

FACILITY NAME AND PERMIT NUMBER:

Mud Creek Water Pollution Control Plant, Permit No. GA0020222

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  $\geq$  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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**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 City of Valdosta - Mud Creek Water Pollution Control Plant

Mailing Address 1638 New Stantenville Road  
Valdosta, Georgia 31603

Contact person Keith Martin

Title Superintendent

Telephone number (229) 333-1899

Facility Address 1638 New Stantenville Road  
(not P.O. Box) Valdosta, Georgia 31603

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

Applicant name City of Valdosta Utilities

Mailing Address Post Office Box 1125  
Valdosta, Georgia 31603

Contact person Henry Hicks

Title Director of Utilities

Telephone number (229) 259-3592

**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 GA0020222 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.). SEE ATTACHMENT 2A-1

Name	Population Served	Type of Collection System	Ownership
<u>Valdosta, Georgia</u>	<u>12,200</u>	<u>Separate Sanitary Sewer</u>	<u>Municipal</u>
_____	_____	_____	_____
_____	_____	_____	_____
Total population served <u>12,200</u>			

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**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	<u>5.70</u> mgd	<u>Apr 2011 - Mar 2012</u>	<u>Apr 2012 - Mar 2013</u>	<u>Apr 2013 - Mar 2014</u>
		<u>Two Years Ago</u>	<u>Last Year</u>	<u>This Year</u>
b. Annual average daily flow rate		<u>2.24</u>	<u>2.41</u>	<u>2.74</u> mgd
c. Maximum daily flow rate		<u>7.00</u>	<u>8.50</u>	<u>7.20</u> 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 100.00 %  
 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	<u>1</u>
ii. Discharges of untreated or partially treated effluent	<u>N/A</u>
iii. Combined sewer overflow points	<u>N/A</u>
iv. Constructed emergency overflows (prior to the headworks)	<u>N/A</u>
v. Other <u>N/A</u>	<u>N/A</u>

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

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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?

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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 1
- b. Location Valdosta 31603  
(City or town, if applicable) (Zip Code)  
Lowndes Georgia  
(County) (State)  
30° 48' 6" N 83° 13' 37" W  
(Latitude) (Longitude)
- c. Distance from shore (if applicable) NOT APPLICABLE
- d. Depth below surface (if applicable) NOT APPLICABLE
- e. Average daily flow rate 2.67 mgd Based on data from period January 1, 2013 through December 31, 2013
- 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 Mud Creek
- b. Name of watershed (if known) Mud Creek Watershed  
 United States Soil Conservation Service 14-digit watershed code (if known): NOT APPLICABLE
- c. Name of State Management/River Basin (if known): Suwanee River Basin  
 United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 03110202
- d. Critical low flow of receiving stream (if applicable):  
 acute 0.00 cfs chronic 0.00 cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): 10.00 mg/l of CaCO<sub>3</sub>

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**A.11. Description of Treatment.**

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

Primary                       Secondary  
 Advanced                       Other. Describe: Tertiary Filtration

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

Design BOD<sub>5</sub> removal or Design CBOD<sub>5</sub> removal                      98.80 %  
 Design SS removal                      98.30 %  
 Design P removal                      N/A %  
 Design N removal                      N/A %  
 Other N/A %

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

Ultraviolet disinfection

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: 1 (Effluent data is for period January 1, 2013 through December 31, 2013)

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.00	s.u.			
pH (Maximum)	8.20	s.u.			
Flow Rate	8.50	MGD	2.67	MGD	365.00
Temperature (Winter) Jan., Feb. and Mar.	23.00	°C	19.40	°C	90.00
Temperature (Summer) July and August	29.00	°C	25.70	°C	62.00

\* 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	8.10	mg/l	1.55	mg/l	211.00	
	CBOD-5						
FECAL COLIFORM		51.00	#100 ml	3.34	#100 ml	102.00	
TOTAL SUSPENDED SOLIDS (TSS)		7.40	mg/l	1.66	mg/l	212.00	

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

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**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  $\geq 0.1$  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.  
400,000.00 gpd See Attachment 2A-2 for method used to estimate I/I

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

See Attachment 2A-2

**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.) See Attachment 2A-3

- 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. See Attachment 2A-5

**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: See Attachment 2A-6

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

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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	Actual Completion
	MM / DD / YYYY	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: 1

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
<b>CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.</b>							
AMMONIA (as N)	0.70	mg/l	0.21	mg/l	209.00	SM4500NHG	
CHLORINE (TOTAL RESIDUAL, TRC)	N/A	mg/l	N/A	mg/l			
DISSOLVED OXYGEN	10.10	mg/l	7.13	mg/l	365.00	SM4500OG	
TOTAL KJELDAHL NITROGEN (TKN)	1.50	mg/l	1.40	mg/l	3.00	EPA 351.2	
NITRATE PLUS NITRITE NITROGEN	7.90	mg/l	6.60	mg/l	3.00	EPA 353.2	
OIL and GREASE	3.20	mg/l	2.46	mg/l	3.00	EPA 1664 A	
PHOSPHORUS (Total)	0.28	mg/l	0.27	mg/l	3.00	EPA 365.1	
TOTAL DISSOLVED SOLIDS (TDS)	640.00	mg/l	630.00	mg/l	3.00	SM18 2540.C	
OTHER							

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



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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.

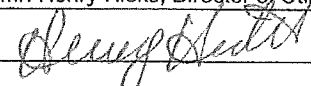
**Indicate which parts of Form 2A you have completed and are submitting:**

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Basic Application Information packet | Supplemental Application Information packet:   |
|  | <input checked="" type="checkbox"/> Part D (Expanded Effluent Testing Data)                    |
|  | <input checked="" type="checkbox"/> Part E (Toxicity Testing: Biomonitoring Data)              |
|  | <input checked="" type="checkbox"/> Part F (Industrial User Discharges and RCRA/CERCLA Wastes) |
|  | <input type="checkbox"/> 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 Mr. Henry Hicks, Director of Utilities

Signature 

Telephone number (229) 259-3592

Date signed 5-2-14

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** See Attachment 2A-7

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: 1 (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
<b>METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.</b>											
ANTIMONY											
ARSENIC											
BERYLLIUM											
CADMIUM											
CHROMIUM											
COPPER											
LEAD											
MERCURY											
NICKEL											
SELENIUM											
SILVER											
THALLIUM											
ZINC											
CYANIDE											
TOTAL PHENOLIC COMPOUNDS											
HARDNESS (AS CaCO <sub>3</sub> )											
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											

