25-13

Landowner's Signature Date

LAND APPLICATION AGREEMENT - BIOSOLIDS

Landowner Coordination Form

This form is used by the Permittee to identify properties (tax parcels) that are authorized to receive biosolids and each of the legal landowners of those tax parcels. A *Land Application Agreement – Biosolids* form, pages 1 and 2 with original signature must be attached for each legal landowner identified below prior to land application at the identified parcels.

Permittee: Peppers Ferry RWWTA

County or City: Pulaski, VA

Please Print

(Signatures not required on this page)

Tax Parcel ID(s)	Landowner(s)
T 2033	Leah Holt

LAND APPLICATION AGREEMENT - BIOSOLIDS

Permittee: Peppers Ferry RWWTA City/County: Pulaski, VA

Landowner: New River Valley Airport Commission

Supplement A: Additional Land Application Sites

Table 1 continued: Parcels authorized to receive biosolids.

Tax Parcel ID	Tax Parcel ID	Tax Parcel ID	Tax Parcel ID
T 2033			

Keith Holt
Landowner – Printed Name
KEITH HOLT

Keith Holt
Signature

5391 C.V. Jackson Rd, Dublin VA 24084
Mailing Address

Rev 9/14/2012

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM
SECTION C: LAND APPLICATION OF BULK BIOSOLIDS

LAND APPLICATION AGREEMENT - BIOSOLIDS

A. This land application agreement is made on September 26, 2013 between Kenneth Alexander referred to here as "Landowner", and Peppers Ferry RWTP, referred to here as the "Permittee". This agreement remains in effect until it is terminated in writing by either party or, with respect to those parcels that are retained by the Landowner in the event of a sale of one or more parcels, until ownership of all parcels changes. If ownership of individual parcels identified in this agreement changes, those parcels for which ownership has changed will no longer be authorized to receive biosolids or industrial residuals under this agreement.

Landowner:
The Landowner is the owner of record of the real property located in Dublin, Virginia, which includes the agricultural, silvicultural or reclamation sites identified below in Table 1 and identified on the tax map(s) attached as Exhibit A.

Table 1.: Parcels authorized to receive biosolids

Tax Parcel ID	Tax Parcel ID	Tax Parcel ID	Tax Parcel ID
T 703			
T 705			

☐ Additional parcels containing Land Application Sites are identified on Supplement A (check if applicable)

Check one:
☑ The Landowner is the sole owner of the properties identified herein.
☐ The Landowner is one of multiple owners of the properties identified herein.

In the event that the Landowner sells or transfers all or part of the property to which biosolids have been applied within 38 months of the latest date of biosolids application, the Landowner shall:

1. Notify the purchaser or transferee of the applicable public access and crop management restrictions no later than the date of the property transfer; and
2. Notify the Permittee of the sale within two weeks following property transfer.

The Landowner has no other agreements for land application on the fields identified herein. The Landowner will notify the Permittee immediately if conditions change such that the fields are no longer available to the Permittee for application or any part of this agreement becomes invalid or the information herein contained becomes incorrect.

The Landowner hereby grants permission to the Permittee to land apply biosolids on the agricultural sites identified above and in Exhibit A. The Landowner also grants permission for DEQ staff to conduct inspections on the land identified above, before, during or after land application of biosolids for the purpose of determining compliance with regulatory requirements applicable to such application.

K. B. Alexander — Landowner – Printed Name, Title; Signature; Alexander Farm Rd, Dublin, VA 24084 — Mailing Address

Permittee:
Peppers Ferry RWTP the Permittee, agrees to apply biosolids on the Landowner's land in the manner authorized by the VPDES Permit Regulation and in amounts not to exceed the rates identified in the nutrient management plan prepared for each land application field by a person certified in accordance with §10.1-104.2 of the Code of Virginia.

The Permittee agrees to notify the Landowner or the Landowner's designee of the proposed schedule for land application and specifically prior to any particular application to the Landowner's land. Notice shall include the source of residuals to be applied.

