



# Application for Coverage Under the General Permit for Biosolids Management

## Instructions and Form

**READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM**

**DO NOT SUBMIT THE INSTRUCTION PAGES WITH YOUR PERMIT**

### Who must complete this Application?

- Facilities in Washington that treat, store, use, or dispose of biosolids, sewage sludge, or septage.
- This includes: wastewater treatment plants, composters, septage management facilities, and biosolids beneficial use facilities (BUFs).

### General Instructions

1. **Do not leave sections blank.** Contact your Regional Biosolids Coordinator, listed below, if you have any questions.
2. Submit all supporting documents.
3. If an answer is zero enter **"0"**. For an estimate enter **"EST"**.
4. Report all amounts in **dry tons** unless another unit is requested.

### How to convert wet tons to dry tons

To convert from wet tons or gallons to dry tons use the following conversion factors:

$$\text{Dry tons} = \text{Wet tons} \times \% \text{ Solids}$$

$$\text{Dry tons} = \left( \frac{\text{gal} \times 8.34}{2000} \right) \times \% \text{ Solids}$$

Note: For Septage assume 2% solids

#### For Biosolids Cake:

**Example:** If you have 32 tons of wet biosolids cake and your biosolids are 16.5% solids, then:

$$\text{Wet Tons} \times (\text{Percent Solids} / 100) = \text{Dry Tons}$$

$$32 \text{ Wet Tons} \times (16.5 \% / 100) = 32 \text{ WT} \times 0.165 = 5.28 \text{ Dry Tons} = 5 \text{ DT (rounded)}$$

#### For Septage:

**Example:** If you have 25,000 gallons of septage, assume 2% solids:

$$\left( \frac{\text{gallons} \times 8.34}{2000} \right) \times (\text{Percent Solids} / 100) = \text{Dry Tons}$$

$$(25,000 \times 8.34 \div 2000) \times (2\% / 100) = 104.25 \text{ Wet Tons} \times 0.02 = 2.1 \text{ Dry Tons} = 2 \text{ DT (rounded)}$$

**ECY 070-124 (08/2015)** To request ADA accommodation including materials in a format for the visually impaired, call Ecology Waste 2 Resources Program 360-407-6900. Persons with impaired hearing may call Washington Relay Service at 711. Persons with speech disability may call TTY at 877-833-6341.

## Instructions for completing the Application for Coverage (continued)

### Section 1. Facility Information

**Name of Facility:** Any and all names the facility operates under. If your facility is known by two names, list both names.

**Owner and Ownership status:** List the owner(s) of the facility and what type of ownership the facility operates under.

**Physical Address:** This must be the physical address of the facility. This is the address used to locate the facility for visits/inspections.

**Mailing Address:** This address is the location where notifications should be sent.

**Permit Number:** Only one biosolids permit number per application. Each permit number requires a separate application for coverage. Biosolids permit numbers begin with BA or BT. Contact your Regional Coordinator if you do not have your permit number.

### Section 2. Facility Contacts

**Primary Contact:** Typically the individual who works at the facility and is the first point of contact for Ecology.

**Responsible Official:** Depending on the facility ownership, this person is typically the responsible corporate officer, a general partner, the proprietor, the principal executive officer or ranking elected official ([WAC 173-308-310\(10\)\(a\)](#)).

### Section 3. Facility Type

Mark all facility type options that apply. For example: If you are a Minor sewage treatment facility that composts biosolids onsite, check both Minor sewage treatment facility and Compost facility. If your facility type is not listed, mark 'other' and give a description of your facility process.

### Section 4. Other Permits

Provide all other associated permits and their numbers. If you have a permit that is not listed, mark 'other', give the name of the permit and the associated number.

### Section 5. Pathogen Reduction

Mark all pathogen reduction processes that apply to biosolids produced at your facility. For example, if you compost part of your biosolids to Class A standards and also ship Class B for land application you will need to mark both a Class A and Class B pathogen reduction process.