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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			
<b>VOLATILE ORGANIC COMPOUNDS.</b>												
ACROLEIN												
ACRYLONITRILE												
BENZENE												
BROMOFORM												
CARBON TETRACHLORIDE												
CLOROBENZENE												
CHLORODIBROMO-METHANE												
CHLOROETHANE												
2-CHLORO-ETHYLVINYL ETHER												
CHLOROFORM												
DICHLOROBROMO-METHANE												
1,1-DICHLOROETHANE												
1,2-DICHLOROETHANE												
TRANS-1,2-DICHLORO-ETHYLENE												
1,1-DICHLOROETHYLENE												
1,2-DICHLOROPROPANE												
1,3-DICHLORO-PROPYLENE												
ETHYLBENZENE												
METHYL BROMIDE												
METHYL CHLORIDE												
METHYLENE CHLORIDE												
1,1,2,2-TETRACHLORO-ETHANE												
TETRACHLORO-ETHYLENE												
TOLUENE												

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Outfall number: \_\_\_\_\_ (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			
1,1,1-TRICHLOROETHANE												
1,1,2-TRICHLOROETHANE												
TRICHLOROETHYLENE												
VINYL CHLORIDE												

Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.

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**ACID-EXTRACTABLE COMPOUNDS**

P-CHLORO-M-CRESOL												
2-CHLOROPHENOL												
2,4-DICHLOROPHENOL												
2,4-DIMETHYLPHENOL												
4,6-DINITRO-O-CRESOL												
2,4-DINITROPHENOL												
2-NITROPHENOL												
4-NITROPHENOL												
PENTACHLOROPHENOL												
PHENOL												
2,4,6-TRICHLOROPHENOL												

Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.

--	--	--	--	--	--	--	--	--	--	--	--	--

**BASE-NEUTRAL COMPOUNDS.**

ACENAPHTHENE												
ACENAPHTHYLENE												
ANTHRACENE												
BENZIDINE												
BENZO(A)ANTHRACENE												
BENZO(A)PYRENE												

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Outfall number: \_\_\_\_\_ (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											
BENZO(GH)PERYLENE											
BENZO(K)FLUORANTHENE											
BIS (2-CHLOROETHOXY) METHANE											
BIS (2-CHLOROETHYL)-ETHER											
BIS (2-CHLOROISO-PROPYL) ETHER											
BIS (2-ETHYLHEXYL) PHTHALATE											
4-BROMOPHENYL PHENYL ETHER											
BUTYL BENZYL PHTHALATE											
2-CHLORONAPHTHALENE											
4-CHLORPHENYL PHENYL ETHER											
CHRYSENE											
DI-N-BUTYL PHTHALATE											
DI-N-OCTYL PHTHALATE											
DIBENZO(A,H) ANTHRACENE											
1,2-DICHLORO BENZENE											
1,3-DICHLORO BENZENE											
1,4-DICHLORO BENZENE											
3,3-DICHLORO BENZIDINE											
DIETHYL PHTHALATE											
DIMETHYL PHTHALATE											
2,4-DINITROTOLUENE											
2,6-DINITROTOLUENE											
1,2-DIPHENYLHYDRAZINE											

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Outfall number: \_\_\_\_\_ (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												
FLUORENE												
HEXACHLOROBENZENE												
HEXACHLOROBUTADIENE												
HEXACHLOROCYCLO-PENTADIENE												
HEXACHLOROETHANE												
INDENO(1,2,3-CD)PYRENE												
ISOPHORONE												
NAPHTHALENE												
NITROBENZENE												
N-NITROSODI-N-PROPYLAMINE												
N-NITROSODI- METHYLAMINE												
N-NITROSODI-PHENYLAMINE												
PHENANTHRENE												
PYRENE												
1,2,4-TRICHLOROBENZENE												

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.

4  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: \_\_\_\_\_ Test number: \_\_\_\_\_ Test number: \_\_\_\_\_

a. Test information. See Attachment 2A-8

Test species & test method number			
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			

b. Give toxicity test methods followed.

Manual title			
Edition number and year of publication			
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			
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection			
After dechlorination			

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Test number: \_\_\_\_\_

Test number: \_\_\_\_\_

Test number: \_\_\_\_\_

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.

Chronic toxicity

Acute toxicity

g. Provide the type of test performed.

Static

Static-renewal

Flow-through

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water

Receiving water

i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.

Fresh water

Salt water

j. Give the percentage effluent used for all concentrations in the test series.

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH

Salinity

Temperature

Ammonia

Dissolved oxygen

l. Test Results.

Acute:

Percent survival in 100% effluent

%

%

%

LC<sub>50</sub>

95% C.I.

%

%

%

Control percent survival

%

%

%

Other (describe)



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Chronic:			
NOEC	%	%	%
IC <sub>25</sub>	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.			
Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

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

Yes  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.**

**FACILITY NAME AND PERMIT NUMBER:**

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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?

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. 5.00
- b. Number of CIUs. 3.00

**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: See Attachment 2A-9

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

**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): \_\_\_\_\_

Raw material(s): \_\_\_\_\_

**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.

\_\_\_\_\_ gpd (  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.

\_\_\_\_\_ gpd (  continuous or  intermittent)

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

a. Local limits  Yes  No

b. Categorical pretreatment standards  Yes  No

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

\_\_\_\_\_

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**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  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  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).

<u>EPA Hazardous Waste Number</u>	<u>Amount</u>	<u>Units</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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.)  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**

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### SUPPLEMENTAL APPLICATION INFORMATION

#### PART G. COMBINED SEWER SYSTEMS NOT APPLICABLE

If the treatment works has a combined sewer system, complete Part G.

**G.1. System Map.** Provide a map indicating the following: (may be included with Basic Application Information)

- a. All CSO discharge points.
- b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).
- c. Waters that support threatened and endangered species potentially affected by CSOs.

**G.2. System Diagram.** Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

- a. Locations of major sewer trunk lines, both combined and separate sanitary.
- b. Locations of points where separate sanitary sewers feed into the combined sewer system.
- c. Locations of in-line and off-line storage structures.
- d. Locations of flow-regulating devices.
- e. Locations of pump stations.

#### CSO OUTFALLS:

Complete questions G.3 through G.6 once for each CSO discharge point.

