DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF WATER RESOURCES
William R. Snodgrass - Tennessee Tower
312 Rosa L. Parks Avenue, 11th Floor
Nashville, Tennessee 37243-1102
(615) 532-0625

NOTICE OF INTENT (NOI) for Land Application of Non-Exceptional Quality Biosolids

Generator Name:	Current NPDES No:	**Existing Tracking No:**

Owner or Operator: (the person or legal entity which controls the site's operation)				
1	Name of Official Contact Person: (individual responsible for a site)	Title or Position:		
	Mailing Address:	City:	State:	Zip:
	Phone: ( )	E-mail:		
2	Name of Local Contact Person: (if appropriate, write "same as #1")	Title or Position:		
	Site Address: (this may or may not be the same as street address)	Site City:	State: **TN**	Zip:
	Phone: ( )	E-mail:		

Write in the box (to the right) or circle the number (above) to indicate where to send correspondence:

All non-exceptional biosolids land application sites that have been approved by the division prior to the effective date of this permit will be covered under this permit upon receipt of the signed certification statement, completed NOI and a copy of site approval letter(s).

A. OPERATIONAL INFORMATION:
Estimated annual amount of biosolids generated (dry weight basis) _____(tons)
Estimated annual amount of biosolids to be land applied (dry weight basis) _____(tons)

B. BIOSOLIDS TREATMENT PROCESS: Please provide a description of the biosolids treatment process used prior to biosolids being land applied (use a separate sheet if necessary):

C. CHEMICAL ANALYSIS: Indicate which contaminant standard(s) the biosolids meet:
Table 1 Ceiling Contaminant Concentrations: ☐ **Table 3 Contaminant Concentrations:** ☐

- Submit analytical results to demonstrate eligibility for and compliance with the quality criteria specified in the General Permit.
- Submit PCB and TCLP analytical results that are less five years old.

D. PATHOGEN REDUCTION LEVEL ACHIEVED: Indicate alternative used to achieve the pathogen reduction. For Class A, Alternatives 5 and 6; for Class B, Alternatives 2 and 3, list the specific Process to Further Reduce Pathogens (PFRP) or Process to Significantly Reduce Pathogens (PSRP).

Class A: ☐ **Alternative 1** ☐ **Alternative 2** ☐ **Alternative 3**
☐ **Alternative 4** ☐ **Alternative 5** _____ ☐ **Alternative 6** _____
(List PFRP) **(List Eq. PFRP)**

Class B: ☐ **Alternative 1** ☐ **Alternative 2** _____ ☐ **Alternative 3** _____
(List PSRP) **(List Eq. PSRP)**

Provide a detailed description of the pathogen treatment process. Attach laboratory analytical and/or process monitoring results, as appropriate, that demonstrate pathogen reduction is being achieved:

E. **VECTOR ATTRACTION REDUCTION LEVEL ACHIEVED:** Indicate the option used to achieve the vector attraction reduction.

☐ **Option 1** ☐ **Option 2** ☐ **Option 3** ☐ **Option 4**
☐ **Option 5** ☐ **Option 6** ☐ **Option 7** ☐ **Option 8**

If one of the vector attraction reduction Options 1 - 5 is selected, do the biosolids meet Class A pathogen reduction requirements prior to or at the same time as meeting the vector attraction reduction requirements?

☐ **Yes** ☐ **No**

Provide a detailed description of the vector attraction reduction treatment process. Attach laboratory analytical and/or process monitoring results, as appropriate, that demonstrate vector attraction reduction is being achieved:

F. If one of the vector attraction reduction Options 1 - 8 above was not performed, indicate how the vector attraction reduction will be performed on the field as part of the land application process:

☐ **Option 9 (Subsurface Injection)** ☐ **Option 10 (Incorporation)**

G. **SAMPLING PLAN:** Include a detailed copy of the biosolids sampling plan as specified in the instructions. The sampling plan must address sampling protocols for contaminants, pathogen reduction, and vector attraction reduction quality criteria.

H. **LAND APPLICATION AREA(s):** Include a list of land application area(s) that will be used for disposal of biosolids. Attach a detailed map showing appropriate buffers in accordance with section 3.2.1 (add additional pages if necessary)

Area Number	**Area (acres)**	**Application Rate (tons/acre) per section 3.2.2**	**Latitude** (decimal)	**Longitude** (decimal)

I. **CERTIFICATION:** I certify, under penalty of law, that contaminant concentrations in the biosolids, pathogen reduction, vector attraction reduction, and other quality criteria of the biosolids stated in the regulations have been met or, if appropriate, will be met prior to land application of biosolids. I further certify that other information in this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my own knowledge as well as the inquiry of the person(s) who manage the system, or those directly responsible for gathering the information, the information submitted, to the best of my knowledge and belief, is true, accurate and complete. I further acknowledge that the facility or generator of biosolids described above is eligible for coverage under TDEC's General Permit for the Land Application of Biosolids. I am aware that there are significant penalties for submitting false information, including possibility of fines and imprisonment for knowing violations. As specified in Tennessee Code Annotated Section 39-16-702(a)(4), this declaration is made under penalty of perjury.

Name: _____ **Title:** _____

Signature: _____

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

NOTE: In evaluating NOI forms, TDEC may request additional information to complete its review to determine the eligibility for coverage under TDEC's General Permit.

Submit the original completed and signed form to *Water.Permits@tn.gov* or:
Biosolids NOI Processing - Division of Water Resources
William R. Snodgrass - Tennessee Tower, 312 Rosa L. Parks Avenue, 11th Floor
Nashville, TN 37243-1102