

414 High Street | PO BOX 1100 Seaford, DE 19973 302.629.9173 302.629.9307 fax www.seafordde.com

MAR 2 0 2020 SURFACE WAY

March 13, 2020

Delaware Department of Natural Resources
Division of Water, Surface Water Discharges Section
89 Kings Highway
Dover, DE 19901
Attention George Mwangi, PE

RE: NPDES Permit DE0020265 – Application for Renewal

Dear Mr. Mwangi, PE,

Please find enclosed the NPDES Permit Application renewal forms (EPA Forms 2a and 2s) for the City of Seaford Wastewater Treatment Facility.

If you have any application questions or require additional information, please contact Bryant Tifft at 302-629-8340 or by email at btifft@seafordde.com.

List of Forms and Attachments:

- EPA Form 2a plus attachments
 - o Form 2a Comments
 - o Topographic map of Facility
 - o Process Diagram
 - Attachment A Effluent Parameters for All POTWs
 - o Attachment B Effluent Parameters for POTWs with Flow > 0.1 MGD
 - o Attachment C(1) Effluent Parameters for Select POTWs (Metals etc.)
 - Attachment C(2) Effluent Parameters for Select POTWs (Volatiles & Semi-volatiles)
 - Attachment D Effluent Monitoring for Whole Effluent Toxicity
- EPA Form 2s (Part 2) plus attachments
 - o Form 2s Comments
 - o Topographic map of Facility
 - o Process Diagram
 - o Biosolids Compost Label

Other important items for your consideration to memorialize during the permit renewal process are listed below.

- Making the allocations from the Invista trade agreement part of our permanent allocations as mentioned in the final Delaware Phase III WIP.
- Making the allocations from Bridgeville part of our permanent allocations at the time of flow transfer as mentioned in the final Delaware Phase III WIP.

 Re-evaluating whether there is any responsible potential for Seaford to have a future copper limit.

Please contact us should you have any questions.

Sincerely,

Berley A. Mears

Public Works Director

City of Seaford - NPDES Application

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MAR 2 0 2020

SURFACE WATER

Comments Pertaining to Form 2A

Heading - EPA Identification Number

The EPA ID# listed on the previous NPDES permit application (110002378267) differs from the one used on this current application (110039821271) which was retrieved from https://www.epa.gov/frs.

Section 1.6 - Other existing environmental permits

- State Biosolids Distribution/Marketing: DM1701-S-03 (1/1/17-12/31/21)
- State Air Pollution (for standby generator): APC-2004/0748 (6/17/04- Current)

Section 1.7 – Municipalities Served

The Seaford WWTF currently serves the City of Seaford and neighboring Township of Blades. Anticipated near November-December of 2020 the town of Bridgeville will be connecting to the City of Seaford sewer system and the WWTF will begin accepting wastewater from the towns of Bridgeville and Greenwood. Systems served outside of the City of Seaford are maintained by Sussex County. Populations are based on 2017/2018 estimates.

- Current population served (Seaford+Blades): 9,278
- Future population served (Seaford+Blades+Bridgeville+Greenwood): 12,741

Section 1.10 - Flows

Flows listed on the application form under this section represent current and historical flows for Seaford only (2017-2019). Anticipated additional flows from the Bridgeville sewer connection are shown in the chart below.

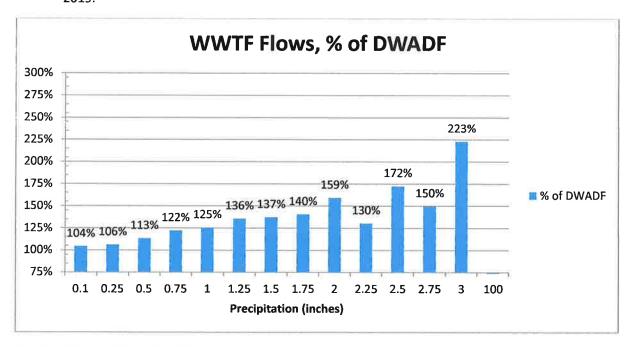
Bridge	ville + Greenwood	l Flows (MGD)
Year	Annual Average	Annual Max
2017	0.259	0.693
2018	0.293	0.845
2019	0.266	0.635

Section 2.2 - Inflow and Infiltration

I&I at the City of Seaford WWWTF is tracked in the following manner:

1. A "Dry Weather Average Daily Flow" (DWADF) is determined based on daily flows where the recorded precipitation is < 0.1".

- Where the recorded precipitation is > 0.1", these daily flows are categorized based on the amount of recorded precipitation (in 0.25" increments) and expressed as a percentage of the DWADF.
- 3. The data is then summarized on an annual basis as shown below. Covers period from 2010-2019.



Section 3.8 - Design Removal Rates, Phosphorus

The design removal rate for Total Phosphorus specified in the WWTF O&M Manual is stated as 67%. This is based on design criteria at the time of Raw Influent at 6.0 mg/l and a Discharge Limit of 2.0 mg/l. It should be noted that the facility is not limited to this rate of removal for TP since removal is primarily a function of chemical precipitation, which can and has been increased in order to achieve lower effluent TP concentrations than were required in the NPDES permit at the time of design. Currently, Raw Influent TP has remained near the same concentrations. Revised effluent load limits for TP were placed into effect in March of 2019 requiring effluent concentration to be in the range of 1.3-1.5 mg/l which the facility is achieving. This equates to a removal rate in the range of 75-78%.

Section 3.12 – WET Testing

- Four "Screening Static Acute Toxicity Tests" were performed.
- One "Definitive Static Acute Toxicity Test" was performed in 2017 on c.dubia due to low survival
 of the initial screen.

Table C – Metals, VOC's and Semi-Volatile Compounds

Annual Priority Pollutant Scans are submitted to the State as they are performed.

- A summary of the metals data is included in Attachment C1. There are two summarizations for effluent total copper data:
 - One covers the full data period (11/1/2015 through 12/31/2019)
 - The second covers data from 3/15/2019 through 12/31/2019 which represents the WWTF effluent after the Allen-Harim hatchery ceased discharges. This data should be more representative of our current discharge.
- A summary of volatile and semi-volatile compounds data is included in Attachment C2. Only
 pollutants in this category that had levels above the detection level are summarized.

Table D - Additional Monitoring Required

Additional monitoring required by the current permit for pollutants not listed on form 2A are routinely submitted to the State with the monthly discharge monitoring reports:

- Dissolved copper
- Dissolved zinc
- TKN
- NO2+NO3
- Organic Nitrogen
- Dissolved Oxygen
- Ortho-Phosphate

Table E - WET Result Details

All WET results as well as additional monitoring and effluent characterization performed along with each test are included in the WET results packages submitted to DNREC. Attachment D provides a summary of WET testing performance dates and results.