**G.3. Description of Outfall.**

- a. Outfall number \_\_\_\_\_
- b. Location \_\_\_\_\_  
 (City or town, if applicable) (Zip Code)  
 \_\_\_\_\_  
 (County) (State)  
 \_\_\_\_\_  
 (Latitude) (Longitude)
- c. Distance from shore (if applicable) \_\_\_\_\_ ft.
- d. Depth below surface (if applicable) \_\_\_\_\_ ft.
- e. Which of the following were monitored during the last year for this CSO?  
 \_\_\_ Rainfall      \_\_\_ CSO pollutant concentrations      \_\_\_ CSO frequency  
 \_\_\_ CSO flow volume      \_\_\_ Receiving water quality
- f. How many storm events were monitored during the last year? \_\_\_\_\_

**G.4. CSO Events.**

- a. Give the number of CSO events in the last year.  
 \_\_\_\_\_ events (\_\_\_ actual or \_\_\_ approx.)
- b. Give the average duration per CSO event.  
 \_\_\_\_\_ hours (\_\_\_ actual or \_\_\_ approx.)

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- c. Give the average volume per CSO event.  
\_\_\_\_\_ million gallons (\_\_\_\_\_ actual or \_\_\_\_\_ approx.)
- d. Give the minimum rainfall that caused a CSO event in the last year.  
\_\_\_\_\_ inches of rainfall

**G.5. Description of Receiving Waters.**

- a. Name of receiving water: \_\_\_\_\_
- b. Name of watershed/river/stream system: \_\_\_\_\_  
  
United States Soil Conservation Service 14-digit watershed code (if known): \_\_\_\_\_
- c. Name of State Management/River Basin: \_\_\_\_\_  
  
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): \_\_\_\_\_

**G.6. CSO Operations.**

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

\_\_\_\_\_  
\_\_\_\_\_

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

Additional information, if provided, will appear on the following pages.

**NPDES Permit Application for the Mud Creek Water Pollution Control Plant  
City of Valdosta Utilities Department**

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**FORM 2S**

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FACILITY NAME AND PERMIT NUMBER:  
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**FORM 2S NPDES** **NPDES FORM 2S APPLICATION OVERVIEW**

**PRELIMINARY INFORMATION**

This page is designed to indicate whether the applicant is to complete Part 1 or Part 2. Review each category, and then complete Part 1 or Part 2, as indicated. For purposes of this form, the term "you" refers to the applicant. "This facility" and "your facility" refer to the facility for which application information is submitted.

**FACILITIES INCLUDED IN ANY OF THE FOLLOWING CATEGORIES MUST COMPLETE PART 2 (PERMIT APPLICATION INFORMATION).**

1. Facilities with a currently effective NPDES permit.
2. Facilities which have been directed by the permitting authority to submit a full permit application at this time.

**ALL OTHER FACILITIES MUST COMPLETE PART 1 (LIMITED BACKGROUND INFORMATION).**



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## PART 1: LIMITED BACKGROUND INFORMATION

This part should be completed only by "sludge-only" facilities - that is, facilities that do not currently have, and are not applying for, an NPDES permit for a direct discharge to a surface body of water.

For purposes of this form, the term "you" refers to the applicant. "This facility" and "your facility" refer to the facility for which application information is submitted.

### 1. Facility Information.

- a. Facility name NOT APPLICABLE
- b. Mailing Address \_\_\_\_\_  
\_\_\_\_\_
- c. Contact person \_\_\_\_\_  
Title \_\_\_\_\_  
Telephone number \_\_\_\_\_
- d. Facility Address (not P.O. B ox) \_\_\_\_\_  
\_\_\_\_\_
- e. Indicate the type of facility
- |   |                                       |
|---|---------------------------------------|
| _____ Publicly owned treatment works (POTW) | _____ Privately owned treatment works |
| _____ Federally owned treatment works       | _____ Blending or treatment operation |
| _____ Surface disposal site                 | _____ Sewage sludge incinerator       |
| _____ Other (describe) _____                |                                       |

### 2. Applicant Information.

- a. Applicant name \_\_\_\_\_
- b. Mailing Address \_\_\_\_\_  
\_\_\_\_\_
- c. Contact person \_\_\_\_\_  
Title \_\_\_\_\_  
Telephone number \_\_\_\_\_
- d. Is the applicant the owner or operator (or both) of this facility?  
\_\_\_\_\_ owner \_\_\_\_\_ operator
- e. Should correspondence regarding this permit be directed to the facility or the applicant?  
\_\_\_\_\_ facility \_\_\_\_\_ applicant

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**3. Sewage Sludge Amount.** Provide the total dry metric tons per latest 365 day period of sewage sludge handled under the following practices:

- a. Amount generated at the facility \_\_\_\_\_ dry metric tons
- b. Amount received from off site \_\_\_\_\_ dry metric tons
- c. Amount treated or blended on site \_\_\_\_\_ dry metric tons
- d. Amount sold or given away in a bag or other container for application to the land \_\_\_\_\_ dry metric tons
- e. Amount of bulk sewage sludge shipped off site for treatment or blending \_\_\_\_\_ dry metric tons
- f. Amount applied to the land in bulk form \_\_\_\_\_ dry metric tons
- g. Amount placed on a surface disposal site \_\_\_\_\_ dry metric tons
- h. Amount fired in a sewage sludge incinerator \_\_\_\_\_ dry metric tons
- i. Amount sent to a municipal solid waste landfill \_\_\_\_\_ dry metric tons
- j. Amount used or disposed by another practice \_\_\_\_\_ dry metric tons

Describe \_\_\_\_\_

**4. Pollutant Concentrations.** Using the table below or a separate attachment, provide existing sewage sludge monitoring data for the pollutants for which limits in sewage sludge have been established in 40 CFR part 503 for this facility's expected use or disposal practices. If available, base data on three or more samples taken at least one month apart and no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
ARSENIC			
CADMIUM			
CHROMIUM			
COPPER			
LEAD			
MERCURY			
MOLYBDENUM			
NICKEL			
SELENIUM			
ZINC			

**5. Treatment Provided At Your Facility.**

- a. Which class of pathogen reduction does the sewage sludge meet at your facility?

