FACILITY NAME AND PERMIT NUMBER:
Clover WWTP Va 0073733

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.

N/A

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.

N/A

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.

N/A

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

N/A

ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)

FACILITY NAME AND PERMIT NUMBER:
Clover WWTP Va 0073733

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

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

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

A.1. Facility Information.

Facility name: Clover WWTP

Mailing Address:

Contact person: Randy Cage

Title: Superintendent

Telephone number: (434) 575-4267

Facility Address (not P.O. Box): Clover STP State Rd. 92
Clover, VA 24534

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

Applicant name: Halifax Co. Service Auth.

Mailing Address: 2529 Houghton Ave.
South Boston, VA. 24592

Contact person: Randy Cage

Title: Superintendent

Telephone number: (434) 575-4267

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

✓ owner ✓ operator

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

____ facility ✓ applicant

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

NPDES	VA 0073733	PSD	
UIC		Other	
RCRA		Other	

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

Name	Population Served	Type of Collection System	Ownership
Clover (not corp. town)	200	Separate sanitary	municiple

Total population served 200

FACILITY NAME AND PERMIT NUMBER:
Clover WWTP Va 0073733

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

A.5. Indian Country.

a. Is the treatment works located in Indian Country?

_____ Yes ✓ No

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

_____ Yes ✓ No

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

a. Design flow rate 0.035 mgd

	8/08-7/09 Two Years Ago	8/09-7/10 Last Year	8/10-7/11 This Year	
b. Annual average daily flow rate	0.016	0.011	0.008	mgd
c. Maximum daily flow rate	0.045	0.048	0.029	mgd

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

✓ Separate sanitary sewer 100 %

_____ Combined storm and sanitary sewer _____ %

A.8. Discharges and Other Disposal Methods.

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

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

i. Discharges of treated effluent 1

ii. Discharges of untreated or partially treated effluent 0

iii. Combined sewer overflow points 0

iv. Constructed emergency overflows (prior to the headworks) 0

v. Other _____ 0

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

If yes, provide the following for each surface impoundment:

Location: _____

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

Is discharge _____ continuous or _____ intermittent?

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

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

Location: _____

Number of acres: _____

Annual average daily volume applied to site: _____ Mgd

Is land application _____ continuous or _____ intermittent?

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

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

_____

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

Transporter name: _____

Mailing Address: _____

_____

Contact person: _____

Title: _____

Telephone number: _____

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

Name: _____

Mailing Address: _____

_____

Contact person: _____

Title: _____

Telephone number: _____

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

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

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

If yes, provide the following for each disposal method:

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

_____

Annual daily volume disposed of by this method: _____

Is disposal through this method _____ continuous or _____ intermittent?

FACILITY NAME AND PERMIT NUMBER:
Clover WWTP Va 0073733

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

WASTEWATER DISCHARGES:

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

A.9. Description of Outfall.

a. Outfall number 001

b. Location
Clover (City or town, if applicable) — 24534 (Zip Code)
Halifax (County) — VA. (State)
(Latitude) — (Longitude)

c. Distance from shore (if applicable) N/A ft.

d. Depth below surface (if applicable) N/A ft.

e. Average daily flow rate 0.008 mgd

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

If yes, provide the following information:

Number of times per year discharge occurs: ____

Average duration of each discharge: ____

Average flow per discharge: ____ mgd

Months in which discharge occurs: ____

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

A.10. Description of Receiving Waters.

a. Name of receiving water Clover Creek

b. Name of watershed (if known) ____

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

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

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

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

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

FACILITY NAME AND PERMIT NUMBER:
Clover WWTP Va 0073733

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

A.11. Description of Treatment.

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

____ Primary ✓ Secondary

____ Advanced ____ Other. Describe: ____

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

Design BOD_5 removal or Design $CBOD_5$ removal	90	%
Design SS removal	90	%
Design P removal		%
Design N removal		%
Other ____		%

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

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

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

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

Outfall number: 001

JUNE 2010 - MAY 2011

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.0	s.u.			
pH (Maximum)	7.5	s.u.			
Flow Rate	0.29	MGD	0.008	MGD	365
Temperature (Winter)	Temperature	not required	by current	VPDES	permit
Temperature (Summer)	Can be	provided if	required by	DEQ	

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

POLLUTANT		MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
		Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.								
BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5	15	mg/l	10	mg/l	4	SM5210	1MG/L
	CBOD-5							
~~FECAL COLIFORM~~ E-COLI		19.2	MPN	14.0	MPN	2	COLILERT	1MPN
TOTAL SUSPENDED SOLIDS (TSS)		19	mg/l	9	mg/l	4	EPA 160.2	1MG/L

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

★ 3rd sample will be ran in Sept. 2011 and will be included if Requested by DEQ.

FACILITY NAME AND PERMIT NUMBER:
Clover WWTP Va 0073733

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

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.