EPA Identification Number NPDES Permit Number Facility Name DE0020265 SEAFORD WASTEWATER FACILITY

Form 2A

SEPA

110039821271

U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater

Form Approved 03/05/19 OMB No. 2040-0004

NPDES		1027 824	NEW AND EXISTING PUBL	ICLY OWNED TREA	ATMENT WORKS							
SECTIO	N 1. BAS	SIC APPLICATION INFORMATION	ON FOR ALL APPLICANTS (4	0 CFR 122.21(j)(1) a	nd (9))							
	1.1	Facility name										
		SEAFORD WASTEWATER FACIL	ΤΙΥ									
		Mailing address (street or P.O.	box)									
		PO BOX 1100										
_		City or town		State	ZIP code							
atio		SEAFORD		DE	19973							
) Li		Contact name (first and last)	Title	Phone number	Email address							
Inf		BRYANT TIFFT	OPERATIONS COORDINATOR	(302) 629-8340	btifft@seafordde.com							
Facility Information		Location address (street, route 403 NANTICOKE AVE.	number, or other specific ident	ifier) \square Same a	s mailing address							
		City or town		State	ZIP code							
		SEAFORD		DE	19973							
	1.2	Is this application for a facility t	•	arge?								
		Yes → See instruction requirements f	ns on data submission [for new dischargers.	√ No								
	1.3	Is applicant different from entity	listed under Item 1.1 above?									
		☐ Yes		✓ No → SKIP t	o Item 1.4.							
		Applicant name										
ation		Applicant address (street or P.	O. box)									
Inform		City or town		State	ZIP code							
Applicant Information		Contact name (first and last)	Title	Phone number	Email address							
4	1.4	Is the applicant the facility's ow	ner, operator, or both? (Check	only one response.)	•							
		Owner	☐ Operator		✓ Both							
	1.5	To which entity should the NPD	DES permitting authority send o	orrespondence? (Ch	eck only one response.)							
		☐ Facility	☐ Applicant		Facility and applicant (they are one and the same)							
nits	1.6	Indicate below any existing env number for each.)			or type the corresponding permit							
Perl		T NDDFO/E	Existing Environm		- IIIO () III III III							
mental		NPDES (discharges to s water) _DE0020265 (11/1/15-10		rdous waste)	UIC (underground injection control)							
Existing Environmental Permits		PSD (air emissions)		nt program (CAA)	NESHAPs (CAA)							
ing		Ocean dumping (MPRSA	\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(C)MA Costica	Other (one-if-)							
xist		L Ocean dumping (MPRSA	404)	(CWA Section	Other (specify)							
ш		X			(See Attached Comments)							

l	1100398		DE0020265		SEAFORD WASTEWA			Form Approved 03/05/1 OMB No. 2040-000				
									_			
	1.7	Municipality	Population	ation reque	sted below for the treatn Collection System Type Collection System Type System T				_			
		Served	Served		(indicate percentage)	Je .	(Ownership Status				
		CITY OF	7,861		% separate sanitary sewer		☑ Ow		ì			
Ş		SEAFORD	7,801		% combined storm and sa	nitary sewer	☑ Ow					
Se L					Unknown % separate sanitary sewer		Own					
atio		TOWN OF	1,417	0	% combined storm and sa		Ow					
ä		BLADES			Unknown		☐ Ow		_			
8		TOWN OF	2,366		% separate sanitary sewer % combined storm and sal		Owi					
auc		BRIDGEVILLE*	,,,,,,	Total Control	When the Combined Storm and Sal	illary sewer	☐ Owl					
tem		TOUR 05			% separate sanitary sewer		☐ Owi					
Sys		TOWN OF GREENWOOD*	1,097		% combined storm and sai	nitary sewer	□ Owi					
tion		Total			Unknown		☐ Owl	n 🗆 Maintain				
Collection System and Population Served		Population Served	12,741	(See	e Attached Co	mments	5)					
				Sepa	stem		mbined Storm and	T				
		Total percentage	e of each type of			-		Sanitary Sewer				
		sewer line (in m				100%		0%				
ntry	1.8	Is the treatment	works located in Indi	an Country	?							
Indian Country		☐ Yes ☑ No										
an (1.9	Does the facility	discharge to a receive	ing water t	hat flows through Indian	Country?						
nd		☐ Yes ☑ No										
	1.10	Provide design a	and actual flow rates	Design Flow Rate								
		(See Atta	ached Comm	2.0 mgd								
tual				Annual	Average Flow Rates (A	Actual)						
Design and Actual Flow Rates		Two Y	ears Ago		Last Year		This Year					
and W R			0.9882 mgd		1.07	763 mgd		0.9894 mgc	4			
sigr Flo			0,5002	Maxim	um Daily Flow Rates (A			0.5654 11190				
Ď		Two Y	ears Ago	MIGAIII	Last Year	lotual)		This Year				
			1.8305 mgd			.37 mgd		1.3974 mgc	7			
	1.11	Dravida the total						1.3974 mgc	_			
ints	L _e l I	Provide the total number of effluent discharge points to waters of the United States by type. Total Number of Effluent Discharge Points by Type										
Pe P			100	Titaliiber		Ollito by Typ	,,,	Constructed				
Discharge Points by Type		Treated Effluent Untreated Efflu			t Combined Sewer Bypa		asses Emergency Overflows					
72					Overnows			Overflows				

	PA Identification Number		NPDES Perm			Facility Name		Form Approved 03/05/19					
;	1100398	21271	DE0020	0265	SEAFORD	WASTEWATER F	ACILITY	OMB No. 2040-0004					
	Outfall	s Other Than t	o Waters of the Uni	ited States									
	1.12		W discharge wastev vaters of the United S	States?		her surface impo → SKIP to Item		do not have outlets for					
	1.13	Provide the lo	cation of each surfac	ce impoundment a	and associa	ated discharge ir	nformation in th	e table below.					
				urface Impound	ment Loca	tion and Discha							
			Location			ly Volume to Surface dment	Continuous or Intermittent (check one)						
						gpd	☐ Contin☐ Interm						
						gpd	□ Contin □ Interm						
ds						gpd	□ Contin						
ig.	1.14	Is wastewater applied to land?											
M		☐ Yes ☑ No → SKIP to Item 1.16.											
osa	1.15	Provide the lar	nd application site ar										
Disp				Land Applica	ation Site a	and Discharge I	Data	Continuous or					
Outfalls and Other Discharge or Disposal Methods		Loca	ition	Size		Average Da Appl		Intermittent (check one)					
Discha					acres		gpd	☐ Continuous ☐ Intermittent					
Other					acres		gpd	☐ Continuous ☐ Intermittent					
s and		- 42			acres		gpd	☐ Continuous ☐ Intermittent					
Outfall	1.16	Is effluent tran	sported to another fa	-		lischarge? o → SKIP to Iter	m 1.21.						
	1.17	Describe the n	neans by which the e	effluent is transpo	orted (e.g.,	tank truck, pipe).	•						
	1.18	Is the effluent	transported by a par	ty other than the		→ SKIP to Item	1.20.						
	1.19	Provide inform	ation on the transpo										
		Entity name Transporter Data Mailing address (street or P.O. box)											
		Entity name				Mailing address	s (street or P.O	. DOX)					
		City or town				State		ZIP code					
		Contact name				Title							
		Phone number				Email address							

EPA Identification Number 110039821271			NPDES Permit Number				Facility Name	Form Approved 03/05/19			
				DE0020265			VASTEWATER FACILIT		OMB No. 2040-0004		
	1.20	In the table be receiving facility		te the name, a		tact informa		and ave	erage daily flow rate of the		
pe		Facility name			Ne		Mailing address (stree	et or P.C	O. box)		
ontinu		City or town					State	ZIP code			
ods C		Contact name	(first and la	ast)			Title		1.		
l Meth		Phone number					Email address				
sposa		NPDES number	er of receiv	ing facility (if a	any) 🗆	None	Average daily flow rate	е	mgd		
Outfalls and Other Discharge or Disposal Methods Continued	1.21	have outlets to			ates (e.g., ur	nderground p	percolation, undergrou	nd injed	through 1.21 that do not ction)?		
char		Yes					→ SKIP to Item 1.23.				
Öis	1.22	Provide inform	ation in the	table below							
the		Disposal	-	Information on Other			Annual Average	_			
and O		Method		cation of posal Site		e of sal Site	Daily Discharge Volume	Co	ntinuous or Intermittent (check one)		
Outfalls						acres	gpd		Continuous Intermittent		
						acres	gpd		Continuous Intermittent		
						acres	gpd		Continuous Intermittent		
9 <u>v</u>	1.23			1(n)? (Check all that apply. omitted and when.)							
Variance Requests		Discharg		arine waters (CWA	☐ Wate 302(b	quality related effluer	nt limita	tion (CWA Section		
		✓ Not applicable									
	1.24	Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ✓ No →SKIP to Section 2.									
	1.25	Provide locatio			n for each c			n of the	e contractor's operational		
		and maintenan	ce respons	sibilities.	Co	ntractor Inf	ormation				
				Cor	ntractor 1		Contractor 2		Contractor 3		
ation		Contractor nan (company nam				- 1			4		
nform		Mailing addres (street or P.O.							_		
Contractor Information		City, state, and code									
Contr		Contact name last)	(first and								
		Phone number									
		Email address									
		Operational an maintenance responsibilities									