### Section 6. Vector Attraction Reduction

Mark the process used to meet VAR. If your facility does not meet the VAR requirements, mark 'did not meet' requirements and explain how VAR will be met prior to beneficial use.

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## Instructions for completing the Application for Coverage (continued)

### Section 7. Pollutants

Provide the number of pollutant sampling events you performed in the past year. If any of your pollutants exceeded Table 1 or Table 3 limits in [WAC 173-308-160](#), provide which pollutant(s) were in excess and the concentration. If no pollutants exceeded either Table 1 or 3 limits, put "0".

### Section 8. Process, Production & Storage

#### **Do not leave any blanks in this section**

**How are your biosolids produced and managed?:** Give a brief description of each phase of your solids production and management. For example, oxidation ditch to anaerobic digestion then belt filter press or oxidation ditch to lagoon.

**Planned Changes?:** Describe any anticipated changes to your process, production or storage of biosolids and how the changes will be addressed. This may include planned changes to the WWTP, changes to production of biosolids or storage process changes.

**Average Annual Production?:** Give an estimated average of your annual biosolids production.

**How often and what time of year is testing conducted?:** Tell us if you test yearly, quarterly, every 6 months or monthly. If you test yearly, tell us what time of year you perform the test.

**Where do your biosolids go? How much?:** Tell us who takes your biosolids and how much they take on average per year. If your biosolids go to more than one place, list each receiving facility/BUF and how many dry tons goes to each.

**When was the depth of biosolids measured and how much has accumulated?:** Give the date your biosolids were last measured and an estimation of the amount of biosolids you have accumulated (include the percent capacity this represents). For example, as of Aug 2014 we have accumulated approximately 300 dry tons which represents 40% capacity.

**When was the last dredging event?:** Give the date of the last dredging event. If you are unsure of the exact date, state 'do not know the last date the lagoon was dredged'.

**When do you plan to dredge?:** Tell us if you plan to dredge within this permit cycle. If not, explain why.

### Section 9. Attachments

Check all items in the section that apply to your facility and provide the supporting documentation. Forms and templates can be found at: <http://www.ecy.wa.gov/programs/swfa/biosolids/forms>

## Instructions for completing the Application for Coverage (continued)

### **Wastewater Treatment Plants that DO NOT land apply biosolids**

**Vicinity map:** This map must provide enough detail so that your regional coordinator can locate your facility. Clearly mark the facility entrance point and provide street names.

**Facility Schematic:** The facility schematic should clearly show your biosolids process and management. This is typically the engineer's drawings.

**State Environmental Policy Act (SEPA):** Applying for coverage under the general permit triggers SEPA review. The SEPA checklist and the Threshold Determination must be reviewed by your SEPA lead official. Provide Ecology documentation proving that the original Threshold Determination is still valid.

**Contingency Plan:** The contingency plan must address current disposition of biosolids, including storage, and how you will manage your biosolids should your usual end use be unable to receive them or if you fail to meet required standards\*.

*\*Note: Is not applicable to Lagoon facilities.*

**Spill Prevention and Response Plan:** This plan should address how a spill will be cleaned up should one occur. Take into account the possibility of a spill occurring on public lands, private land, waterways and heavily traveled roadways. Include all contacts and the order in which they will be contacted. If you contract for hauling, please provide a copy of the spill prevention plan used by the contracted hauler.

**Biosolids/Soil Sampling and Analysis Plan:** This plan should be detailed, including, where in the process the biosolids samples will be taken, how the samples will be handled, stored and transported. This plan needs to include how you will collect, handle, store and transport soil samples. The sample analysis plan should be written with enough detail that anyone could walk into your facility and follow the sampling procedures.

**Analytical Data:** Provide the past two years of analytical data for your biosolids.

### **Wastewater Treatment Plants that Land Apply Biosolids**

**Vicinity map:** This map must provide enough detail so that your regional coordinator can locate your facility. Clearly mark the facility entrance point and provide street names.