_____gpd

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

NA Design Q< 0.1 MGD

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

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

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

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

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

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

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

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

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

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ____Yes ____No

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

Name: _____

Mailing Address: _____

Telephone Number: _____

Responsibilities of Contractor: _____

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

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

_____

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

____Yes ____No

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

_____

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

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

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

Describe briefly: _____

_____

B.6. EFFLUENT TESTING DATA (GREATER THAN 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:_____

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)							
CHLORINE (TOTAL RESIDUAL, TRC)							
DISSOLVED OXYGEN							
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN							
OIL and GREASE							
PHOSPHORUS (Total)							
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER							

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

FACILITY NAME AND PERMIT NUMBER:
Clover WWTP Va 0073733

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

BASIC APPLICATION INFORMATION

PART C. CERTIFICATION

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

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

✓ Basic Application Information packet

Supplemental Application Information packet:

NOT REQUIRED AND NOT Submitted

_____ Part D (Expanded Effluent Testing Data)

_____ Part E (Toxicity Testing: Biomonitoring Data)

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

_____ Part G (Combined Sewer Systems)

ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

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

Name and official title: William Jones - Executive Director

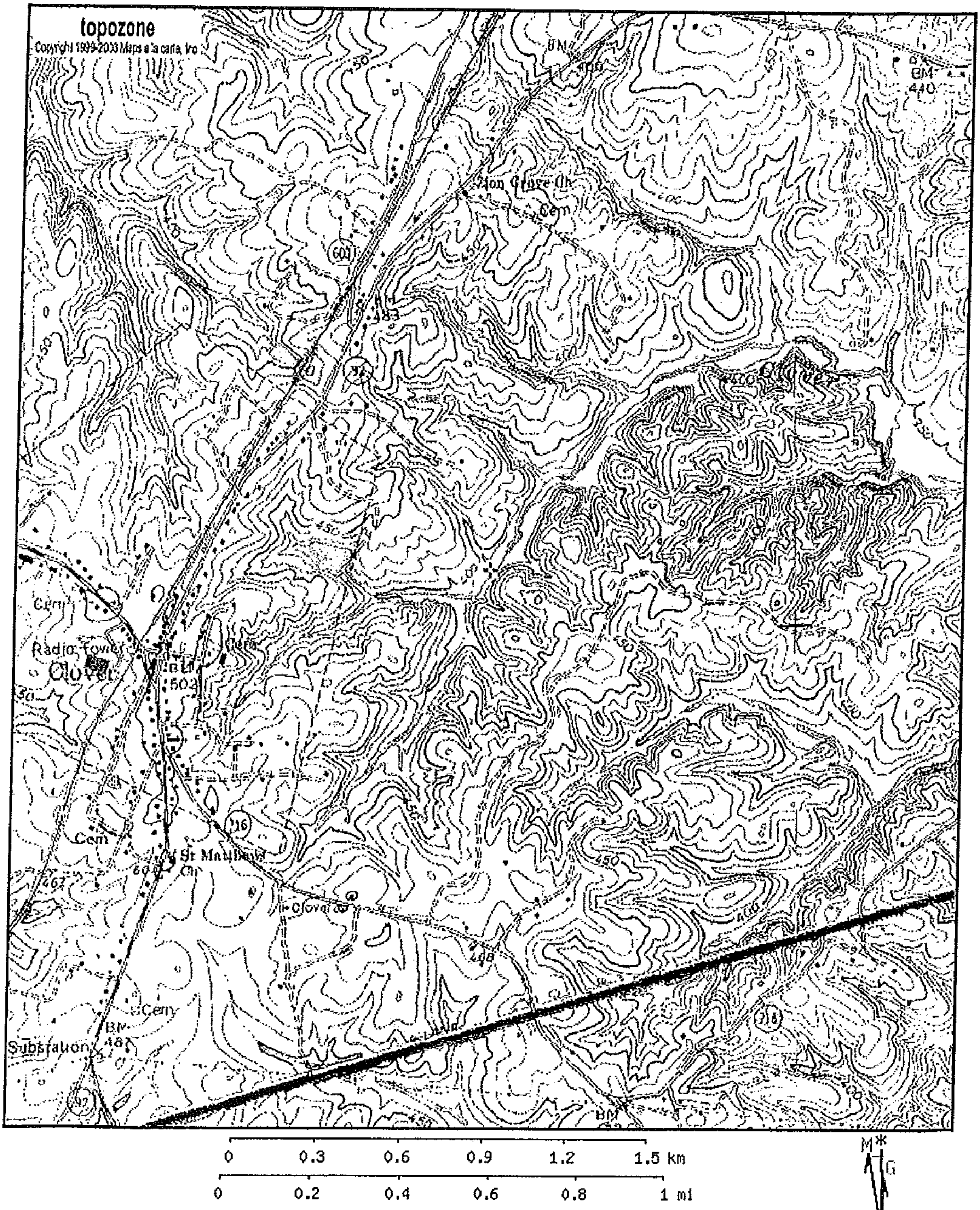
Signature: William Jones

Telephone number: (434) 575-4240

Date signed: August 2, 2011

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:

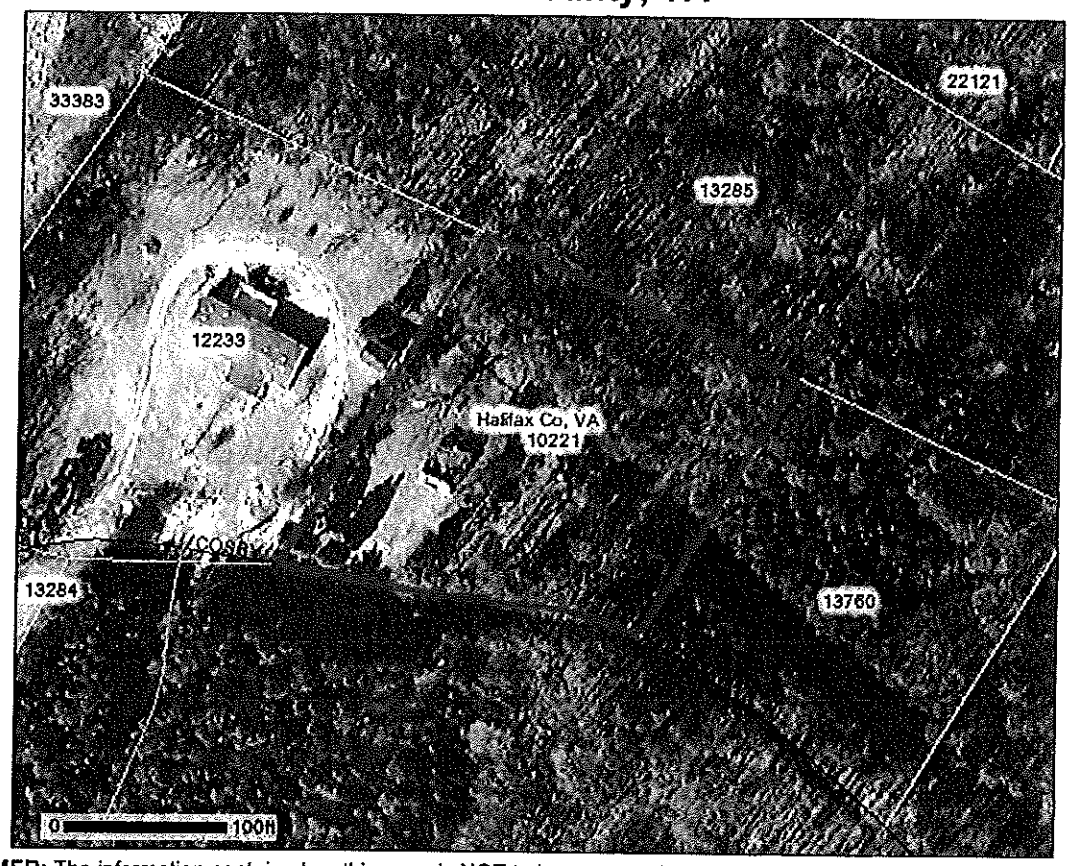


36° 50' 07"N, 78° 43' 14"W (NAD27)

USGS Clover (VA) Quadrangle

Projection is UTM Zone 17 NAD83 Datum

Halifax County, VA



DISCLAIMER: The information contained on this page is NOT to be construed or used as a "legal description". Map information is believed to be accurate but accuracy is not guaranteed.

Parcels

PRN: 10221
PIN: 4416-010221
Owner Name: ERVIN, SUSIE MAY COSBY
Billing Address: P.O. BOX 11
City: CLOVER
State: VA
Zip: 24534
Site Address:
Site Road:

Map Number: 4416-10221
Deed Book: 1036
Deed Page: 311
Will Book:
Will Page:
Plat:
Zoning:
Legal Desc 1: CLOVER
Legal Desc 2:

Total Acres: 1
Land Value: 5869
Building Value:
Other Value:
Total Value: 5869
Year Built: 0
Sale Date: 12/10/2008
Sale Value: 0

http://www.webgis.net Anderson & Associates, Inc. http://www.andassoc.com

FACILITY NAME: Clover WWTP_____VPDES PERMIT NUMBER: VA0073733____

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

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

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

2. Does this facility generate sewage sludge? _X__ Yes _____ No

   Does this facility derive a material from sewage sludge? _____ Yes __X___ No

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

3. Does this facility apply sewage sludge to the land? _____ Yes __X__ No

   Is sewage sludge from this facility applied to the land? _____ Yes __X_ No

   If you answer "No" to all above, skip Section C.

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

   a. Does the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions? _____ Yes _____ No

   b. Is sewage sludge from this facility placed in a bag or other container for sale or give-away for application to the land? _____ Yes _____ No

   c. Is sewage sludge from this facility sent to another facility for treatment or blending? _____ Yes _____ No

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

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

4. Do you own or operate a surface disposal site? _____ Yes __X__ No

   If "Yes", complete Section D (Surface Disposal).

FACILITY NAME: Clover WWTP_____VPDES PERMIT NUMBER: VA0073733___

SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. Facility Information.

a. Facility name: Clover WWTP

b. Contact person: Randy Cage_____

Title: Superintendent_____

Phone: (434) 575-4267_____

c. Mailing address:

Street or P.O. Box: 2529 Houghton Ave.

City or Town: South Boston_____ State: VA_____ Zip:24592_____

d. Facility location:

Street or Route #:__State Rd 92_____

County: Halifax_____

City or Town: Clover_____ State: VA _____ Zip: 24534_____

e. Is this facility a Class I sludge management facility? _____ Yes _X__ No

f. Facility design flow rate: _0.035_____mgd

g. Total population served: 200_____

h. Indicate the type of facility:

__X__ Publicly owned treatment works (POTW)

_____ Privately owned treatment works

_____ Federally owned treatment works

_____ Blending or treatment operation

_____ Surface disposal site

_____ Other (describe): _____

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

a. Applicant name: Halifax Co. Service Authority_____

b. Mailing address:

Street or P.O. Box: _2529 Houghton Ave._____

City or Town: _South Boston_____ State: VA_____ Zip: 24592_

c. Contact person: Randy Cage_____

Title: Superintendent_____

Phone: (_434) 575-4267_____

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

___X_ owner __X___ operator

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

_____facility __X__ applicant

3. Permit Information.

a. Facility's VPDES permit number (if applicable): __VA 0073733_____

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

Permit Number:	Type of Permit:
____N/A_____	_____
_____	_____

FACILITY NAME: Clover WWTP_____VPDES PERMIT NUMBER: VA0073733____

4. **Indian Country.** Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? _____ Yes __X__ No If "Yes", describe:

_____

5. **Topographic Map.** Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:
   a. Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed. **(See map)**
   b. Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries. **(Shown as applicable on map)**

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

7. **Contractor Information.** Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? _____ Yes _____ No

   If "Yes", provide the following for each contractor (attach additional pages if necessary).