EPA Identification Number

EPA Identification Number NPDES Permit Number Facility Name Form Approved 03/05/19
110039821271 DE0020265 SEAFORD WASTEWATER FACILITY OMB No. 2040-0004

SECTIO	N 2. AD	DITIONAL INFORMA	ATION (40 CFR 12:	2.21(j)(1) and (2))									
low	Outfal	ls to Waters of the U	Inited States											
gn F	2.1	Does the treatment	works have a design	gn flow greater	than or equal to	o 0.1 mgd?								
Design Flow		✓ Yes			No → SKIP to	Section 3.								
uo	2.2	Provide the treatme				Average [Daily Volume of Inflov	v and Infiltration						
ltrati		and infiltration.	(See Attach	ned Comi	ments)			gpd						
l Infi		Indicate the steps the	ne facility is taking t	to minimize inflo	ow and infiltration	on.								
v and		Performed I & I stud	ly for large sewer sl	hed in 2019. W	le are smoke									
Inflow and Infiltration		testing a three more	sewer sheds in 20	20.										
	2.3	Have you attached	a topographic map	to this applicat	ion that contain	s all the requi	red information? (Se	e instructions for						
ograph Map		specific requiremen				'	,							
Topographic Map		✓ Yes		П	No									
	2.4	Have you attached a process flow diagram or schematic to this application that contains all the required information?												
Flow Diagram		(See instructions fo												
Pia		✓ Yes			No									
	2.5													
		☐ Yes	_	$ \overline{\checkmark} $	No → SKIP t	to Section 3.								
_		Briefly list and describe the scheduled improvements.												
tatio		1.												
men														
ld ml		2.												
and Schedules of Implementation		3.												
edule														
Sch		4.												
s and	2.6	Provide scheduled												
			Schedule Affected	d or Actual Da	tes of Comple	tion for Impro	ovements	Attainment of						
учеп		Scheduled Improvement	Outfalls	Begin Construc		End nstruction	Begin	Operational						
m pro		(from above)	(list outfall number)	(MM/DD/Y		I/DD/YYYY)	Discharge (MM/DD/YYYY)	Level (MM/DD/YYYY)						
Scheduled Improvement		1.	number					(IVIIVI/DD/1111)						
hedi		2.												
ŭ														
		3.												
		4.												
	2.7	Have appropriate por response.	ermits/clearances c	concerning othe	r federal/state i	requirements t	peen obtained? Brief	ly explain your						
		☐ Yes] No			None required of	or applicable						
		Explanation:												

EPA Identification Number NPDES Permit Number Facility Name
110039821271 DE0020265 SEAFORD WASTEWATER FACILITY

Form Approved 03/05/19 OMB No. 2040-0004

3.1		***	DISCHARGES (40 CFR 122.21(j)(ation for each outfall. (Attach additi		an three outfalls.)
			Outfall Number	Outfall Number	Outfall Number
		State	DELAWARE		
falls		County	SUSSEX		
Description of Outfalls		City or town	SEAFORD		
ption		Distance from shore	8 ft.	ft.;	ft.
escri		Depth below surface	2 ft.	ft.	ft,
		Average daily flow rate	0.9894 mgd	mgd	mgd
		Latitude	38° 38′ 4″ N	(0) / //	o 1 "
		Longitude	-75° 37′ 2″ W	• A. W	((6): 9. V
Data	3.2	Do any of the outfalls describ	ped under Item 3.1 have seasonal	or periodic discharges? ✓ No → SKIP to Iter	m 3.4.
large	3.3	If so, provide the following in	formation for each applicable outfa	all.	
Disch			Outfall Number	Outfall Number	Outfall Number
riodic		Number of times per year discharge occurs			
Seasonal or Periodic Discharge Data		Average duration of each discharge (specify units)			
sonal		Average flow of each discharge	mgd	mgd	mgd
Sea		Months in which discharge occurs			
	3.4		under Item 3.1 equipped with a dif	fuser? ✓ No → SKIP to Item 3.6	5.
be	3.5	Briefly describe the diffuser t	ype at each applicable outfall.		1
			Outfall Number	Outfall Number	Outfall Number
Diffuser Ty					
Waters of the U.S.	3.6	Does the treatment works discharge points?	scharge or plan to discharge waste	ewater to waters of the United S	tates from one or more
Wat		✓ Yes		No →SKIP to Section	6.

	\	ition Number		S Permit	Number	SEAFOR		cility Name	EV		Form Approved 0 OMB No. 20	
	3.7				ated information				I Y			
	•		J. J		utfall Number _00			Outfall Number		0	outfall Number_	
		Receiving wat	ter name		NANTICOKE RIVE	ER .						
lon		Name of wate or stream syst		NANTICOKE RIVER WATERSHE								
Receiving Water Description		U.S. Soil Cons Service 14-dig code			(Unknown)							
g Water		Name of state management/			(Unknown)							
Receiving		U.S. Geological Survey 8-digit hydrologic cataloging unit code			(Unknown)							
		Critical low flow (acute)			(Unknown)	cfs			cfs			cfs
		Critical low flow (chronic)			(Unknown)	cfs			cfs			cfs
		Total hardness low flow	s at critical			ng/L of CaCO₃			ng/L of CaCO₃			ng/L of CaCO₃
	3.8	Provide the fol	llowing informa	tion de	scribing the treat	tment pr	ovide	d for discharges fro	om each	outfa	all.	
				Oı	utfall Number <u>«</u>	01	(Outfall Number _		0	utfall Number _	
_		Highest Leve Treatment (ch apply per outfa	neck all that	□ ☑ ☑	Primary Equivalent to secondary Secondary Advanced Other (specify)			Primary Equivalent to secondary Secondary Advanced Other (specify)			Primary Equivalent to secondary Secondary Advanced Other (specify)	
scription		Design Remo Outfall	val Rates by		001				•			
Treatment Des		BOD₅ or CBOI	D ₅		>96	%			%			%
Treatm		TSS			>96	%			%			%
		Phosphorus			☐ Not applicabl	e %		☐ Not applicable	e %		☐ Not applicabl	le %
		Nitrogen			☐ Not applicabl	е		☐ Not applicable			☐ Not applicabl	
		Other (specify)			☐ Not applicable			☐ Not applicable		-	□ Not applicable	

%

%

^{*(}See Attached Comments)