\_\_\_\_\_ Class A \_\_\_\_\_ Class B \_\_\_\_\_ Neither or unknown

- b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FACILITY NAME AND PERMIT NUMBER:**  
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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)
- Option 9 (Injection below land surface)
- Option 10 (Incorporation into soil within 6 hours)
- Option 11 (Covering active sewage sludge unit daily)
- 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:

\_\_\_\_\_  
\_\_\_\_\_

6. **Sewage Sludge Sent to Other Facilities.** Does the sewage sludge from your facility meet the Table 1 ceiling concentrations, the Table 3 pollutant concentrations, Class A pathogen requirements, and one of the vector attraction options 1-8?  
 Yes  No

If yes, go to question 8 (Certification).

If no, is sewage sludge from your facility provided to another facility for treatment, distribution, use, or disposal?  
 Yes  No

If no, go to question 7 (Use and Disposal Sites).

If yes, provide the following information for the facility receiving the sewage sludge:

- a. Facility name \_\_\_\_\_
- b. Mailing address \_\_\_\_\_  
\_\_\_\_\_
- c. Contact person \_\_\_\_\_  
Title \_\_\_\_\_  
Telephone number \_\_\_\_\_

d. Which activities does the receiving facility provide? (Check all that apply)

- Treatment or blending
- Land application
- Incineration
- Sale or give-away in bag or other container
- Surface disposal
- Other (describe):

\_\_\_\_\_  
\_\_\_\_\_

**FACILITY NAME AND PERMIT NUMBER:**

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**7. Use and Disposal Sites.** Provide the following information for each site on which sewage sludge from this facility is used or disposed:

a. Site name or number \_\_\_\_\_

b. Contact person \_\_\_\_\_

Title \_\_\_\_\_

Telephone \_\_\_\_\_

c. Site location (Complete 1 or 2)

1. Street or Route # \_\_\_\_\_

County \_\_\_\_\_

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

d. Site type (Check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Agricultural     | <input type="checkbox"/> Lawn or home garden            | <input type="checkbox"/> Forest                  |
| <input type="checkbox"/> Surface disposal | <input type="checkbox"/> Public Contact                 | <input type="checkbox"/> Incineration            |
| <input type="checkbox"/> Reclamation      | <input type="checkbox"/> Municipal Solid Waste Landfill | <input type="checkbox"/> Other (describe): _____ |

**8. Certification.** Sign the certification statement below. (Refer to instructions to determine who is an officer for purposes of this certification.)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the 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 \_\_\_\_\_

Signature \_\_\_\_\_

Telephone number \_\_\_\_\_

Date signed \_\_\_\_\_

**SEND COMPLETED FORMS TO:**

FACILITY NAME AND PERMIT NUMBER:  
Mud Creek Water Pollution Control Plant, Permit No. GA0020222

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**PART 2: PERMIT APPLICATION INFORMATION**

Complete this part if you have an effective NPDES permit or have been directed by the permitting authority to submit a full permit application at this time. In other words, complete this part if your facility has, or is applying for, an NPDES permit.  
For purposes of this form, the term "you" refers to the applicant. "This facility" and "your facility" refer to the facility for which application information is submitted.

**APPLICATION OVERVIEW — SEWAGE SLUDGE USE OR DISPOSAL INFORMATION**

Part 2 is divided into five sections (A-E). Section A pertains to all applicants. The applicability of Sections B, C, D, and E depends on your facility's sewage sludge use or disposal practices. The information provided on this page indicates which sections of Part 2 to fill out.

- 1. **SECTION A: GENERAL INFORMATION.**  
Section A must be completed by all applicants
  
- 2. **SECTION B: GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE.**  
Section B must be completed by applicants who either:
  - 1) Generate sewage sludge, or
  - 2) Derive a material from sewage sludge.
  
- 3. **SECTION C: LAND APPLICATION OF BULK SEWAGE SLUDGE.**  
Section C must be completed by applicants who either:
  - 1) Apply sewage to the land, or
  - 2) Generate sewage sludge which is applied to the land by others.

NOTE: Applicants who meet either or both of the two above criteria are exempted from this requirement if all sewage sludge from their facility falls into one of the following three categories:

  - 1) The sewage sludge from this facility meets the ceiling and pollutant concentrations, Class A pathogen reduction requirements, and one of vector attraction reduction options 1-8, as identified in the instructions, or
  - 2) The sewage sludge from this facility is placed in a bag or other container for sale or give-away for application to the land, or
  - 3) The sewage sludge from this facility is sent to another facility for treatment or blending.
  
- 4. **SECTION D: SURFACE DISPOSAL**  
Section D must be completed by applicants who own or operate a surface disposal site.
  
- 5. **SECTION E: INCINERATION**  
Section E must be completed by applicants who own or operate a sewage sludge incinerator.

FACILITY NAME AND PERMIT NUMBER:  
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**A. GENERAL INFORMATION**

All applicants must complete this section.

**A.1. Facility Information.**

a. Facility name City of Valdosta - Mud Creek Water Pollution Control Plant

b. Mailing Address 1638 New Stantenville Road  
Valdosta, Georgia 31603

c. Contact person Keith Martin  
Title Superintendent  
Telephone number (229) 333-1899

d. Facility Address (not P.O. Box) 1638 New Stantenville Road  
Valdosta, Georgia 31603

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

f. Facility design flow rate: 5.70 mgd

g. Total population served: \_\_\_\_\_

h. Indicate the type of facility:

<input checked="" type="checkbox"/> Publicly owned treatment works (POTW)	<input type="checkbox"/> Privately owned treatment works
<input type="checkbox"/> Federally owned treatment works	<input type="checkbox"/> Blending or treatment operation
<input type="checkbox"/> Surface disposal site	<input type="checkbox"/> Sewage sludge incinerator
<input type="checkbox"/> Other (describe) _____	

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

a. Applicant name City of Valdosta

b. Mailing Address Post Office Box 1125  
Valdosta, Georgia 31603

c. Contact person Mr. Henry Hicks  
Title Director of Utilities  
Telephone number (229) 259-3592

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

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



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**A.8. Pollution Concentrations:** Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants for which limits in sewage sludge have been established in 40 CFR Part 503 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)	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
ARSENIC	SEE ATTACHMENT 2S-2		
CADMIUM			
CHROMIUM			
COPPER			
LEAD			
MERCURY			
MOLYBDENUM			
NICKEL			
SELENIUM			
ZINC			

**A.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 Form 2S you have completed and are submitting:

\_\_\_\_\_ Part 1 Limited Background Information packet

Part 2 Permit Application Information packet:

- Section A (General Information)
- Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)
- \_\_\_\_\_ Section C (Land Application of Bulk Sewage Sludge)
- \_\_\_\_\_ Section D (Surface Disposal)
- \_\_\_\_\_ Section E (Incineration)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the 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 Mr. Henry Hicks, Director of Utilities

Signature  Date signed 5-2-14

Telephone number (229) 259-3592

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

**SEND COMPLETED FORMS TO:**



FACILITY NAME AND PERMIT NUMBER:  
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**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.