   Name: _____

   Mailing address:

   Street or P.O. Box: _____

   City or Town: _____ State: _____ Zip: _____

   Phone: (_____) _____

   Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:

   _____

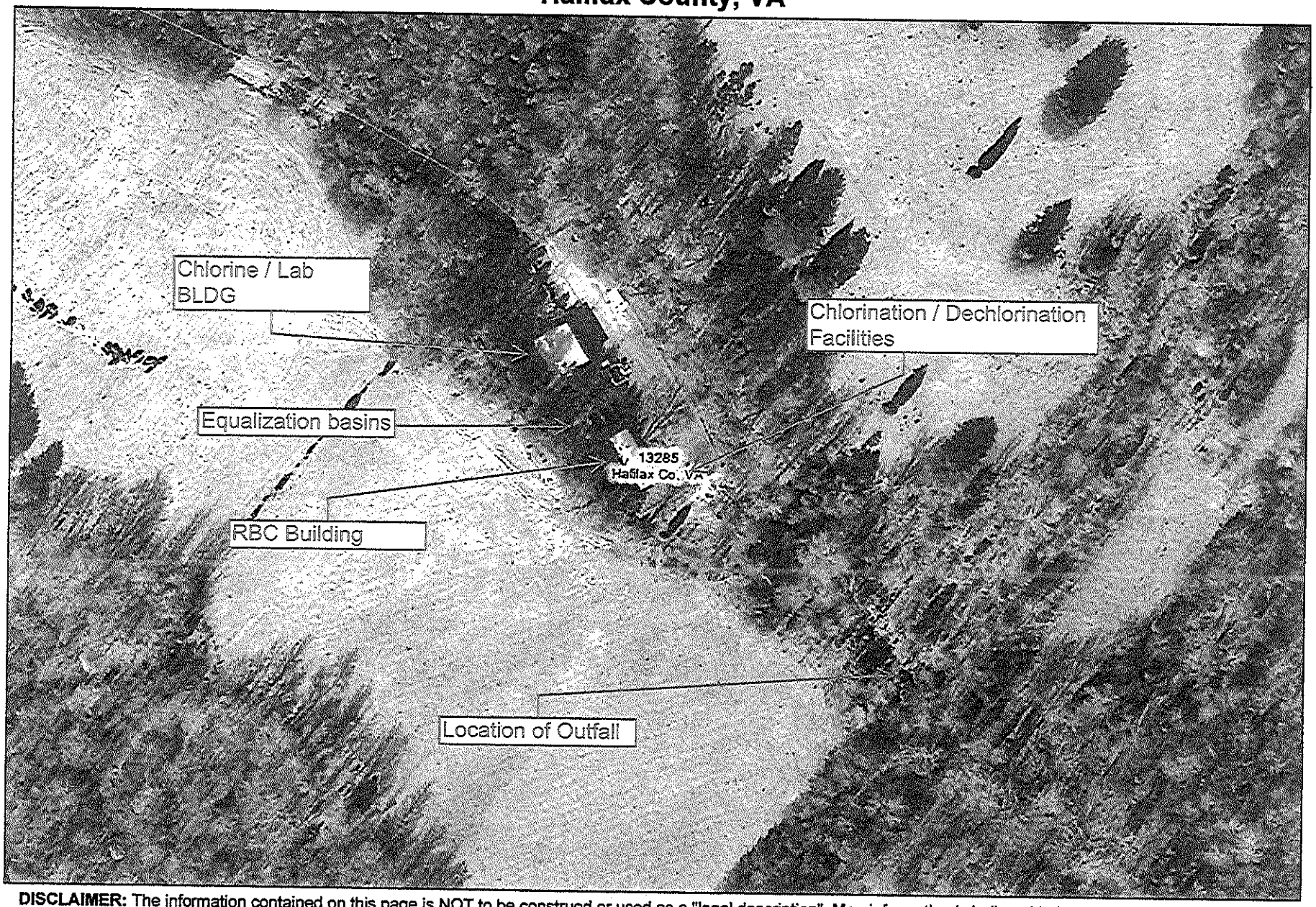
   If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).