**Facility Schematic:** The facility schematic should clearly show your biosolids process and management. This is typically the engineer's drawings.

**Contingency Plan:** The contingency plan must address how you will manage your biosolids should your usual end use be unable to receive them or if you fail to meet required standards. If you are a facility that receives sewage sludge from other facilities for further treatment you must also address how you will notify the sending facilities if you are unable to receive their solids.

## Instructions for completing the Application for Coverage (continued)

**Spill Prevention and Response Plan:** This plan should address how a spill will be cleaned up should one occur. Take into account the possibility of a spill occurring on public lands, private land, waterways and heavily traveled roadways. Include all contacts and the order in which they will be contacted. If you contract for hauling, please provide a copy of the spill prevention plan used by the contracted hauler.

**Biosolids/Soil Sampling and Analysis Plan:** This plan should be detailed, including, where in the process the biosolids samples will be taken, how the samples will be handled, stored and transported. This plan needs to include how you will collect, handle, store and transport soil samples. The sample analysis plan should be written with enough detail that anyone could walk into your facility and follow the sampling procedures.

**Analytical Data:** Provide the past two years of analytical data for your biosolids and soil samples.

**Site Specific Land Application Plan (SSLAP):** Each SSLAP must provide information necessary to determine if the site is appropriate for land application of biosolids, and a description of how the site will be managed. The minimum content can be found in [WAC 173-308-90003 Appendix 3](#).

**General Land Application Plan (GLAP):** Provide a GLAP if you intend to apply nonexceptional quality biosolids to sites for which a site specific land application plan has not been submitted. The minimum content can be found in [WAC 173-308-90003 Appendix 4](#).

**State Environmental Policy Act (SEPA):** Applying for coverage under the general permit triggers SEPA review. The SEPA checklist and the Threshold Determination must be reviewed by your SEPA lead official. Provide Ecology documentation proving that the original Threshold Determination is still valid.

**Public Notice:** Reapplying for coverage requires facilities that land apply biosolids to conduct Public Notice in all counties where they land apply biosolids. You will need to provide Ecology with the affidavit of publication.

### **Beneficial Use Facilities**

**Vicinity map:** This map must provide enough detail so that your regional coordinator can locate your facility. Clearly mark the facility entrance point and provide street names.

**Spill Prevention and Response Plan:** This plan should address how a spill will be cleaned up should one occur. Take into account the possibility of a spill occurring on public lands, private land, waterways and heavily traveled roadways. Include all contacts and the order in which they will be contacted. If you contract for hauling, please provide a copy of the spill prevention plan used by the contracted hauler.

**Biosolids/Soil Sampling and Analysis Plan:** The soil sampling plan should describe how samples will be collected, handled, stored and transported. On occasion it may be necessary to sample biosolids in the field prior to application. Please provide how the biosolids samples will be collected, handled, stored and transported. The sampling plan should be written with enough detail that anyone could walk onto your site and follow the sampling procedures.

## Instructions for completing the Application for Coverage (continued)

**Analytical Data:** Provide the past two years of analytical data for your soil samples.

**Site Specific Land Application Plan (SSLAP):** Each SSLAP must provide information necessary to determine if the site is appropriate for land application of biosolids, and a description of how the site will be managed. The minimum content can be found in [WAC 173-308-90003 Appendix 3](#).

**General Land Application Plan (GLAP):** Provide a GLAP if you intend to apply nonexceptional quality biosolids to sites for which a site specific land application plan has not been submitted. The minimum content can be found in [WAC 173-308-90003 Appendix 4](#).

**State Environmental Policy Act (SEPA):** Applying for coverage under the general permit triggers SEPA review. The SEPA checklist and the Threshold determination must be reviewed by your SEPA lead official. Provide documentation to Ecology proving that the threshold is still valid if that is the case.

**Public Notice:** Reapplying for coverage requires facilities that land apply biosolids to conduct Public Notice in all counties where they land apply biosolids. You will need to provide Ecology with the affidavit of publication.