**B.1. Amount Generated On Site.** Total dry metric tons per 365-day period generated at your facility: 385.80 dry metric tons Based on data for the period of January 1, 2013 through December 31, 2013.

**B.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 NOT APPLICABLE
- b. Mailing Address \_\_\_\_\_
- c. Contact person \_\_\_\_\_  
Title \_\_\_\_\_  
Telephone number \_\_\_\_\_
- d. Facility Address (not P.O. Box) \_\_\_\_\_
- e. Total dry metric tons per 365-day period received from this facility: \_\_\_\_\_ dry metric tons
- f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics.  
\_\_\_\_\_  
\_\_\_\_\_

**B.3. Treatment Provided At Your Facility.**

- a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?  
       Class A     Class B           Neither or unknown
- b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge:  
Aerobic digestion  
\_\_\_\_\_  
\_\_\_\_\_
- c. Which vector attraction reduction option is met for the sewage sludge at your facility?  
       Option 1 (Minimum 38 percent reduction in volatile solids)  
       Option 2 (Anaerobic process, with bench-scale demonstration)  
       Option 3 (Aerobic process, with bench-scale demonstration)  
       Option 4 (Specific oxygen uptake rate for aerobically digested sludge)  
       Option 5 (Aerobic processes plus raised temperature)  
       Option 6 (Raise pH to 12 and retain at 11.5)  
       Option 7 (75 percent solids with no unstabilized solids)  
       Option 8 (90 percent solids with unstabilized solids)  
 None or unknown

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**B.3. Treatment Provided At Your Facility. (con't)**

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:

Aeorobic digestion

e. Describe, on this form or another sheet of paper, any other sewage sludge treatment or blending activities not identified in (a) - (d) above:

\_\_\_\_\_

**Complete Section B.4 if sewage sludge from your facility meets the ceiling concentrations in Table 1 of 40 CFR 503.13, the pollutant concentrations in Table 3 of §503.13, the Class A pathogen reduction requirements in §503.32(a), and one of the vector attraction reduction requirements in § 503.33(b)(1)-(8) and is land applied. Skip this section if sewage sludge from your facility does not meet all of these criteria.**

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

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

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

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Complete Section B.5. if you place sewage sludge in a bag or other container for sale or give-away for land application. Skip this section if the sewage sludge is covered in Section B.4.**

**B.5. Sale or Give-Away in a Bag or Other Container for Application to the Land.**

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.

**Complete Section B.6 if sewage sludge from your facility is provided to another facility that provides treatment or blending. This section does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this section if the sewage sludge is covered in Sections B.4 or B.5. If you provide sewage sludge to more than one facility, attach additional pages as necessary.**

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

a. Receiving facility name \_\_\_\_\_

b. Mailing address \_\_\_\_\_

c. Contact person \_\_\_\_\_

Title \_\_\_\_\_

Telephone number \_\_\_\_\_

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

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**B.6. Shipment Off Site for Treatment or Blending. (con't)**

e. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility?  Yes  No

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

Class A  Class B  Neither or unknown

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

\_\_\_\_\_  
\_\_\_\_\_

f. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge?  Yes  No

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

- Option 1 (Minimum 38 percent reduction in volatile solids)
- Option 2 (Anaerobic process, with bench-scale demonstration)
- Option 3 (Aerobic process, with bench-scale demonstration)
- Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
- Option 5 (Aerobic processes plus raised temperature)
- Option 6 (Raise pH to 12 and retain at 11.5)
- Option 7 (75 percent solids with no unstabilized solids)
- Option 8 (90 percent solids with unstabilized solids)
- None

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.

\_\_\_\_\_  
\_\_\_\_\_

g. Does the receiving facility provide any additional treatment or blending activities not identified in (c) or (d) above?  Yes  No

If yes, describe, on this form or another sheet of paper, the treatment or blending activities not identified in (c) or (d) above:

\_\_\_\_\_  
\_\_\_\_\_

h. If you answered yes to (e), (f), or (g), attach a copy of any information you provide the receiving facility to comply with the "notice and necessary information" requirement of 40 CFR 503.12(g).

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

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

Complete Section B.7 if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in:

- Section B.4 (it meets Table 1 ceiling concentrations, Table 3 pollutant concentrations, Class A pathogen requirements, and one of vector attraction reduction options 1-8); or
- Section B.5 (you place it in a bag or other container for sale or give-away for application to the land); or
- Section B.6 (you send it to another facility for treatment or blending).

**B.7. Land Application of Bulk Sewage Sludge.**

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

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**B.7. Land Application of Bulk Sewage Sludge. (con't)**

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 with application (see instructions).

c. Are any land application sites located in States other than the State where you generate sewage sludge or derive a material from sewage sludge?  Yes  No

If yes, describe, on this form or 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.

\_\_\_\_\_  
\_\_\_\_\_

**Complete Section B.8 if sewage sludge from your facility is placed on a surface disposal site.**

**B.8. Surface Disposal.**

a. Total dry metric tons of sewage sludge from your facility placed on all surface disposal sites per 365-day period: \_\_\_\_\_ 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 B.8.c through B.8.f for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one such surface disposal site, attach additional pages as necessary.

c. Site name or number \_\_\_\_\_

d. Contact person \_\_\_\_\_

Title \_\_\_\_\_

Telephone number \_\_\_\_\_

Contact is  Site owner  Site operator

e. Mailing address \_\_\_\_\_

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

**Complete Section B.9 if sewage sludge from your facility is fired in a sewage sludge incinerator.**

**B.9. Incineration.**

a. Total dry metric tons of sewage sludge from your facility fired in all sewage sludge incinerators per 365-day period: \_\_\_\_\_ 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, complete B.9.c through B.9.f for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one such sewage sludge incinerator, attach additional pages as necessary.

c. Incinerator name or number: \_\_\_\_\_

d. Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Contact is:  Incinerator owner  Incinerator operator

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**B.9. Incineration. (con't)**

e. Mailing address: \_\_\_\_\_  
\_\_\_\_\_

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

**Complete Section B.10 if sewage sludge from this facility is placed on a municipal solid waste landfill.**

**B.10. Disposal in 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. Name of landfill Evergreen Landfill

b. Contact person Melanie Miller  
Title Industrial Account Manager  
Telephone number (229) 671-8169

Contact is \_\_\_\_\_ Landfill owner  Landfill operator

c. Mailing address 3163 Wetherington lane  
Valdosta, Georgia 31601

d. Location of municipal solid waste landfill:  
Street or Route # 3163 Wetherington Lane  
County Lowndes  
City or Town Valdosta State Georgia Zip 31601

e. Total dry metric tons of sewage sludge from your facility placed in this municipal solid waste landfill per 365-day period:  
385.50 dry metric tons **Based on data for the period of January 1, 2013 through December 31, 2013.**

f. List, on this form or an attachment, the numbers of all other Federal, State, and local permits that regulate the operation of this municipal solid waste landfill.