	1100398	321271	DE0020265	SEAFORD \	AFORD WASTEWATER FACILITY OM							
Treatment Description Continued	3.9	Describe the type of disinfe season, describe below.	ction used for the effl	uent from each	n outfall in the ta	able below. If dis	sinfection varie	s by				
S			Outfall Numb	per _001	Outfall Nu	mber	Outfall Nun	nber				
escriptie		Disinfection type	CHLORINA	ATION								
Itment D		Seasons used	ALL									
Trea		Dechlorination used?	☐ Not applica ☑ Yes ☐ No	able	☐ Not ap ☐ Yes ☐ No	plicable	☐ Not applicable ☐ Yes ☐ No					
	3.10	Have you completed monito	oring for all Table A p	arameters and	attached the re	esults to the app	lication packag	je?				
	3.11	Have you conducted any WET tests during the 4.5 years prior to the date of the application on any of the facility's discharges or on any receiving water near the discharge points? ✓ Yes No → SKIP to Item 3.13.										
	3.12	Indicate the number of acut discharges by outfall number		water near the	discharge poin		oce of the facility's Outfall Number					
			Acute	Chronic	Acute	Chronic	Acute	Chronic				
		Number of tests of discharg water	e 5	0								
		Number of tests of receiving water	U	0								
	3.13	Does the treatment works h Yes	ave a design flow gre	eater than or ed	·	? SKIP to Item 3.	.16.					
sting Data	3.14	Does the POTW use chlorine for disinfection, use chlorine elsewhere in the treatment process, or otherwise have reasonable potential to discharge chlorine in its effluent? ✓ Yes → Complete Table B, including chlorine.										
Effluent Testing Data	3.15	Have you completed monitor package? Yes			ants and attach							
	3.16	 ✓ Yes										
		Yes → Complete applicable	Tables C, D, and E a	s 	□ No →	SKIP to Section	n 4.					
	3.17	Have you completed monitor package? Yes	ring for all applicable	Table C pollu	tants and attacl	ned the results to	o this application	on				
	3.18	Have you completed monito				y your NPDES i	permitting auth	ority and				
		attached the results to this a	ірріісацогі раскаде?			ditional sampling ting authority.	g required by N	PDES				

EPA Identification Number

NPDES Permit Number

Facility Name

Form Approved 03/05/19

EP/	A Identifica	tion Number	NPDES Permit Number			Facility Name Form App							
	1100398		DE0020265		SEAFORD WAST			OMB No. 2040-0004					
	3.19	Has the POTV or (2) at least	V conducted either (1) minimum four annual WET tests in the pa	of fou	ur quarterly WET years?			preceding this permit application					
		✓ Yes				No →	Complet Item 3.2	e tests and Table E and SKIP to					
	3.20	Have you prev	viously submitted the results of t	the ab	ove tests to your	NPDES po							
		✓ Yes				No →	Provide Item 3.2	results in Table E and SKIP to 6.					
	3.21		ates the data were submitted to	your N	NPDES permittin	g authority	and prov	vide a summary of the results.					
		D	ate(s) Submitted (MM/DD/YYYY)			Sumr	nary of I	Results					
inued			AW 1.10	See A	Attached Comme	ents							
onti		See	Attached Comments										
ata (3.22	Regardless of toxicity?	how you provided your WET tes	sting d	lata to the NPDE	S permittir	ng author	ity, did any of the tests result in					
l Gui		✓ Yes			П	No →	SKIP to	Item 3.26.					
Fest	3.23	Describe the c	ause(s) of the toxicity:										
Effluent Testing Data Continued		UNKOWN. NO APPARENT OR SUSPECT CAUSES. TOXICITY WAS NOT PERSISTENT. SUBSEQUENT DEFINITIVE TESTS REVEALED NO TOXICITY. A THOUROUGH REVIEW OF SAMPLING PROCEEDURES, EQUIPMENT AND TECHNICS WAS MADE AT THIS TIME TO ELIMINATE POTENTIAL PROBLEMS IN THESSE AREAS.											
	3.24	Has the treatm	ent works conducted a toxicity i	reduct	ion evaluation?								
		☐ Yes			✓	No → S	SKIP to I	tem 3.26.					
	3.25	Provide details	of any toxicity reduction evalua	ations (conducted.								
	3.26	Have you completed Table E for all applicable outfalls and attached the results to the application package?											
		☐ Yes		Not applicable because previously submitted									
SECTIO	N A IND	HSTDIAL DISC	HARGES AND HAZARDOUS \	MACT	200	intorma	tion to th	e NPDES permitting authority.					
OLOTIO	4.1	Does the POT	W receive discharges from SIUs	NAS I	E3 (40 CFR 122 SCIUs?	2 1(J)(0) al	na (<i>1))</i>						
		✓ Yes			П	No → SI	(IP to Ite	m 4.7:					
tes	4.2	Indicate the nu	mber of SIUs and NSCIUs that	discha	arge to the POT\			1					
Vas			Number of SIUs				Numb	er of NSCIUs					
N Sn			2										
ardo	4.3	Does the POT	W have an approved pretreatme	ent pro	ogram?								
Haz		✓ Yes		·		No							
Industrial Discharges and Hazardous Wastes	4.4	identical to that	nitted either of the following to the t required in Table F: (1) a pretro 2) a pretreatment program?	he NPI eatme	DES permitting a int program annu	authority thual report s	at contai ubmitted	ns information substantially within one year of the					
Disc		✓ Yes				No → Sh	(IP to Ite	m 4.6.					
ial	4.5	Identify the title and date of the annual report or pretreatment program referenced in Item 4.4. SKIP to Item 4.7.											
dustr		ANNUAL PRETREATMENT REPORTS SUBMITTED BY 2/28 OF EACH YEAR TO EPA AND DNREC.											
드	4.6	Have you comp	pleted and attached Table F to t	his ap	plication packag	e?							
		☑ Yes				□ No							

EP.	EPA Identification Number 110039821271			NPDES Permit Number Facility Nam DE0020265 SEAFORD WASTEWA				Form Approved 03/05/ OMB No. 2040-00				
	4.7				s it been notified that wastes pursuant to		y truck, rail, or dedic	cated pipe, any waste	es that are			
		☐ Yes				V	No → SKIP to Iter	m 4.9.				
	4.8	If yes, provide	the follow	ving info	ormation:							
		Hazardous \ Numbe			Waste (che		Annual Amount of Waste Received	Units				
					Truck		Rail					
Industrial Discharges and Hazardous Wastes Continued					Dedicated pipe		Other (specify)	_				
istes Co					Truck		Rail	_				
lous Wa					Dedicated pipe	Ц	Other (specify)	=				
ızarc					Truck		Rail					
and Ha					Dedicated pipe		Other (specify)	-				
scharges	4.9	Does the POTW receive, or has it been notified that it will receive, wastewaters that originate from remedial activities, including those undertaken pursuant to CERCLA and Sections 3004(7) or 3008(h) of RCRA?										
al Di		☐ Yes				V	No → SKIP to Se	ection 5.				
Industr	4.10	Does the POT specified in 40	W receive CFR 261	or exp .30(d) a	pect to receive) less and 261.33(e)?	s per month of non-	-acute hazardous was	stes as				
		☐ Yes →	SKIP to	Section	5.		No					
	4.11	site(s) or facilit	ty(ies) at v	vhich th		ates; the identitie	s of the wastewater	cation and description 's hazardous constitue e POTW?				
		☐ Yes					No					
SECTIO	N 5. CO	OMBINED SEWER OVERFLOWS (40 CFR 122.21(j)(8))										
E	5.1	Does the treati	ment work	ks have	a combined sewer s	7						
iagra		☐ Yes				✓	No →SKIP to Se	ection 6.				
nd D	5.2	Have you attac	ched a CS	O syste	em map to this appli	cation? (See inst	ructions for map red	quirements.)				
CSO Map and Diagram		☐ Yes					No					
0	5.3	Have you attac	ched a CS	O syste	em diagram to this a	pplication? (See	instructions for diag	ram requirements.)				
S		☐ Yes					No					