### Other

**Temporary Disposal Plan:** If your facility takes sewage sludge to a landfill on an emergency basis or for temporary disposal, you must submit a temporary disposal plan that addresses the steps that will be taken to correct the conditions that made disposal necessary and a time-table for implementing the steps of correction. Also include the name of the solid waste facility your sludge will go to, written approval from that facility and how long you intend to dispose at the landfill.

## Section 10. Certification Statement

The certification statement **must be signed by the Responsible Official\*** listed in Section 2.

*\*Note: Signature delegation will not be accepted.*

## Submitting the Application

You must submit a copy of your application to:

Your Regional Biosolids Coordinator

Ecology Headquarters (electronic or hardcopy)

EPA Region 7 Biosolids Center of Excellence – **only** Major and Class 1 Facilities

Local Health Jurisdiction in each county your biosolids will be stored, treated or land applied



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1. Facility Information	
<b>Name of Facility</b>	
<b>Owner</b>	
<b>Ownership Status</b>	<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/> Private <input type="checkbox"/> Other:
<b>Physical Address</b>	
<b>Mailing Address</b>	
<b>Permit Number</b>	

2. Facility Contacts		
	Primary Contact	Responsible Official
<b>Name</b>		
<b>Title</b>		
<b>Phone</b>		
<b>Email</b>		

3. Facility type <i>(check all that apply)</i>
<input type="checkbox"/> Major sewage treatment facility (design flow of $\geq 1$ mgd <u>or</u> serving a population of $\geq 10,000$ )
<input type="checkbox"/> Minor sewage treatment facility (design flow of $< 1$ mgd <u>and</u> serving a population of $< 10,000$ )
<input type="checkbox"/> Class I sewage treatment facility (have a pretreatment program or designated as Class I)
<input type="checkbox"/> Composting facility (receive biosolids or sewage sludge for composting)
<input type="checkbox"/> Septage management facility (land apply or prepare septage for land application)
<input type="checkbox"/> Beneficial use facility (receive biosolids from others for direct land application)
<input type="checkbox"/> Lagoon facility (all solids are stored in lagoons)
<input type="checkbox"/> Out-of-State (importing material to a facility within Washington State)
<input type="checkbox"/> Other—describe:



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<b>4. Other Permits</b> ( <i>check all that apply</i> )	
<input type="checkbox"/> National Pollutant Discharge Elimination System (NPDES) – Permit Number:	
<input type="checkbox"/> State Waste Discharge – Permit Number:	
<input type="checkbox"/> National Emission Standards for Hazardous Pollutants Preconstruction	
<input type="checkbox"/> Prevention of Significant Deterioration Program	
<input type="checkbox"/> Ocean Dumping	<input type="checkbox"/> Nonattainment Program
<input type="checkbox"/> Stormwater Discharge	<input type="checkbox"/> Underground Injection Control Program
<input type="checkbox"/> Dredge or Fill	<input type="checkbox"/> Hazardous Waste Management Program
<input type="checkbox"/> Other – Describe:	

<b>5. Pathogen Reduction</b> ( <i>check all that apply; see <a href="#">WAC 173-308-170</a> or <a href="#">WAC 173-308-270[3]</a></i> )	
Class A	Class B
<input type="checkbox"/> Alternative 1 ( <i>time/temperature</i> )	<input type="checkbox"/> Alternative 1 ( <i>7 samples</i> )
<input type="checkbox"/> Alternative 2 ( <i>pH/time/temperature/% solids</i> )	Alternative 2 <i>(process to significantly reduce pathogens [PSRP])</i> <input type="checkbox"/> Aerobic digestion <input type="checkbox"/> Air drying <input type="checkbox"/> Anaerobic digestion <input type="checkbox"/> Composting <input type="checkbox"/> Liming (septage, see below)
Alternative 3 <i>(process to further reduce pathogens [PFRP])</i> <input type="checkbox"/> Composting <input type="checkbox"/> Heat drying <input type="checkbox"/> Heat treatment <input type="checkbox"/> Pasteurization <input type="checkbox"/> Beta ray irradiation <input type="checkbox"/> Gamma ray irradiation <input type="checkbox"/> Thermophilic aerobic digestion	
<input type="checkbox"/> Alternative 4 ( <i>PFRP equivalent</i> )	
<b>Septage</b>	<input type="checkbox"/> <b>Sent for Further Treatment</b>  <input type="checkbox"/> <b>Did not meet requirements</b> (explain):
<input type="checkbox"/> Injection	
<input type="checkbox"/> Incorporation	
<input type="checkbox"/> pH stabilization	