Permit Number	Type of Permit
<u>092-022D</u>	<u>MSWL</u>
_____	_____
_____	_____

g. Submit, with this application, information to determine whether the sewage sludge meets applicable requirements for disposal of sewage sludge in a municipal solid waste landfill (e.g., results of paint filter liquids test and TCLP test)

h. Does the municipal solid waste landfill comply with applicable criteria set forth in 40 CFR Part 258?  
 Yes \_\_\_\_\_ No

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**C. LAND APPLICATION OF BULK SEWAGE SLUDGE**

Complete Section C for sewage sludge that is applied to the land, unless any of the following conditions apply:

- The sewage sludge meets the Table 1 ceiling concentrations, the Table 3 pollutant concentrations, Class A pathogen requirements, and one of vector attraction reduction options 1-8 (fill out B.4 Instead); or
- The sewage sludge is sold or given away in a bag or other container for application to the land (fill out B.5 Instead); or
- You provide the sewage sludge to another facility for treatment or blending (fill out B.6 instead).

Complete Section C for every site on which the sewage sludge that you reported in Section B.7 is applied.

**C.1. Identification of Land Application Site.**

- a. Site name or number NOT APPLICABLE
- b. Site location (Complete 1 and 2).
1. Street or Route # \_\_\_\_\_  
County \_\_\_\_\_  
City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
2. Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Method of latitude/longitude determination  
\_\_\_\_\_ USGS map \_\_\_\_\_ Field survey \_\_\_\_\_ Other \_\_\_\_\_
- c. Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.

**C.2. Owner Information.**

- a. Are you the owner of this land application site? \_\_\_\_\_ Yes \_\_\_\_\_ No
- b. If no, provide the following information about the owner:
- Name \_\_\_\_\_  
Telephone number \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_

**C.3. Applier Information.**

- a. Are you the person who applies, or who is responsible for application of, sewage sludge to this land application site?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- b. If no, provide the following information for the person who applies:
- Name \_\_\_\_\_  
Telephone number \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_

**C.4. Site Type:** Identify the type of land application site from among the following.

\_\_\_\_\_ Agricultural land    \_\_\_\_\_ Forest    \_\_\_\_\_ Public contact site  
\_\_\_\_\_ Reclamation site    \_\_\_\_\_ Other. Describe: \_\_\_\_\_

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**C.5. Crop or Other Vegetation Grown on Site.**

- a. What type of crop or other vegetation is grown on this site?

\_\_\_\_\_

- b. What is the nitrogen requirement for this crop or vegetation?

\_\_\_\_\_

**C.6. Vector Attraction Reduction.**

Are any vector attraction reduction requirements met when sewage sludge is applied to the land application site?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, answer C.6.a and C.6.b;

- a. Indicate which vector attraction reduction option is met:

\_\_\_\_\_ Option 9 (Injection below land surface)

\_\_\_\_\_ Option 10 (Incorporation into soil within 6 hours)

- b. Describe, on this form or another sheet of paper, any treatment processes used at the land application site to reduce vector attraction properties of sewage sludge:

\_\_\_\_\_  
\_\_\_\_\_

**Complete Question C.7 only if the sewage sludge applied to this site since July 20, 1993, is subject to the cumulative pollutant loading rates (CPLRs) in 40 CFR 503.13(b)(2).**

**C.7. Cumulative Loadings and Remaining Allotments.**

- a. Have you contacted the permitting authority in the State where the bulk sewage sludge subject to CPLRs will be applied, to ascertain whether bulk sewage sludge subject to CPLRs has been applied to this site on or since July 20, 1993? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, sewage sludge subject to CPLRs may not be applied to this site.

If yes, provide the following information:

Permitting authority \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone number \_\_\_\_\_

- b. Based upon this inquiry, has bulk sewage sludge subject to CPLRs been applied to this site since July 20, 1993?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If no, skip C.7.c.

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- c. Provide the following information for every facility other than yours that is sending, or has sent, bulk sewage sludge to CPLRs to this site since July 20, 1993. If more than one such facility sends sewage sludge to this site, attach additional pages as necessary.

Facility name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact person \_\_\_\_\_

Title \_\_\_\_\_

Telephone number \_\_\_\_\_



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**D. SURFACE DISPOSAL**

Complete this section if you own or operate a surface disposal site.

Complete Sections D.1 - D.5 for each active sewage sludge unit.

**D.1. Information on Active Sewage Sludge Units.**

a. Unit name or number: NOT APPLICABLE

b. Unit location (Complete 1 and 2).

1. Street or Route # \_\_\_\_\_

County \_\_\_\_\_

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

Method of latitude/longitude determination: \_\_\_\_\_ USGS map \_\_\_\_\_ Field survey \_\_\_\_\_ Other

c. Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.

d. Total dry metric tons of sewage sludge placed on the active sewage sludge unit per 365-day period: \_\_\_\_\_ dry metric tons

e. Total dry metric tons of sewage sludge placed on the active sewage sludge unit over the life of the unit: \_\_\_\_\_ dry metric tons

f. Does the active sewage sludge unit have a liner with a maximum hydraulic conductivity of  $1 \times 10^{-7}$  cm/sec? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe the liner (or attach a description):

\_\_\_\_\_  
\_\_\_\_\_

g. Does the active sewage sludge unit have a leachate collection system? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe the leachate collection system (or attach a description). Also describe the method used for leachate disposal and provide the numbers of any Federal, State, or local permit(s) for leachate disposal:

\_\_\_\_\_  
\_\_\_\_\_

h. If you answered no to either D.1.f. or D.1.g., answer the following question:

Is the boundary of the active sewage sludge unit less than 150 meters from the property line of the surface disposal site?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide the actual distance in meters: \_\_\_\_\_

Provide the following information:

Remaining capacity of active sewage sludge unit, in dry metric tons: \_\_\_\_\_ dry metric tons

Anticipated closure date for active sewage sludge unit, if known: \_\_\_\_\_ (MM/DD/YYYY)

Provide, with this application, a copy of any closure plan that has been developed for this active sewage sludge unit.