EP	110039	821271		DE0020265	SEA		ASTEWAT		ГҮ	Fc	orm Approv OMB No		
	5.4	For each CSC	outfall, provid	de the following	information.	(Attach a	additional	sheets as	neces	sary.)			
				CSO Outfall I	Number	csc	Outfall N	lumber_		CSO Outfa	all Numb	эег	
5		City or town											
cripti		State and ZIP	code code										
CSO Outfall Description		County											
Outfa		Latitude		(10) Z	"		ó: J	"		a	(8 4))	"	
cso		Longitude		(166)	"		6 0 1.995	n		0	0.0%	"	
		Distance from	shore		f				ft.				ft.
		Depth below s	surface		f				ft.				ft.
	5.5	Did the POTW monitor any of the following items in the past year for its CSO outfalls?											
				CSO Outfall I	csc	Outfall N	lumber _		CSO Outfall Number			_	
D		Rainfall		☐ Yes	□ No		☐ Yes	□ No			∕es □	No	
itorin		CSO flow volu		☐ Yes	□ No		☐ Yes	□ No			∕es □	No	
CSO Monitoring		CSO pollutant concentrations		☐ Yes	□ No		☐ Yes	□ No			∕es □	No	
ឌ		Receiving wat	ter quality	☐ Yes	□ No		☐ Yes	□ No			∕es □	No	
		CSO frequenc	у	☐ Yes	□ No		☐ Yes	□ No			′es □	No	
		Number of sto	orm events	☐ Yes	□ No		☐ Yes	□ No		_\	′es □	No	
	5.6	Provide the fo	llowing informa	ation for each of	f your CSO o	utfalls.							
				CSO Outfall N	Number	cso	Outfall I	Number_		CSO Outf	all Numi	ber	_
ast Year		Number of CS the past year	O events in		event	5		ev	ents			eve	ents
CSO Events in Pa		Average durat	tion per		hour				ours				ours
Even				☐ Actual or [Actual or I			☐ Actual			
30 6		Average volun	ne per event		nillion gallon:			million ga		million gallons ☐ Actual or ☐ Estimated		- 1	
J	i	Minimum rainf	all causing	☐ Actual or [hes of rainfa		Actual or I	□ Estima: ches of ra		LI ACIUAL	inches		
		a CSO event i		□ Actual or ["" Actual or I			☐ Actual			

EP.	A Identifica		- 1		ES Permit Nu				Facility Name			Form Approved 03/05/19 OMB No. 2040-0004
	110039				DE0020265				ORD WASTEWATE	R FACILITY		ONID 140. 2040-0004
	5.7	Provid	de the info	ormation in th	ne table bel	low for	each o	of your	CSO outfalls.			
					CSO Ou	tfall Nu	ımber		CSO Outfall N	umber	C	CSO Outfall Number
			iving wate									
			e of waters m system									
ters			Soil Conse			⊒ Unkn			□ Unkr	nown	+	□ Unknown
y Wa			ce 14-digit							1011.1	+	- Cinaioti
iving		(if kno	rshed code own)	е								
CSO Receiving Waters		Name	e of state									
SOF			igement/ri Geologica		Г	☐ Unkn	- UWD		☐ Unkr	OWN	-	□ Unknown
O		8-Digi	it Hydrolog (if known	gic Unit		UINII L	OWIT		LI OHKI	IUWII		LJ UIMIUWII
		Descr	ription of k	known								
-			· quality im ving strear	npacts on m by CSO								
			instruction									
SECTIO									2.22(a) and (d))			e ikiraslası
	6.1	In Col	lumn 1 be	elow, mark the	e sections	of Form	n 2A th	at you	have completed a	and are subm	itting	with your application. For
				specify in Coll are required to				that you	are enclosing to	alert the pen	nittiri	ng authority. Note that not
			C	Column 1						Column 2		
		Ø		1: Basic App ition for All Ap			w/ va	riance	request(s)	[√	w/ additional attachments
		Ø	Section	2: Additional		V	w/ to	pograp	hic map]	√	w/ process flow diagram
		IV.	Informat	tion		Ø	w/ ac	dditiona	l attachments			
			Section	3: Information	~ an	V	w/ Ta	able A				w/ Table D
ji ,		V		S: information : Discharges	n on		w/ Ta			[w/ Table E
teme						V	_	able C				w/ additional attachments
Sta				4: Industrial ges and Haza	ardous				NSCIU attachmen	ts [✓	w/ Table F
ation			Wastes						attachments			14
tifica		V		5: Combined	Sewer			SO map		[w/ additional attachments
Cer			Overflow	ws 6: Checklist a	- · a al	Ш	w/ CS	SO syst	em diagram			
Checklist and Certification Statement		Ø	Certifica	ation Statemer			w/ att	tachme	nts			
ckli	6.2	Certif	fication S	tatement								
Che		l certif	fy under p	enalty of law	that this de	ocumei	nt and	all atta	chments were pre	pared under	my d	direction or supervision in Iluate the information
		submi	itted. Base	ed on my inqu	uiry of the p	person	or per	sons w	ho manage the sy	stem, or thos	se pe	ersons directly responsible
		for gat	thering the	e information,	, the inforn	nation s	submit	ted is, t	o the best of my k	knowledge an	id bel	lief, true, accurate, and ling the possibility of fine
		and in	nprisonme	ent for knowin	ng violation	ıs.	l ponu	ilico ioi	Subitificity raiso			
			,,	type first and	last name))				Officia	al title)
			s Anderso	חנ								y Manager
		Signat	ture	_	/_		,			Date:	signe	ed .
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EPA Identification Number

NPDES Permit Number

Outfall Number	001
Facility Name	DE0020265 SEAFORD WASTEWATER FACILITY
NPDES Permit Number	DE0020265
EPA Identification Number	110039821271

Form Approved 03/05/19 OMB No. 2040-0004

TABLE A. EFFLUENT PARAMETERS FOR ALL POTWS	ERS FOR ALL POTWS	Alexander Services					
	Maximum Daily Discharge	/ Discharge	Av	Average Daily Discharge	e G	Anahaical	MI OF MINI
Pollutant	Value	Units	Value	Units	Number of Samples	Method ¹	(include units)
Biochemical oxygen demand ☑ BOD₅ or □ CBOD₅ (report one)	See Attachment "A"						JW D WE
Fecal coliform							ML CO MPL
Design flow rate							
pH (minimum)							
pH (maximum)							
Temperature (winter)							
Temperature (summer)							
Total suspended solids (TSS)							O ML

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

EPA Identification Number	NPDES Permit Number	per	Facility Name		Outfall Number		Form Approved 03/05/19
110039821271	DE0020265		SEAFORD WASTEWATER FACILITY	ПТУ			OMB No. 2040-0004
TABLE B. EFFLUENT PARAMETERS FOR ALL POTWS WITH A	RS FOR ALL POTWS V	NITH A FLOV	FLOW EQUAL TO OR GREATER THAN 0.1 MGD	THAN 0.1 MGD			
	Maximum Daily Discharge	Discharge	Ave	Average Daily Discharge	arge	Anahdical	IN ST NO
Pollutant	Value	Units	Value	Units	Number of Samples	Method ¹	(include units)
Ammonia (as N)	See Attachment "B"						O MDL
Chlorine (total residual, TRC) ²							MPL D MDL
Dissolved oxygen							ML D MPL
Nitrate/nitrite							O ML
Kjeldahl nitrogen							MIL MDL
Oil and grease							□ MDL
Phosphorus							D MDL
Total dissolved solids							O MDL

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

² Facilities that do not use chlorine for disinfection, do not use chlorine elsewhere in the treatment process, and have no reasonable potential to discharge chlorine in their effluent are not required to report data for chlorine.