8. **Pollutant Concentrations.** Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

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

- *Not applicable (Sewage sludge transported to HCSA/Maple Avenue WWTP for treatment and disposal in a permitted solid waste landfill)

Halifax County, VA

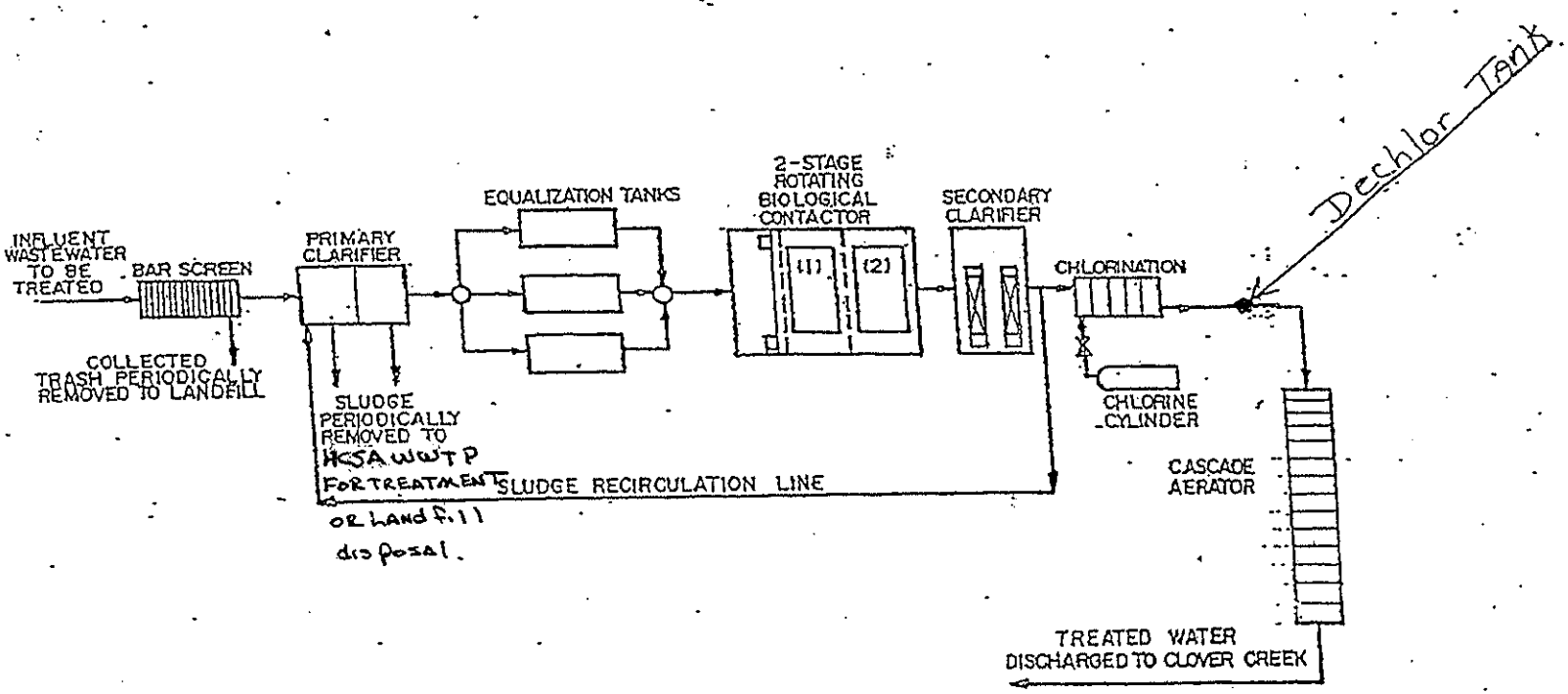


DISCLAIMER: The information contained on this page is NOT to be construed or used as a "legal description". Map information is believed to be accurate but accuracy is not guaranteed.

HCSA Clover WWTP Overhead view

http://www.webgis.net Anderson & Associates, Inc. http://www.andassoc.com

TO
ATTN: FRANK Bowman



PROCESS FLOW DIAGRAM
FOR
CLOVER WASTE TREATMENT PLANT

FACILITY NAME: Clover WWTP_____VPDES PERMIT NUMBER: VA0073733____

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

__X__ Section A (General Information)

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

_____ Section C (Land Application of Bulk Sewage Sludge)

_____ Section D (Surface Disposal)

"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 William Jones, Executive Director _____

Signature William Jones _____ Date Signed August 2, 2011 _____

Telephone number (434) 575-4240_____

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

FACILITY NAME: Clover WWTP_____VPDES PERMIT NUMBER: VA0073733___

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

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

1. **Amount Generated On Site.**
   Total dry metric tons per 365-day period generated at your facility: ____5_____ dry metric tons

2. **Amount Received from Off Site.** If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary.
   a. Facility name: _____
   b. Contact Person: _____
      Title: _____
      Phone: (_____) _____
   c. Mailing address:
      Street or P.O. Box: _____
      City or Town: _____ State: _____ Zip: _____
   d. Facility location: _____
      (not P.O. Box) _____
   e. Total dry metric tons per 365-day period received from this facility: _____ dry metric tons
   f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:
      _____
      _____

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

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

   (If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)

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

      ____0____ dry metric tons

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

      _____ Yes __X_ No

5. **Sale or Give-Away in a Bag or Other Container for Application to the Land. (N/A)**

   (Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this question if sewage sludge is covered in Question 4.)

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

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

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

   (Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)

   a. Receiving facility name: Maple Ave WWTP_____

   b. Facility contact: Randy Cage_____

      Title: Supertindent_____

      Phone: (434) 575-4267_____

   c. Mailing address:

      Street or P.O. Box: _500 Maple Ave._____

      City or Town: South Boston_____ State: VA_____ Zip: 24592_____

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

      _____5_____ dry metric tons

   e. List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:

Permit Number:	Type of Permit:
VA 0020362____	VPDES_____
_____	_____

   f. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility?