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**D.2. Sewage Sludge from Other Facilities.** Is sewage sent to this active sewage sludge unit from any facilities other than your facility?

Yes  No

If yes, provide the following information for each such facility. If sewage sludge is sent to this active sewage sludge unit from more than one such facility, attach additional pages as necessary.

a. Facility name \_\_\_\_\_

b. Mailing Address \_\_\_\_\_  
\_\_\_\_\_

c. Contact person \_\_\_\_\_

Title \_\_\_\_\_

Telephone number \_\_\_\_\_

d. Which class of pathogen reduction is achieved before sewage sludge leaves the other facility?

Class A  Class B  None or unknown

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

\_\_\_\_\_  
\_\_\_\_\_

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

- Option 1 (Minimum 38 percent reduction in volatile solids)
- Option 2 (Anaerobic process, with bench-scale demonstration)
- Option 3 (Aerobic process, with bench-scale demonstration)
- Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
- Option 5 (Aerobic processes plus raised temperature)
- Option 6 (Raise pH to 12 and retain at 11.5)
- Option 7 (75 percent solids with no unstabilized solids)
- Option 8 (90 percent solids with unstabilized solids)
- None or unknown

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

\_\_\_\_\_  
\_\_\_\_\_

h. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities performed by the other facility that are not identified in (d) - (g) above:

\_\_\_\_\_  
\_\_\_\_\_

**D.3. Vector Attraction Reduction**

a. Which vector attraction option, if any, is met when sewage sludge is placed on this active sewage sludge unit?

- Option 9 (Injection below and surface)
- Option 10 (Incorporation into soil within 6 hours)
- Option 11 (Covering active sewage sludge unit daily)

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**D.3. Vector Attraction Reduction. (con't)**

- b. Describe, on this form or another sheet of paper, any treatment processes used at the active sewage sludge unit to reduce vector attraction properties of sewage sludge:

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**D.4. Ground-Water Monitoring.**

- a. Is ground-water monitoring currently conducted at this active sewage sludge unit, or are ground-water monitoring data otherwise available for this active sewage sludge unit?  
 Yes  No

If yes, provide a copy of available ground-water monitoring data. Also, provide a written description of the well locations, the approximate depth to ground-water, and the ground-water monitoring procedures used to obtain these data.

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- b. Has a ground-water monitoring program been prepared for this active sewage sludge unit?  Yes  No

If yes, submit a copy of the ground-water monitoring program with this permit application.

- c. Have you obtained a certification from a qualified ground-water scientist that the aquifer below the active sewage sludge unit has not been contaminated?  Yes  No

If yes, submit a copy of the certification with this permit application.

**D.5. Site-Specific Limits.** Are you seeking site-specific pollutant limits for the sewage sludge placed on the active sewage sludge unit?

Yes  No

If yes, submit information to support the request for site-specific pollutant limits with this application.

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## E. INCINERATION

Complete this section if you fire sewage sludge in a sewage sludge incinerator.

Complete this section once for each incinerator in which you fire sewage sludge. If you fire sewage sludge in more than one sewage sludge incinerator, attach additional copies of this section s necessary.

### E.1. Incinerator Information.

- a. Incinerator name or number: NOT APPLICABLE
- b. Incinerator location (Complete 1 and 2).
1. Street or Route # \_\_\_\_\_  
County \_\_\_\_\_  
City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
2. Latitude \_\_\_\_\_ Longitude \_\_\_\_\_
- Method of latitude/longitude determination: \_\_\_\_\_ USGS map \_\_\_\_\_ Field survey \_\_\_\_\_ Other \_\_\_\_\_

E.2. Amount Fired. Dry metric tons per 365-day period of sewage sludge fired in the sewage sludge incinerator: \_\_\_\_\_ dry metric tons

### E.3. Beryllium NESHAP.

- a. Is the sewage sludge fired in this incinerator "beryllium-containing waste," as defined in 40 CFR Part 61.31? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Submit, with this application, information, test data, and description of measures taken that demonstrate whether the sewage sludge incinerated is beryllium-containing waste, and will continue to remain as such.
- b. If the answer to (a) is yes, **submit with this application** a complete report of the latest beryllium emission rate testing and documentation of ongoing incinerator operating parameters indicating that the NESHAP emission rate limit for beryllium has been and will continue to be met.

### E.4. Mercury NESHAP.

- a. How is compliance with the mercury NESHAP being demonstrated?  
\_\_\_\_\_ Stack testing (if checked, complete E.4.b)  
\_\_\_\_\_ Sewage sludge sampling (if checked, complete E.4.c)
- b. If stack testing is conducted, submit the following information with this application:  
  
A complete report of stack testing and documentation of ongoing incinerator operating parameters indicating that the incinerator has met, and will continue to meet, the mercury NESHAP emission rate limit.  
  
Copies of mercury emission rate tests for the two most recent years in which testing was conducted.
- c. If sewage sludge sampling is used to demonstrate compliance, submit a complete report of sewage sludge sampling and documentation of ongoing incinerator operating parameters indicating that the incinerator has met, and will continue to meet the mercury NESHAP emission rate limit.

### E.5. Dispersion Factor.

- a. Dispersion factor, in micrograms/cubic meter per gram/second: \_\_\_\_\_
- b. Name and type of dispersion model: \_\_\_\_\_
- c. Submit a copy of the modeling results and supporting documentation with this application.

**FACILITY NAME AND PERMIT NUMBER:**

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OMB Number 2040-0086

**E.6. Control Efficiency.**

a. Control efficiency, in hundredths, for the following pollutants:

Arsenic: \_\_\_\_\_ Chromium: \_\_\_\_\_ Nickel: \_\_\_\_\_  
Cadmium: \_\_\_\_\_ Lead: \_\_\_\_\_

b. Submit a copy of the results or performance testing and supporting documentation (including testing dates) with this application.