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Maria Capturant Parameters For Selected Pontys Maria M	EPA Identification Number 110039821271	NPDES Permit Number DE0020265	SEAFORE	Facility Name SEAFORD WASTEWATER FACILITY		Outfall Number		Form Approved 03/05/19 OMB No. 2040-0004
Maximum Daily Discharge Average Daily Discharge Average Daily Discharge Average Daily Discharge Mathod¹ (Include Samples Average Daily Discharge Mathod¹ (Include Samples Average Daily Discharge Mathod¹ (Include Samples Average Daily Discharge Average Daily Discharge Mathod¹ (Include Samples Average Daily Discharge Average Daily Discharge Mathod¹ (Include Samples Average Daily Discharge Mathod² (Include Samples Average Daily Daily Discharge Mathod² (Include Samples Average Daily Dail	TABLE C. EFFLUENT PARAMETERS	S FOR SELECTED POTWS						
walue value units value units sand metals data) e	0	Maximum Daily Dischar	ge	Avera	ge Daily Dischar	eb.	Analytical	ML of MD!
henols **(See Attachment C(1) for hardness and metals data) elele elele **(See Attachment C(2) for VOC and BN/AE data)	rollutant	Value	ts	Value	Units	Number of Samples	Method¹	(include units)
e e e e e e e e e e e e e e e e e e e	Metals, Cyanide, and Total Phenols		nt C(1)		and metals	da		
e e e e e e e e e e e e e e e e e e e	Hardness (as CaCO ₃)							
**(See Attachment C(2) for VOC and BN/AE data)	Antimony, total recoverable							M M
**(See Attachment C(2) for VOC and BN/AE data)	Arsenic, total recoverable							J W L
**(See Attachment C(2) for VOC and BN/AE data)	Beryllium, total recoverable							I I I I
**(See Attachment C(2) for VOC and BN/AE data)	Cadmium, total recoverable							M M
**(See Attachment C(2) for VOC and BN/AE data)	Chromium, total recoverable							M C
**(See Attachment C(2) for VOC and BN/AE data)	Copper, total recoverable							I D E
**(See Attachment C(2) for VOC and BN/AE data)	Lead, total recoverable							I W L
**(See Attachment C(2) for VOC and BN/AE data)	Mercury, total recoverable							J W U
**(See Attachment C(2) for VOC and BN/AE data)	Nickel, total recoverable							ML D
**(See Attachment C(2) for VOC and BN/AE data)	Selenium, total recoverable							JW D
**(See Attachment C(2) for VOC and BN/AE data)	Silver, total recoverable							M W
**(See Attachment C(2) for VOC and BN/AE data)	Thallium, total recoverable							J W L
**(See Attachment C(2) for VOC and BN/AE data)	Zinc, total recoverable							
**(See Attachment C(2) for VOC and BN/AE data)	Cyanide							MP D
**(See Attachment C(2) for VOC and BN/AE data)	Total phenolic compounds							J D W
ile m		See Attachment C	(2) for \	/OC and BN/A	E data)			
ile m	Acrolein							MI MDI
	Acrylonitrile							O ML
	Benzene							
	Bromoform							JW C

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EPA Identification Number 110039821271	NPDES Permit Number DE0020265		Facility Name SEAFORD WASTEWATER FACILITY		Outfall Number		Form Approved 03/05/19 OMB No. 2040-0004
TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS	RS FOR SELECTED	POTWS					
	Maximum Da	Maximum Daily Discharge	A	Average Daily Discharge	90.		
Pollutant	Value	Units	Value	Units	Number of Samples	Analytical Method ¹	ML or MDL (include units)
Carbon tetrachloride							I W
Chlorobenzene							
Chlorodibromomethane							J W W
Chloroethane							MDI I I I I
2-chloroethylvinyl ether							MPL D
Chloroform							MPL MPL
Dichlorobromomethane							ML D MD
1,1-dichloroethane							M MD
1,2-dichloroethane							ML MDI
trans-1,2-dichloroethylene							O MPL
1,1-dichloroethylene							MPL D MDL
1,2-dichloropropane							ML MDL
1,3-dichloropropylene							O MPL
Ethylbenzene							D WE
Methyl bromide							O ML
Methyl chloride							O MDL
Methylene chloride							O MPL
1,1,2,2-tetrachloroethane							
Tetrachloroethylene							MPL MPL
Toluene							MPL D MPL
1,1,1-trichloroethane							O MDL
1,1,2-trichloroethane							□ MIL

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TABLE CLETALIGNAT PARAMETERS FOR SELECTED POTIVIS Average Daily Discharge Average Daily Discharge Mit or MULL Pollutant Value Units Number of Samples Incolorother units Viruly chorities Arabytical Incolorother units Activophenol 24-dictrophenol Incolorother units 24-dictrophenol 24-dictrophenol Incolorother units 24-dictrophenol Incolorother units Incolorother units Actariother units Incolorother units Incol	EPA Identification Number 110039821271	NPDES Permit Number DE0020265		Facility Name SEAFORD WASTEWATER FACILITY		Outfall Number		Form Approved 03/05/19 OMB No. 2040-0004
Maximum Daily Discharge	TABLE C. EFFLUENT PARAMETER	RS FOR SELECTED POT	WS					
nds Value Units Value Units Ramples of Method (include		Maximum Daily [ischarge	Avera	ge Daily Dischar	e G	Analytical	ML or MDL
spu	Pollutant	Value	Units	Value	Units	Number of Samples	Method¹	(include units)
Put	Trichloroethylene							O MP
ugs sput	Vinyl chloride							□ MDL
	Acid-Extractable Compounds							
	p-chloro-m-cresol							O MDL
	2-chlorophenol							M W C
	2,4-dichlorophenol							O D WI
	2,4-dimethylphenol							D WD
	4,6-dinitro-o-cresol							MPL MPL DD
	2,4-dinitrophenol							
	2-nitrophenol	II.						O MPL
	4-nitrophenol							D W D
	Pentachlorophenol							□ ML
	Phenoi							O MDL
	2,4,6-trichlorophenol							O MPL
	Base-Neutral Compounds							
	Acenaphthene							MD D
	Acenaphthylene							D D W
	Anthracene							
	Benzidine							
	Benzo(a)anthracene							D MPL
	Benzo(a)pyrene							C ML
	3,4-benzofluoranthene							□ MDF

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110039821271	NPDES Permit Number DE0020265		radiliy name SEAFORD WASTEWATER FACILITY		Outail Number		OMB No. 2040-0004
TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS	S FOR SELECTED F	SW10					
14	Maximum Daily Discharge	ly Discharge	Aver	Average Daily Discharge	arge	Analytical	Mi or MDi
Pollutant	Value	Units	Value	Units	Number of Samples	Method¹	(include units)
Benzo(ghi)perylene							
Benzo(k)fluoranthene							
Bis (2-chloroethoxy) methane							
Bis (2-chloroethyl) ether							
Bis (2-chloroisopropyl) ether							
Bis (2-ethylhexyl) phthalate							
4-bromophenyl phenyl ether							
Butyl benzyl phthalate							
2-chloronaphthalene							
4-chlorophenyl phenyl ether							
Chrysene							W D
di-n-butyl phthalate							
di-n-octyl phthalate							M D
Dibenzo(a,h)anthracene							M M
1,2-dichlorobenzene							D W
1,3-dichlorobenzene							M W
1,4-dichlorobenzene							WI WI U
3,3-dichlorobenzidine					9.		MP.
Diethyl phthalate							
Dimethyl phthalate							
2,4-dinitrotoluene							J W D
2,6-dinitrotoluene							