☐ I reviewed the documents assigning signatory authority to the person signing for landowner above. I will make a copy of this document available to DEQ for review upon request. (Do not check this box if the landowner signs this agreement)

R. Clarke Wallcraft — Permittee – Authorized Representative Printed Name; R. Clarke Wallcraft — Signature; P.O. Box 2950 Radford, VA 24143 — Mailing Address

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LAND APPLICATION AGREEMENT - BIOSOLIDS

Permittee: Peppers Ferry RWWTA **County or City:** Pulaski, VA

Landowner: Kenneth Alexander

Landowner Site Management Requirements:

I, the Landowner, I have received a DEQ Biosolids Fact Sheet that includes information regarding regulations governing the land application of biosolids, the components of biosolids and proper handling and land application of biosolids.

I have also been expressly advised by the Permittee that the site management requirements and site access restrictions identified below must be complied with after biosolids have been applied on my property in order to protect public health, and that I am responsible for the implementation of these practices.

I agree to implement the following site management practices at each site under my ownership following the land application of biosolids at the site:

1. Notification Signs: I will not remove any signs posted by the Permittee for the purpose of identifying my field as a biosolids land application site, unless requested by the Permittee, until at least 30 days after land application at that site is completed.
2. Public Access
   a. Public access to land with a high potential for public exposure shall be restricted for at least one year following any application of biosolids.
   b. Public access to land with a low potential for public exposure shall be restricted for at least 30 days following any application of biosolids. No biosolids amended soil shall be excavated or removed from the site during this same period of time unless adequate provisions are made to prevent public exposure to soil, dusts or aerosols;
   c. Turf grown on land where biosolids are applied shall not be harvested for one year after application of biosolids when the harvested turf is placed on either land with a high potential for public exposure or a lawn, unless otherwise specified by DEQ.
3. Crop Restrictions:
   a. Food crops with harvested parts that touch the biosolids/soil mixture and are totally above the land surface shall not be harvested for 14 months after the application of biosolids.
   b. Food crops with harvested parts below the surface of the land shall not be harvested for 20 months after the application of biosolids when the biosolids remain on the land surface for a time period of four (4) or more months prior to incorporation into the soil,
   c. Food crops with harvested parts below the surface of the land shall not be harvested for 38 months when the biosolids remain on the land surface for a time period of less than four (4) months prior to incorporation.
   d. Other food crops and fiber crops shall not be harvested for 30 days after the application of biosolids;
   e. Feed crops shall not be harvested for 30 days after the application of biosolids (60 days if fed to lactating dairy animals).
4. Livestock Access Restrictions:
   Following biosolids application to pasture or hayland sites:
   a. Meat producing livestock shall not be grazed for 30 days,
   b. Lactating dairy animals shall not be grazed for a minimum of 60 days.
   c. Other animals shall be restricted from grazing for 30 days;
5. Supplemental commercial fertilizer or manure applications will be coordinated with the biosolids and industrial residuals applications such that the total crop needs for nutrients are not exceeded as identified in the nutrient management plan developed by a person certified in accordance with §10.1-104.2 of the Code of Virginia;
6. Tobacco, because it has been shown to accumulate cadmium, should not be grown on the Landowner's land for three years following the application of biosolids or industrial residuals which bear cadmium equal to or exceeding 0.45 pounds/acre (0.5 kilograms/hectare).

K. B. Alexander 9-25-13

Landowner's Signature Date

Rev 9/14/2012

LAND APPLICATION AGREEMENT - BIOSOLIDS

Landowner Coordination Form

This form is used by the Permittee to identify properties (tax parcels) that are authorized to receive biosolids and each of the legal landowners of those tax parcels. A *Land Application Agreement – Biosolids* form, pages 1 and 2 with original signature must be attached for each legal landowner identified below prior to land application at the identified parcels.

Permittee: Peppers Ferry RWWTA

County or City: Pulaski, VA

Please Print

(Signatures not required on this page)

Tax Parcel ID(s)	Landowner(s)
T 703	K. B. Alexander
T 705	K. B. Alexander

LAND APPLICATION AGREEMENT - BIOSOLIDS

Permittee: Peppers Ferry RWWTA City/County: Pulaski, VA

Landowner: Kenneth Alexander

Supplement A: Additional Land Application Sites

Table 1 continued: Parcels authorized to receive biosolids.