**E.7. Risk Specific Concentration for Chromium.**

a. Risk specific concentration (RSC) used for chromium, in micrograms per cubic meter: \_\_\_\_\_

b. Which basis was used to determine the RSC?

\_\_\_\_ Table 2 in 40 CFR 503.43  
\_\_\_\_ Equation 6 in 40 CFR 503,43 (site-specific determination)

c. If Table 2 was used, identify the type of incinerator used as the basis:

\_\_\_\_ Fluidized bed with wet scrubber  
\_\_\_\_ Fluidized bed with wet scrubber and wet electrostatic precipitator  
\_\_\_\_ Other types with wet scrubber  
\_\_\_\_ Other types with wet scrubber and wet electrostatic precipitator

d. If Equation 6 was used, provide the following:

Decimal fraction of hexavalent chromium concentration to total chromium concentration in stack exit gas: \_\_\_\_\_

Submit results of incinerator stack tests for hexavalent and total chromium concentrations, including date(s) of test, with this application.

**E.8. Incinerator Parameters**

a. Do you monitor Total Hydrocarbons (THC) in the sewage sludge incinerator's exit gas? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you monitor Carbon Monoxide (CO) in the sewage sludge incinerator's exit gas? \_\_\_\_\_ Yes \_\_\_\_\_ No

b. Incinerator type: \_\_\_\_\_

c. Incinerator stack height, in meters: \_\_\_\_\_

Indicate whether value submitted is: \_\_\_\_\_ Actual stack height \_\_\_\_\_ Creditable stack height

**E.9. Performance Test Operating Parameters**

a. Maximum Performance Test Combustion Temperature: \_\_\_\_\_

b. Performance test sewage sludge feed rate, in dry metric tons/day: \_\_\_\_\_

indicate whether value submitted is:

\_\_\_\_ Average use \_\_\_\_\_ Maximum design

Submit, with this application, supporting documents describing how the feed rate was calculated.

c. Submit, with this application, information documenting the performance test operating parameters for the air pollution control device(s) used for this sewage sludge incinerator.

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**E.10. Monitoring Equipment.** List the equipment in place to monitor the following parameters:

- a. Total hydrocarbons or carbon monoxide: \_\_\_\_\_
- b. Percent oxygen: \_\_\_\_\_
- c. Moisture content: \_\_\_\_\_
- d. Combustion temperature: \_\_\_\_\_
- e. Other: \_\_\_\_\_

**E.11. Air Pollution Control Equipment.** Submit, with this application, a list of all air pollution control equipment used with this sewage sludge incinerator.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NPDES Permit Application for the Mud Creek Water Pollution Control Plant  
City of Valdosta Utilities Department**

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**ATTACHMENT 2A-1  
(Form 2A: A.4. Collection System Information)**

The table below provides information on municipality and the area served by the facility. The name and population of each entity, and information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.) is also provided.

<b>Name</b>	<b>Population Served* (persons)</b>	<b>Type of Collection System</b>	<b>Ownership</b>
Valdosta, Georgia	12,200	Separate Sanitary Sewer	Municipal (City of Valdosta)

\* Calculation of Population Served: Valdosta, Georgia has an approximate population of 57,597. Two water pollution control plants (Mud Creek and Withlacoochee) service this population. Mud Creek WPCP has a total flow of 3.22 MGD and Withlacoochee WPCP has a total flow of 12MGD.

Therefore, the population served at Mud Creek WPCP is equal to the total flow at Mud Creek WPCP divided by the sum of the total flow at both WPCPs, multiplied by the population of Valdosta, Georgia.

**Population served = (3.22 MGD/ (3.22 MGD+12 MGD)) x 57,597 people = 12,185 people**

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**ATTACHMENT 2A-2  
(Form 2A: B.1. Inflow and Infiltration)**

Inflow and Infiltration (I/I) was estimated by deducting the average daily flow during dry weather season (December, January and February) from the average daily flow during the wet weather season (March, April, June and July). Flow data from the period of January 2011 through March 2014 was used to estimate I/I.

$$\begin{aligned} I/I &= \text{Average Daily Wet Weather Flow} - \text{Average Daily Dry Weather Flow} \\ I/I &= 2.7 \text{ MGD} - 2.3 \text{ MGD} = 0.4 \text{ MGD} = \mathbf{400,000 \text{ GPD}} \end{aligned}$$

The City of Valdosta (the City) is continuing to make special efforts to reduce the inflow and infiltration seen at Mud Creek WPCP. In 2010 the City initiated a comprehensive evaluation of its wastewater collection system and one of the key goals identified during that evaluation was to determine ways to reduce inflow and infiltration. Since then, inspections to determine inflow sources have been in progress. The City is scheduled to complete smoke testing of all the sanitary sewer lines for both the Mud Creek and Withlacoochee Sewershed areas within the next five years. Several faulty, deteriorated, cracked or broken manholes have already been repaired or replaced. The City is also budgeting for the lining of new interceptors.



**NPDES Permit Application for the Mud Creek Water Pollution Control Plant  
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**ATTACHMENT 2A-3  
(Form 2A: B.2. Topographic Map)**



U.S. DEPARTMENT OF THE INTERIOR  
U. S. GEOLOGICAL SURVEY

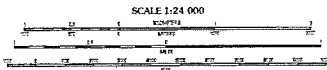
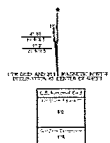


INDIANOLA QUADRANGLE  
GEORGIA  
7.5-MINUTE SERIES

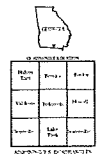


Produced by the United States Geological Survey  
and Approved by the U.S. Environmental Protection Agency  
and the U.S. Army Corps of Engineers  
12/10/04  
1:24,000 Scale  
Low Relief Series

Map Date: NAD 83, August 2000, September 1999  
Base Map: 1:25,000 Scale, 1994  
Source: USGS, 1:25,000 Scale, 1994  
Photography: National Photographic Interpretation Center, 1994  
Derivative: National Geographic Society, 2000



UNITED STATES GEOLOGICAL SURVEY  
NORTH AMERICAN DATUM OF 1983  
The map is based on the datum with vertical datum of 1985  
and horizontal datum of 1983  
A modification of the datum is shown by the symbol 8.511



ROAD CLASSIFICATION  
 Interstate  
 US Route  
 State Route  
 Local Road  
 Fwy  
 Interchange  
 Jctn  
 Roundabout

INDIANOLA, GA  
2011