      _____ Yes __X_ No

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

      _____ Class A _____ Class B __X__ Neither or unknown

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

      _____

   g. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? _____ Yes _X__ No **(See item F above)**

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

      _____ Option 1 (Minimum 38 percent reduction in volatile solids)

      _____ Option 2 (Anaerobic process, with bench-scale demonstration)

      _____ Option 3 (Aerobic process, with bench-scale demonstration)

_____ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)

_____ Option 5 (Aerobic processes plus raised temperature)

_____ Option 6 (Raise pH to 12 and retain at 11.5)

_____ Option 7 (75 percent solids with no unstabilized solids)

_____ Option 8 (90 percent solids with unstabilized solids)

_X __ None unknown

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

h. Does the receiving facility provide any additional treatment or blending not identified in f or g above?
_____ Yes _X__ No

If "Yes", describe, on this form or another sheet of paper, the treatment processes not identified in f or g above:

i. If you answered "Yes" to f, g or h above, attach a copy of any information you provide to the receiving facility to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G.

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

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

k. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? __X_ Yes _____ No. If "No", provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.

Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported. _____

7. Land Application of Bulk Sewage Sludge. N/A

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

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

_____ dry metric tons

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

If "No", submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).

c. Are any land application sites located in States other than Virginia? _____ Yes _____ No

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

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

8. Surface Disposal. N/A

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

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

b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?
_____ Yes _____ No

If "No", answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.

c. Site name or number: _____

d. Contact person: _____

Title: _____

Phone: (_____) _____

Contact is: _____ Site Owner _____ Site operator

e. Mailing address:

Street or P.O. Box: _____

City or Town: _____ State: _____ Zip: _____

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

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

Permit Number:	Type of Permit:
_____	_____
_____	_____

9. Incineration. N/A

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

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

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

If "No", answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.

c. Incinerator name or number: _____

d. Contact person: _____

Title: _____

Phone: (_____) _____

Contact is: _____ Incinerator Owner _____ Incinerator Operator

e. Mailing address:

Street or P.O. Box: _____

City or Town: _____ State: _____ Zip: _____

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

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

of sewage sludge at this incinerator:

Permit Number: Type of Permit:

_____ _____

_____ _____

10. Disposal in a Municipal Solid Waste Landfill. (BACK UP OPTION ONLY)

(Complete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.)

a. Landfill name: Butcher Creek Sanitary Landfill_____

b. Contact person: Wayne Carter_____

Title: County Administrator_____

Phone: (434) 738-6191 _____

Contact is: _____ Landfill Owner __X__ Landfill Operator

c. Mailing address:

Street or P.O. Box: P.O. Box 307_____

City or Town: Boydton_____ State: VA_____ Zip:23917 _____

d. Landfill location.

Street or Route #: 4802 State Highway 92_____

County: Mecklenburg County_____

City or Town: Chase City_____ State: VA_____ Zip: 23924___

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

_____5_____ dry metric tons (maximum if used)

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

Permit Number:	Type of Permit:
SWP598	VA-DEQ Solid Waste Landfill _____
SCRO 32071	Title V (pending)_____

g. Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill?
_X___ Yes _____ No

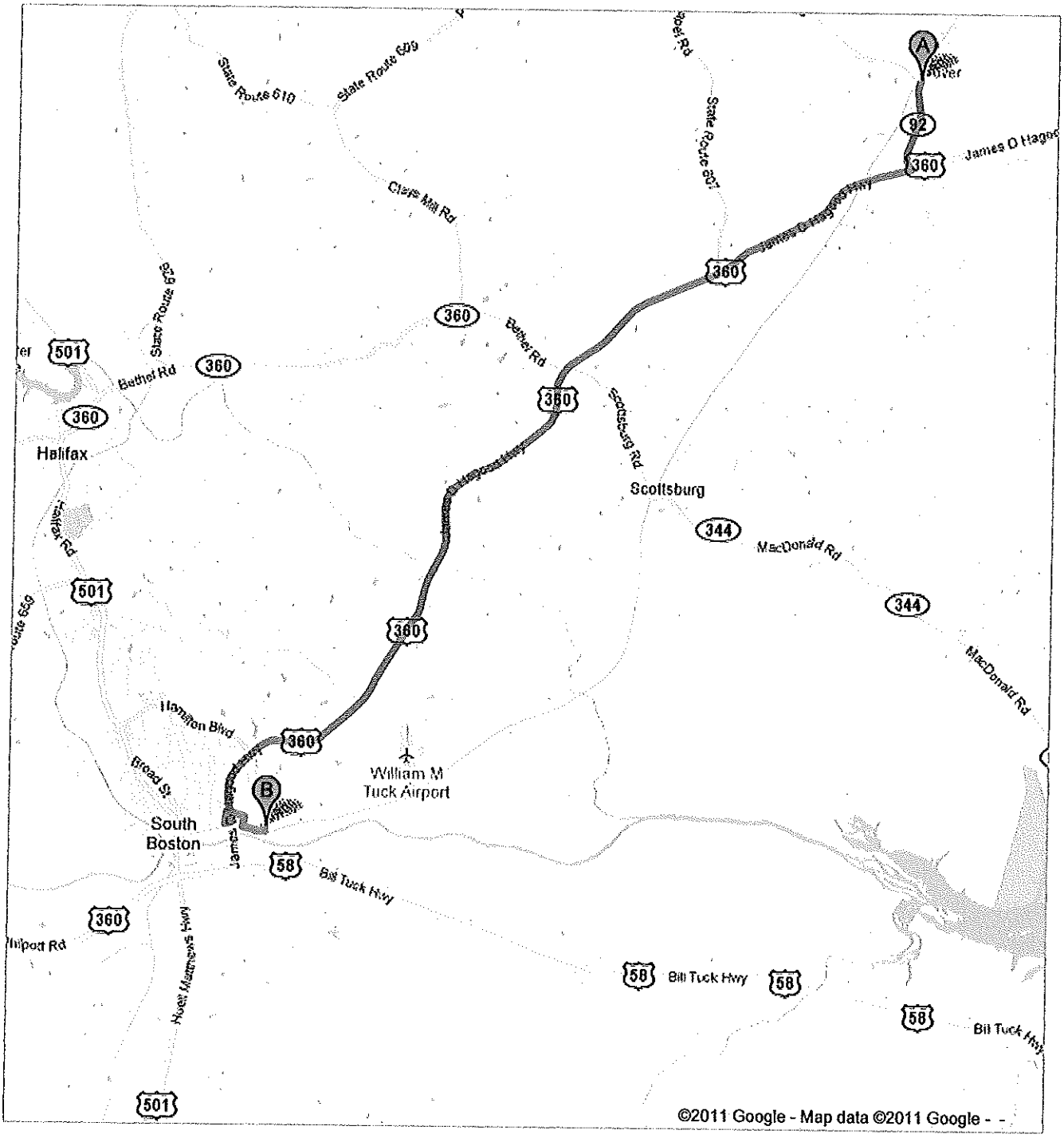
h. Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq.? __X__ Yes _____ No

i. Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered? _X___ Yes _____ No

Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported. Take Hwy #92 East for 28 miles to reach regional landfill from Clover WWTP.

Google maps

To see all the details that are visible on the screen, use the "Print" link next to the map.



CLOVER WWTP-VA0073733

VPDES PERMIT APPLICATION ADDENDUM – SUPPLEMENTARY INFORMATION

A. General Information

1. Entity to whom the permit is to be issued: Halifax Co. Service Authority
Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. Classify the discharge as one of the following by checking the appropriate line:

   X a. Existing discharge

   _____ b. Proposed discharge

   _____ c. Proposed expansion of an existing discharge

B. Location

1. Is this facility located within city or town boundaries? Y (N)

2. (New Issuances & Modifications Only) What is the tax map parcel number for the land where this facility is located? PRN 9364

3. For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities? 0

4. What is the total acreage of the property on which the treatment plant is located? 0.36 Acres

5. Give the minimum elevation of the treatment plant site. 390 feet

6. Flood elevations of the treatment plant site: Minimun elevation at WWTP is above 100yr. flood Plain according to HUD Flood Zone Map

7.
   25 year flood _____ feet
   100 year flood _____ feet

8. Attach to the back of this application a location map(s) which may be traced from or is/are a production of a U.S. Geological Survey topographic quadrangle(s) or other appropriately scaled contour map(s). The location map(s) shall show the following:

   a. Treatment Plant
   b. Discharge point
   c. Receiving waters
   d. Boundaries of the property on which the treatment plant is located, or to be located.
   e. Distance from the treatment plant to the nearest: (Indicate "not applicable" for any distance greater than 2000 feet)
      ii. Residence >2000
      iii. Distribution line for potable water supply >2000 (except service line to WWTP)
      iv. Reservoir, well, or other source of water supply >2000
      v. Recreational area >2000
   f. Distance from the discharge point to the nearest (Indicate "not applicable" for any distance greater than 15 miles)
      ii. Downstream community NA>15 mi.
      iii. Upstream and downstream water intake points NA >15 mi.
      iv. Shellfishing waters NA >15 mi.
      v. Wetlands area Possible at head waters of Kerr Reservoir
      vi. Downstream impoundment
      vii. Downstream recreational area

C. Discharge Description

1. Provide a brief description of the wastewater treatment scheme. Also, attach to the back of this application, a process flow diagram showing each process unit of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system.

The WWTP consists of a RBC system with the following components: bar screen, primary clarifier, Equalization, RBC, secondary clarifier, chlorination (with chlorine contact tank), dechlorination, post aeration (cascade aerator), aerobic sludge digester, and sand drying beds.

2. What is the design average flow of this facility? _____0.035_____ MGD
Industrial facilities: What is the max. 30-day avg. production level (include units)?_____NA____

3. In addition to the above design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Y (N)

If "Yes", please specify the other flow tiers (in MGD) or production levels:_____
Please consider: Is your facility's design flow considerably greater than your current flow? Do you plan to expand operations during the next five years?

4. Nature of operations generating wastewater: Residential and Small Commercial

_____% of flow from domestic connections/sources
Number of private residences to be served by the wastewater treatment facilities:
_____0 _____1-49 _X___50 or more

_____% of flow from non-domestic connections/sources

5. Mode of discharge: _X___Continuous ___Intermittent ___Seasonal
Describe frequency and duration of intermittent or seasonal discharges:
_____

6. Identify the characteristics of the receiving stream at the point just above the facility's discharge point:
X__Permanent stream, never dry
__Intermittent stream, usually flowing, sometimes dry
__Ephemeral stream, wet-weather flow, often dry
__Effluent-dependent stream, usually or always dry
__Lake or pond at or below the discharge point
__Other:_____

D. Anticipated Phasing Schedule for Plant Capacity – Proposed / Expanding Discharges

If this application is for a proposed or expanded discharge(s), complete the phasing schedule below beginning with the year in which construction completion is anticipated and progressing in increments of 5 years for 30 years thereafter.