Tax Parcel ID	Tax Parcel ID	Tax Parcel ID	Tax Parcel ID
T 703			
T 705			

K. B. ALEXANDER — Landowner – Printed Name

K. B. Alexander — Signature

Alexander Farm Rd, Pulaski, VA 24301 — Mailing Address

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM
SECTION C: LAND APPLICATION OF BULK BIOSOLIDS

LAND APPLICATION AGREEMENT - BIOSOLIDS

A. This land application agreement is made on September 27, 2013 between Douglas Bunn referred to here as "Landowner", and Pepper's Ferry RWTA referred to here as the "Permittee". This agreement remains in effect until it is terminated in writing by either party or, with respect to those parcels that are retained by the Landowner in the event of a sale of one or more parcels, until ownership of all parcels changes. If ownership of individual parcels identified in this agreement changes, those parcels for which ownership has changed will no longer be authorized to receive biosolids or industrial residuals under this agreement.

Landowner:
The Landowner is the owner of record of the real property located in Dublin, Virginia, which includes the agricultural, silvicultural or reclamation sites identified below in Table 1 and identified on the tax map(s) attached as Exhibit A.

Table 1.: Parcels authorized to receive biosolids

Tax Parcel ID	Tax Parcel ID	Tax Parcel ID	Tax Parcel ID
T 728			
T 1439			
T 2033			

☐ Additional parcels containing Land Application Sites are identified on Supplement A (check if applicable)

Check one:
☑ The Landowner is the sole owner of the properties identified herein.
☐ The Landowner is one of multiple owners of the properties identified herein.

In the event that the Landowner sells or transfers all or part of the property to which biosolids have been applied within 38 months of the latest date of biosolids application, the Landowner shall:

1. Notify the purchaser or transferee of the applicable public access and crop management restrictions no later than the date of the property transfer; and
2. Notify the Permittee of the sale within two weeks following property transfer.

The Landowner has no other agreements for land application on the fields identified herein. The Landowner will notify the Permittee immediately if conditions change such that the fields are no longer available to the Permittee for application or any part of this agreement becomes invalid or the information herein contained becomes incorrect.

The Landowner hereby grants permission to the Permittee to land apply biosolids on the agricultural sites identified above and in Exhibit A. The Landowner also grants permission for DEQ staff to conduct inspections on the land identified above, before, during or after land application of biosolids for the purpose of determining compliance with regulatory requirements applicable to such application.

Douglas Bunn
Landowner – Printed Name, Title

Signature

1500 Rucbush Rd, Dublin, VA 24084
Mailing Address

Permittee:
Pepper's Ferry RWTA, the Permittee, agrees to apply biosolids on the Landowner's land in the manner authorized by the VPDES Permit Regulation and in amounts not to exceed the rates identified in the nutrient management plan prepared for each land application field by a person certified in accordance with §10.1-104.2 of the Code of Virginia.

The Permittee agrees to notify the Landowner or the Landowner's designee of the proposed schedule for land application and specifically prior to any particular application to the Landowner's land. Notice shall include the source of residuals to be applied.

☐ I reviewed the documents assigning signatory authority to the person signing for landowner above. I will make a copy of this document available to DEQ for review upon request. (Do not check this box if the landowner signs this agreement)

R. Clarke Wallcraft
Permittee – Authorized Representative Printed Name

R. Clarke Wallcraft
Signature

P.O. Box 2950 Radford, VA 24143
Mailing Address

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LAND APPLICATION AGREEMENT - BIOSOLIDS

Permittee: Peppers Ferry PWWTA **County or City:** Pulaski, VA

Landowner: Douglas Burn

Landowner Site Management Requirements:

I, the Landowner, I have received a DEQ Biosolids Fact Sheet that includes information regarding regulations governing the land application of biosolids, the components of biosolids and proper handling and land application of biosolids.

I have also been expressly advised by the Permittee that the site management requirements and site access restrictions identified below must be complied with after biosolids have been applied on my property in order to protect public health, and that I am responsible for the implementation of these practices.