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<b>6. Vector Attraction Reduction</b> (see <a href="#">WAC 173-308-180</a> or <a href="#">WAC 173-308-270[3]</a> )	
<input type="checkbox"/> Alternative 1 (38% volatile solids reduction) <input type="checkbox"/> Alternative 1a (bench test-anaerobic ) <input type="checkbox"/> Alternative 1b (bench test-aerobic)	<input type="checkbox"/> Alternative 4 (pH stabilization)
<input type="checkbox"/> Alternative 2 (SOUR)	<input type="checkbox"/> Alternative 5 ( $\geq 75\%$ solids)
<input type="checkbox"/> Alternative 3 (aerobic process)	<input type="checkbox"/> Alternative 6 ( $\geq 90\%$ solids)
<input type="checkbox"/> Sent for Further Treatment	<input type="checkbox"/> Alternative 7 (injection)
	<input type="checkbox"/> Alternative 8 (incorporation)
	<input type="checkbox"/> Did not meet requirements (explain):

<b>7. Pollutants</b> (not applicable to septage unless required by permit; see <a href="#">WAC 173-308-160</a> )	
Number of pollutant monitoring events in the past year:	1
Pollutants Exceeding Table 1 or 3 Values:	0

<b>8. Process, Production &amp; Storage</b>	
<b>How are your biosolids produced and managed?</b>	
<b>Planned Changes?</b>	
<b>Average Production</b> (+/- 10 dry tons)	
<b>How often and what time of year testing conducted?</b>	
<b>Who hauls your biosolids?</b>	
<b>Where do your biosolids go?</b> <b>How much?</b>	
<b>If you are not a Lagoon Facility proceed to Section 9 (all lagoon facilities must answer the following)</b>	
<b>Date of last measured depth.</b> <b>How much has accumulated?</b>	



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<b>When was the last dredging event?</b>	
<b>Do you plan to dredge during this permit cycle?</b>	
<b>9. Attachments (Check off each requirement for your facility type)</b>	
<b>Wastewater Treatment Plants that DO NOT Land Apply Biosolids</b>	
<input type="checkbox"/> <b>Vicinity Map.</b> The map must extend at least 1 mile around the perimeter of the facility and any associated treatment or storage facilities. The map must also show the location and means of access.	
<input type="checkbox"/> <b>Facility Schematic.</b> The Facility Schematic must show how you process and/or manage biosolids.	
<input type="checkbox"/> <b>State Environmental Policy Act (SEPA).</b> The act of applying for coverage under this permit triggers a requirement for review under SEPA. This does not necessarily mean that a new SEPA threshold determination will be required.	
<input type="checkbox"/> <b>Contingency Plan.</b> Describe your plans for handling biosolids in the event that your biosolids cannot be sent to their usual end use location or fail to meet quality goals.	
<input type="checkbox"/> <b>N/A.</b> We have long-term treatment (lagoons).	
<input type="checkbox"/> <b>Biosolids/Soil Sampling &amp; Analysis Plan (SAP).</b> A Biosolids/Soil Sampling and Analysis Plan is required when you sample your biosolids and land application site(s).	
<input type="checkbox"/> <b>N/A.</b> We have long term treatment or send for further treatment.	
<input type="checkbox"/> <b>Analytical Data.</b> The past two years of data related to your biosolids, land application site soil, and/or land application site waters.	
<input type="checkbox"/> <b>N/A.</b> We have long term treatment or send for further treatment and have no data.	
<input type="checkbox"/> <b>Spill Prevention &amp; Response Plan.</b> Required if you or your agent transport your biosolids.	
<b>Wastewater Treatment Plants that Land Apply Biosolids</b>	
<input type="checkbox"/> <b>Vicinity Map.</b> The map must extend at least 1 mile around the perimeter of the facility and any associated treatment or storage facilities. The map must also show the location and means of access.	
<input type="checkbox"/> <b>Facility Schematic.</b> The Facility Schematic must show how you process and/or manage biosolids.	
<input type="checkbox"/> <b>Contingency Plan.</b> Describe your plans for handling biosolids in the event that your biosolids cannot be sent to their usual end use location or fail to meet quality goals.	
<input type="checkbox"/> <b>N/A.</b> We have long-term treatment (lagoons).	