Proposed Design Capacity: NA MGD

Anticipated Date of Construction Completion: _____, _____
Month Year

Years after Completion	Projected Flow (MGD)
0	
5	
10	
15	
20	
25	
30	

E. Interim Facilities

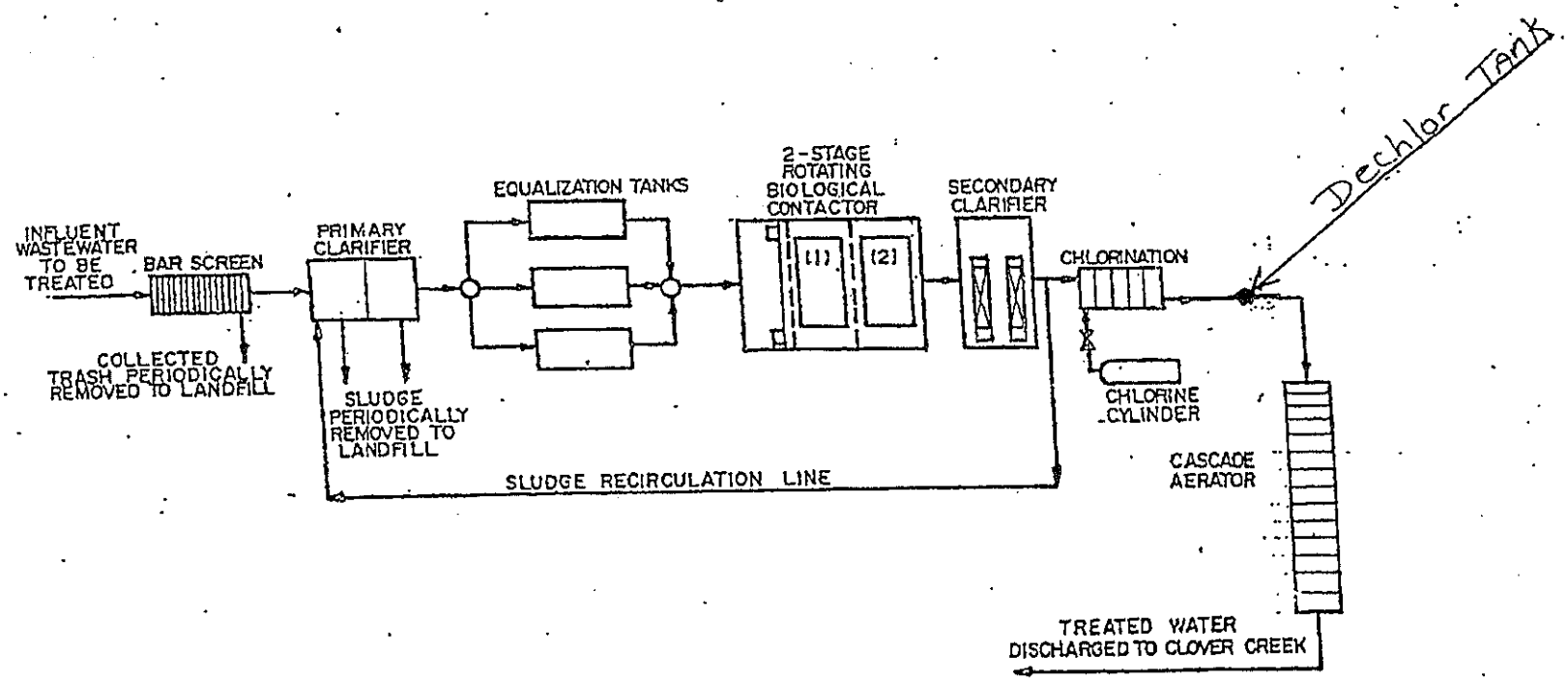
Are the wastewater treatment facilities interim? (designed for a useful life of less than 5 years)

_____ Yes _____No

If so, provide the estimated date to be discontinued (month, year) NA, and the name and location of the intended replacement facility.

NA
Name / Location

TO
ATTN: Frank Bowman



PROCESS FLOW DIAGRAM
FOR
CLOVER WASTE TREATMENT PLANT

VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** Halifax Co. Service Authority

Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. **Is this facility located within city or town boundaries?** Yes ☐ No ☒

3. **Provide the tax map parcel number for the land where the discharge is located.** PRN 9364

4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** None

5. **What is the design average effluent flow of this facility?** 0.035 MGD

For industrial facilities, provide the max. 30-day average production level, include units:

In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Yes ☐ No ☒

If "Yes", please identify the other flow tiers (in MGD) or production levels:

Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?

6. **Nature of operations generating wastewater:**

Reasidential and small commerical

90 % of flow from domestic connections/sources

Number of private residences to be served by the treatment works:

10 % of flow from non-domestic connections/sources

7. **Mode of discharge:** ☒ Continuous ☐ Intermittent ☐ Seasonal

Describe frequency and duration of intermittent or seasonal discharges:

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**

X Permanent stream, never dry

___ Intermittent stream, usually flowing, sometimes dry

___ Ephemeral stream, wet-weather flow, often dry

___ Effluent-dependent stream, usually or always dry without effluent flow

___ Lake or pond at or below the discharge point

___ Other:

9. **Approval Date(s):**

O & M Manual 8/7/87 **Sludge/Solids Management Plan** 11/19/90

Have there been any changes in your operations or procedures since the above approval dates? Yes ☐ No ☒