I agree to implement the following site management practices at each site under my ownership following the land application of biosolids at the site:

1. Notification Signs: I will not remove any signs posted by the Permittee for the purpose of identifying my field as a biosolids land application site, unless requested by the Permittee, until at least 30 days after land application at that site is completed.
2. Public Access
   a. Public access to land with a high potential for public exposure shall be restricted for at least one year following any application of biosolids.
   b. Public access to land with a low potential for public exposure shall be restricted for at least 30 days following any application of biosolids. No biosolids amended soil shall be excavated or removed from the site during this same period of time unless adequate provisions are made to prevent public exposure to soil, dusts or aerosols;
   c. Turf grown on land where biosolids are applied shall not be harvested for one year after application of biosolids when the harvested turf is placed on either land with a high potential for public exposure or a lawn, unless otherwise specified by DEQ.
3. Crop Restrictions:
   a. Food crops with harvested parts that touch the biosolids/soil mixture and are totally above the land surface shall not be harvested for 14 months after the application of biosolids.
   b. Food crops with harvested parts below the surface of the land shall not be harvested for 20 months after the application of biosolids when the biosolids remain on the land surface for a time period of four (4) or more months prior to incorporation into the soil,
   c. Food crops with harvested parts below the surface of the land shall not be harvested for 38 months when the biosolids remain on the land surface for a time period of less than four (4) months prior to incorporation.
   d. Other food crops and fiber crops shall not be harvested for 30 days after the application of biosolids;
   e. Feed crops shall not be harvested for 30 days after the application of biosolids (60 days if fed to lactating dairy animals).
4. Livestock Access Restrictions:
   Following biosolids application to pasture or hayland sites:
   a. Meat producing livestock shall not be grazed for 30 days,
   b. Lactating dairy animals shall not be grazed for a minimum of 60 days.
   c. Other animals shall be restricted from grazing for 30 days;
5. Supplemental commercial fertilizer or manure applications will be coordinated with the biosolids and industrial residuals applications such that the total crop needs for nutrients are not exceeded as identified in the nutrient management plan developed by a person certified in accordance with §10.1-104.2 of the Code of Virginia;
6. Tobacco, because it has been shown to accumulate cadmium, should not be grown on the Landowner's land for three years following the application of biosolids or industrial residuals which bear cadmium equal to or exceeding 0.45 pounds/acre (0.5 kilograms/hectare).

Douglas Burn
Landowner's Signature

9-22-13
Date

LAND APPLICATION AGREEMENT - BIOSOLIDS

Landowner Coordination Form

This form is used by the Permittee to identify properties (tax parcels) that are authorized to receive biosolids and each of the legal landowners of those tax parcels. A *Land Application Agreement – Biosolids* form, pages 1 and 2 with original signature must be attached for each legal landowner identified below prior to land application at the identified parcels.

Permittee: Pepper Ferry RWWTA

County or City: Pulaski, VA

Please Print

(Signatures not required on this page)

Tax Parcel ID(s)	Landowner(s)
T728	Douglas Bower
T1439	Douglas Bower
T2033	Douglas Bower

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM
SECTION C: LAND APPLICATION OF BULK BIOSOLIDS

LAND APPLICATION AGREEMENT - BIOSOLIDS

Permittee: Peppers Ferry RWWTA City/County: Pulaski, VA

Landowner: Douglas Bunn

Supplement A: Additional Land Application Sites

Table 1 continued: Parcels authorized to receive biosolids.

Tax Parcel ID	Tax Parcel ID	Tax Parcel ID	Tax Parcel ID
T728	T1439	T2033	

Douglas Bunn
Landowner – Printed Name

Douglas Bunn
Signature

6500 Ruebush Rd, Dublin, VA 24084
Mailing Address

Rev 9/14/2012

PUBLIC NOTICE BILLING INFORMATION FORM

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in accordance with 9 VAC 25-31-290. C. 2.

Agent/Department to be billed: Pepper's Ferry Regional Wastewater Treatment Authority

Owner: R. Clarke Wallcraft

Applicant's Address: P.O. Box 2950

Radford, Virginia 24143-2950

Agent's Telephone No: (540) 639-3947

Authorizing Agent: R. Clarke Wallcraft

(signature)

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DEQ - BRRO

Facility Name: Peppers Ferry Regional Wastewater Treatment Plant
VPDES Permit VA0062685

Please return with application to:

Bob Tate
Virginia Department of Environmental Quality
Blue Ridge Regional Office
3019 Peters Creek Road
Roanoke, VA 24019