EPA Identification Number	NPDES Permit Number	umber		Facility Name	0	Outfall Number		Form Approved 03/05/19
110039821271	DE0020265		EAFORD W.	SEAFORD WASTEWATER FACILITY	ПТУ			OMB No. 2040-0004
TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS	RS FOR SELECTED	POTWS						
	Maximum Da	Maximum Daily Discharge		Av	Average Daily Discharge	rge	Analytical	Mt or MDI
Pollutant	Value	Units		Value	Units	Number of Samples	Method¹	(include units)
1,2-diphenylhydrazine								M C
Fluoranthene								MPL MDL
Fluorene								O WDL
Hexachlorobenzene								D WD
Hexachlorobutadiene								
Hexachlorocyclo-pentadiene								
Hexachloroethane								I WI
Indeno(1,2,3-cd)pyrene								
Isophorone								
Naphthalene								
Nitrobenzene								
N-nitrosodi-n-propylamine								D MDL
N-nitrosodimethylamine								
N-nitrosodiphenylamine								D MDL
Phenanthrene								□ MDL
Pyrene								□ MDL
1,2,4-trichlorobenzene								□ MDL

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR Chapter I, Subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

EPA Identification Number	NPDES Permit Number	Number	Facility Name	0	Outfall Number	_	Form Approved 03/05/19
110039821271	DE0020265		SEAFORD WASTEWATER FACILITY				OMB No. 2040-0004
TABLE D. ADDITIONAL POLLUTANTS AS REQUIRED BY NPDES PERMITTING AUTHORITY	INTS AS REQUIRED	BY NPDES PER	MITTING AUTHORITY				
treet leaves	Maximum D	Maximum Daily Discharge	Av	Average Daily Discharge	eß.	Andreine	idn m
(list)	Value	Units	Value	Units	Number of Samples	Method¹	(include units)
☐ No additional sampling is required by NPDES permitting authority.	quired by NPDES per	mitting authority.					
(See Attached Comments)							O MC
							O ML
							D ML
							MPL D MDL
							O MPL
							O MDL
							□ ML
							O ML
							O ML
							□ MIL □ MDL
							I WDL
							D ML
							D ML
							O ML
							O MDL
							D MDL
							O ML
1 Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required	ding to sufficiently se	nsitive test proced	lures (i.e., methods) approv	ed under 40 CFR 13	3 for the analysis of po	illutants or pollutant pa	arameters or required

Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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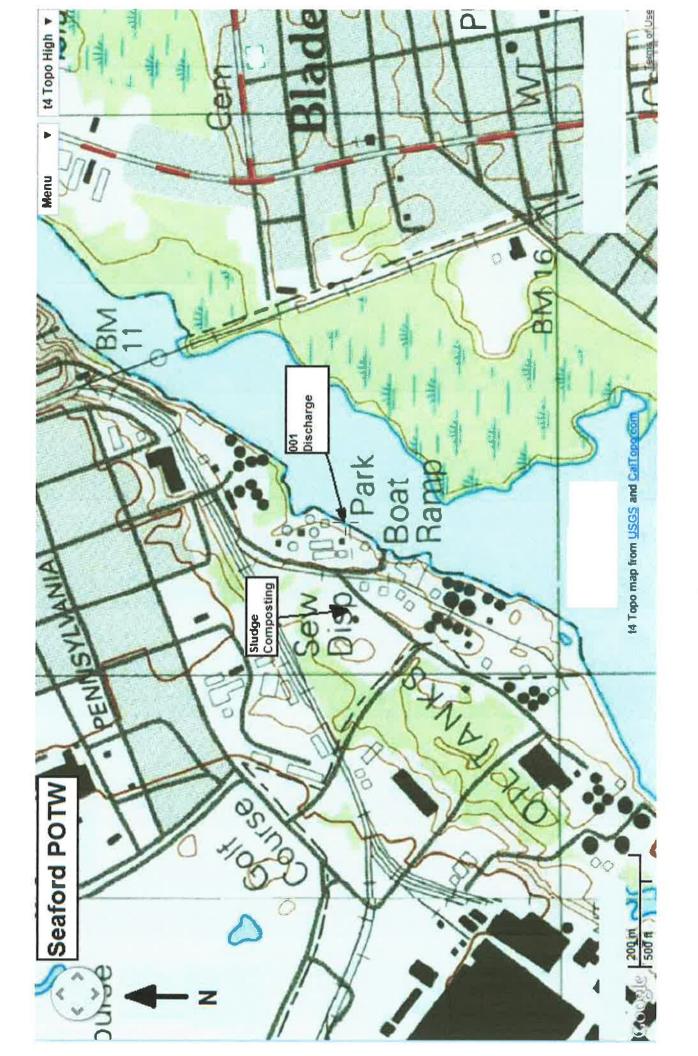
EPA Identification Number 110039821271	NPDES Permit Number DE0020265	Facility Name SEAFORD WASTEWATER FACILITY	e Outfall Number IER FACILITY	Form Approved 03/05/19 OMB No. 2040-0004
TABLE E, EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY The table provides response space for one whole effluent toxicity sample. Copy the table to report additional test results.	VHOLE EFFLUENT TOXION Hole effluent toxicity sample	Copy the table to rep	ort additional test results.	
Test Information				
	Test Number	er	Test Number	Test Number
Test species	(See Attachment D for su	summary of this section		
Age at initiation of test				
Outfall number				
Date sample collected				
Date test started				
Duration				
Toxicity Test Methods				
Test method number				
Manual title				
Edition number and year of publication				
Page number(s)				
Sample Type				
Check one:	Grab		☐ Grab	Grab
	24-hour composite		24-hour composite	24-hour composite
Sample Location				
Check one:	Before Disinfection		☐ Before Disinfection	☐ Before disinfection
	After Disinfection After Dechlorination		After Disinfection After Dechlorination	After disinfection
Point in Treatment Process				
Describe the point in the treatment process at which the sample was collected for each				
test.				
Toxicity Type				
Indicate for each test whether the test was performed to asses acute or chronic toxicity, or both. (Check one response.)	Acute Chronic Both		☐ Acute ☐ Chronic ☐ Both	☐ Acute☐ Chronic☐ Both

110039821271	DE0020265	SEAFORD WASTEWATER FACILITY	ER FACILITY	Outall Number		Form Approved 03/05/19 OMB No. 2040-0004
TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT	OR WHOLE EFFLUENT TOXICITY	\ <u>T</u> I				
The table provides response space for one whole effluent toxicity sample. Copy the table to report additional test results.	ne whole effluent toxicity sample	e. Copy the table to repo	ort additional test res	ults.		
	Test Number		Test Number	mber	Test Number	mber
Test Type						
Indicate the type of test performed. (Check one	k one Static		Static		Static	
rosportac.)	Static-renewal		Static-renewal		Static-renewal	
Source of Dilution Water			in the second		Jignolin-woll	
Indicate the source of dilution water. (Check one response.)	ck		Laboratory water Receiving water		☐ Laboratory water☐ Receiving water	
If laboratory water, specify type.			3			
If receiving water, specify source.						
Type of Dilution Water						
Indicate the type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.	Fresh water		Fresh water Salt water (specify)	(A)	Fresh water Salt water (specify)	()
Percentage Effluent Used						
Specify the percentage effluent used for all concentrations in the test series.	all					
Parameters Tested						
Check the parameters tested.	DH Salinity	Ammonia Dissolved oxygen	Dh Salinity	☐ Ammonia ☐ Dissolved oxygen	D PH Salinity	☐ Ammonia ☐ Dissolved oxygen
Acute Test Results						
Percent survival in 100% effluent		%		%		%
LC50						
95% confidence interval		%		%		%
Control percent survival		%		%		%

