



DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF WATER RESOURCES

**INSTRUCTIONS FOR COMPLETING AND SUBMITTING
A NOTICE OF INTENT (NOI) FOR COVERAGE UNDER GENERAL PERMIT
FOR THE LAND APPLICATION OF BIOSOLIDS**

I. GENERAL INSTRUCTIONS

A. Who Must Apply for a General Permit for the Land Application of Biosolids?

Persons who generate biosolids that will be land applied. This does not include persons who generate exceptional quality (EQ) biosolids.

B. When to File the Notice Of Intent (NOI):

Persons who are seeking approval for coverage under the general permit to land apply biosolids must file with the Tennessee Department of Environment and Conservation (TDEC), Division of Water Resources (DWR) an application, referred to as an NOI, provided by DWR (or photocopy thereof).

C. Where to File the NOI:

The completed NOI and required attachments must be submitted to the DWR's State Biosolids Coordinator. The address for the State Biosolids Coordinator is in Appendix 2 of these instructions.

D. Notice of Intent Filing Fee:

There is no fee for filing an NOI.

E. Applicant Responsibility:

It is the applicant's responsibility to demonstrate that the quality of biosolids generated that are to be land applied meets the quality criteria requirements specified in the General Permit being sought and that the biosolids are eligible for coverage under such General Permit, prior to the submittal of the NOI.

F. Required Attachments:

The following forms and attachments shall be filed with the NOI:

1. Permit Application (NOI)
2. Laboratory analytical and/or process monitoring results, as appropriate, for contaminant limits, PCBs, TCLP, pathogen reduction, and vector attraction reduction that are used to demonstrate the eligibility of biosolids that are to be land applied under the General Permit.

Note: To calculate agronomic loading rates, analyze for organic nitrogen, ammonium nitrogen, nitrate and nitrite.

3. A detailed sampling plan that addresses sampling protocols for contaminants, pathogen reduction and vector attraction reduction.
4. Evidence of "Hazardous Waste Determination" (TCLP) conducted in accordance with requirements specified in 40 CFR 262.11(c), with laboratory analysis of the biosolids conducted in accordance with 40 CFR 261.24. This test must be less than five years old.
5. Evidence that the biosolids that is land applied has a concentration of polychlorinated biphenyls (PCBs) of less than 50 milligrams per kilogram to total solids (dry weight basis). This test must be less than five years old.
6. A description of the facility's operation and treatment used to stabilize the biosolids and meet pathogen and vector attraction reduction requirements.

II. NOTICE OF INTENT FORM

Heading and Contact Information

Provide the name of the Generator, NPDES permit number and contact information.

A. Operational Information

Provide: (1) an estimated total amount of biosolids (in dry weight basis) generated annually at the facility, and (2) of the total amount of biosolids generated, what is the estimated annual amount of biosolids (in dry weight basis) to be land applied.

B. Biosolids Treatment Process

Generators of biosolids must describe the treatment process used prior to the biosolids being land applied in the State of Tennessee (use separate sheet if necessary).

C. Chemical Analysis

Indicate which contaminant level the biosolids meet. All biosolids intended for land application must meet at a minimum the Maximum Concentrations listed in Table 1 of Section 3.1.1.2 of the General Permit.

Submit a summary of the analytical results and laboratory analyses to demonstrate eligibility for coverage under the General Permit.

Attach analytical results for PCBs and TCLP (hazardous waste determination) that are less than five years old.

D. Pathogen Reduction Level Achieved

Refer to Section 3.1.2 and for detailed descriptions of pathogen reduction requirements and select one of the required treatment processes for either Class A (Appendix B) or Class B (Appendix C) which indicates the treatment level provided to the biosolids generated at the facility, prior to land application.

Describe in detail the pathogen treatment process that is used at the facility to achieve the pathogen reduction requirements claimed. Include laboratory analytical and/or process monitoring results, as appropriate, that demonstrate pathogen reduction is being achieved. If more than one pathogen reduction alternative is selected, sufficient analytical data must be supplied to demonstrate that each alternative is achieved by the process.

E. Vector Attraction Reduction Level Achieved

Refer to Section 3.1.3 for a detailed description of vector attraction reduction requirements and select at least one of the required treatment processes (Options 1 - 8) which indicates the treatment level provided to the biosolids generated, at the facility, prior to land application.

If one of the vector attraction reduction treatment Options 1 - 8 is used at the facility, include laboratory analytical and/or process monitoring results, as appropriate, that demonstrate the vector attraction reduction is being achieved. If more than one vector attraction reduction option is selected, sufficient analytical data must be supplied to demonstrate that each option is achieved by the process.

F. Sampling Plan

A detailed sampling plan explaining the sampling protocols for contaminants (including PCBs and TCLP), pathogen reduction and vector attraction reduction must be submitted with the NOI.

G. Certification

The applicant must certify that the information contained in the NOI form is true, accurate and complete, and agree to abide by the terms and conditions of the General Permit. The NOI form shall be signed according to the general permit requirements described in subpart 6.7.

APPENDIX 1

CERTIFICATION OF HAZARDOUS WASTE DETERMINATION

In accordance with 40 CFR 262.11(c), I hereby certify, under penalty of law, that the biosolids generated by _____ (name of wastewater treatment facility) does not meet the criterion of hazardous waste in 40 CFR 261.

NAME AND OFFICIAL TITLE (Use agency or professional seal as appropriate)

Name: _____ **Title:** _____

Signature: _____

Telephone: (____) _____ - _____ **Date Signed:** ____ / ____ / ____

APPENDIX 2

**State Biosolids Coordinator
Department of Environmental and Conservation
Division of Water Resources
William R. Snodgrass Tennessee Tower, 11th Floor
312 Rosa L. Parks Avenue
Nashville, TN 37243-1102
(615) 532-0625**