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<input type="checkbox"/> <b>Analytical Data.</b> The past two years of data related to your biosolids, land application site soil, and/or land application site waters.
<input type="checkbox"/> <b>Spill Prevention &amp; Response Plan.</b> Required if you or your agent transport your biosolids.
<input type="checkbox"/> <b>Biosolids/Soil Sampling &amp; Analysis Plan (SAP).</b> A Biosolids/Soil Sampling and Analysis Plan is required when you sample your biosolids and land application site(s).
<input type="checkbox"/> <b>Site Specific Land Application Plan (SSLAP).</b> Required for every site where non-exceptional quality biosolids are applied.
<input type="checkbox"/> <b>General Land Application Plan (GLAP).</b> To maintain the option of proposing new sites for applying non-exceptional quality biosolids during the term of this permit.
<input type="checkbox"/> <b>State Environmental Policy Act (SEPA).</b> The act of applying for coverage under this permit triggers a requirement for review under SEPA. This does not necessarily mean that a new SEPA threshold determination will be required.
<input type="checkbox"/> <b>Public Notice.</b> Depending on your operation you may be required to conduct Public Notice as part of submitting this application.
<b>Beneficial Use Facilities</b>
<input type="checkbox"/> <b>Vicinity Map.</b> The map must extend at least 1 mile around the perimeter of the facility and any associated treatment or storage facilities. The map must also show the location and means of access.
<input type="checkbox"/> <b>Spill Prevention &amp; Response Plan.</b> Required if you or your agent transport your biosolids.
<input type="checkbox"/> <b>Analytical Data.</b> The past two years of data related to your biosolids, land application site soil, and/or land application site waters.
<input type="checkbox"/> <b>Biosolids/Soil Sampling &amp; Analysis Plan (SAP).</b> A Biosolids/Soil Sampling and Analysis Plan is required when you sample your biosolids and land application site(s).
<input type="checkbox"/> <b>Site Specific Land Application Plan (SSLAP).</b> Required for every site where non-exceptional quality biosolids are applied.
<input type="checkbox"/> <b>General Land Application Plan (GLAP).</b> To maintain the option of proposing new sites for applying non-exceptional quality biosolids during the term of this permit.



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**State Environmental Policy Act (SEPA).** The act of applying for coverage under this permit triggers a requirement for review under SEPA. This does not necessarily mean that a new SEPA threshold determination will be required, but any decisions regarding what is needed in order to comply with SEPA must be made by the SEPA Lead Official.

**Public Notice.** Depending on your operation you may be required to conduct Public Notice as part of submitting this application.

### Other

**Temporary Disposal Plan.** Required if you dispose sewage sludge in a landfill on a temporary basis (see [WAC 173-308-300\(8\)](#)).

**N/A.** We do not send (or plan to send) any sewage sludge to a landfill.

### 10. Certification Statement *(must be signed by the **Responsible Official listed above**)* (see **WAC 173-308-310**)

*"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 submitted 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."*

**Responsible Official Signature** \_\_\_\_\_ **Date**

**Responsible Official Name and Title** \_\_\_\_\_