EPA Identification Number 110039821271	NPDES Permit Number DE0020265	Facility Name SEAFORD WASTEWATER FACILITY	R FACILITY	Outfall Number		Form Approved 03/05/19 OMB No. 2040-0004
EFFLUENT MONITORING	TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY	SITY				
provides response space for	The table provides response space for one whole effluent toxicity sample. Copy the table to report additional test results.	le. Copy the table to repor	t additional test resu	ts.		
	Test Number	ler	Test Number	lber	Test Number	ber
Acute Test Results Continued						
Other (describe)						
Chronic Test Results						
		%		%		%
		%		%		%
Control percent survival		%		%		%
Other (describe)						
Quality Control/Quality Assurance						
Is reference toxicant data available?	☐ Yes	2 □	☐ Yes	№	☐ Yes	2
Was reference toxicant test within acceptable bounds?	□ Yes	% <u></u>	□ Yes	% 	□ Yes	%
What date was reference toxicant test run (MM/DD/YYYY)?	าเก					
Other (describe)						

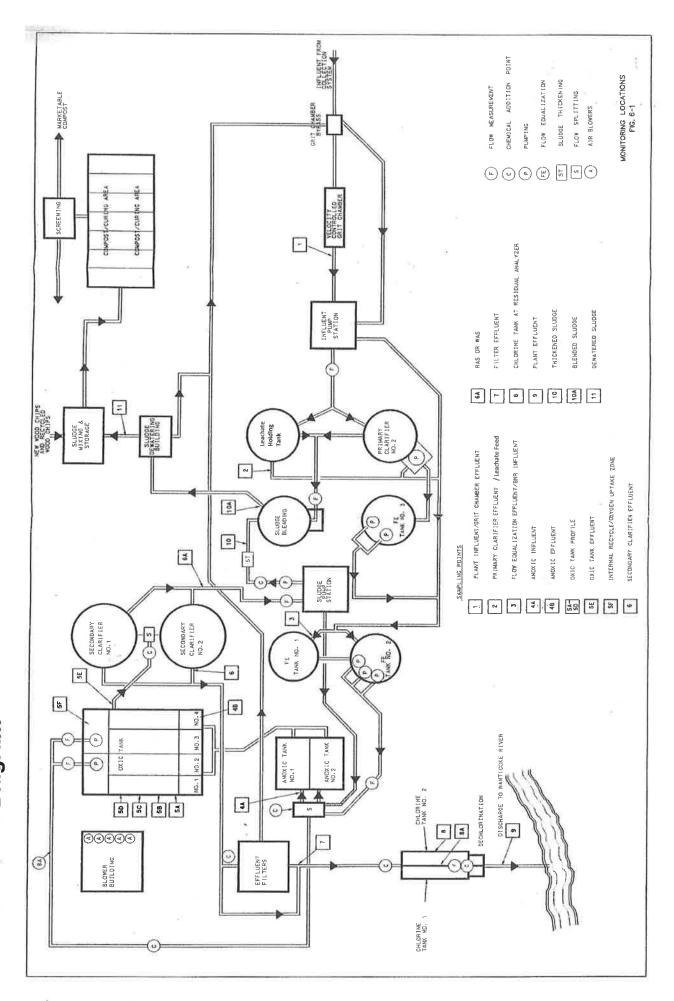
EPA Identification Number 110039821271	NPDES Permit Number DE0020265	Facility Name SEAFORD WASTEWATER FACILITY	Form Approved 03/05/19 OMB No. 2040-0004
TABLE F. INDUSTRIAL DISCHARGE INFORMATION	NOI		
Response space is provided for three SIUs. Copy the table to report	ie table to report information for additional SIUs.	SIUs.	
	SIU 1	SIU 2	SIU
Name of SIU	ORIENT CORPORATION OF AMERICA	DELAWARE SOLID WASTE AUTHORITY	
Mailing address (street or P.O. box)	111 Park Ave.	PO BOX 455	
City, state, and ZIP code	Seaford, DE 19973	Dover, DE 19903	
Description of all industrial processes that affect or contribute to the discharge.	Manufacture of nigrosene dye.	Landfill operations	
List the principal products and raw materials that affect or contribute to the SIU's discharge.	Aniline, nitrobenzene, ferric chloride, hydrochloric acid, sodium hydroxide.	Municipal landfill materials	
Indicate the average daily volume of wastewater discharged by the SIU.	16,900 gpd	gpd 25,000 gpd	pd6
How much of the average daily volume is attributable to process flow?	14,027 gpd	gpd 25,000 gpd	pd6
How much of the average daily volume is attributable to non-process flow?	2,873 gpd	pd6 0 pd6	pd6
Is the SIU subject to local limits?	oN □ səY ☑	☑ Yes ☐ No	□ Yes □ №
Is the SIU subject to categorical standards?	✓ Yes	□ Yes ☑ No	□ Yes □ No

Form Approved 03/05/19 OMB No. 2040-0004		SIU		□ Yes □ No	
Facility Name SEAFORD WASTEWATER FACILITY		SIU 2	None	☐ Yes ☑ No	
NPDES Permit Number DE0020265	TION the table to report information for additional SIUs.	SIU 1	40CFR414 (OCPSF), Subparts G & K	□ Yes ☑ No	
EPA Identification Number 110039821271	TABLE F. INDUSTRIAL DISCHARGE INFORMATION Response space is provided for three SIUs. Copy the table to report		Under what categories and subcategories is the SIU subject?	Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU?	If yes, describe.



Seaford Wastewater Treatment Facility

Process Flow Diagram



Attachment A

EPA Application Form 2A

Table A: Effluent Parameters for All POTWs

Discharge Point: 001

	Max	Max Daily Discharge		Avg Daily Discharge			
Pollutant	Value	Units	Value	Units	# Samples	Method	ML or MDL [5]*
BOD	[1]*	/Bm	[1]*	l/gm	[4]*	SM5210-8	2.4 mg/l
Fecal Coliform	[2]*	Col/100 ml (MPN)	[2]*	Col/100 ml (MPN)	[4]*	Enterolert	1.0 col/100 ml (MPN)
Design Flow Rate	2.0	G 5W	2.0	dbM	N/A		
pH (Minimum)	[1]*	S.U					
pH (Maximum)	[1]*	S.U					
Temperature (Winter)	[3]*	o gap	[3]*) gab	[4]*		
Temperature (Summer)	[3]*	deg C	[3]*) Sap	[4]*		
Total Suspended Solids	[1]*	l/gm	[1]*	l/gm	[4]*	SM 2540-D	0.5 mg/l

Notes.

[1] Unless otherwise noted, all Table A has previously been submitted in monthly Discharge Monitoring Reports.

[2] Seaford does not analyze for fecal coliform, but rather fecal enterrococcus per the current NPDES permit. Data are submitted with DMRs.

[3] Seaford does not typically record temperature at the 001 discharge. Oxic zone temperatures are recorded daily and may provide a

reasonable estimate of discharge temperatures.

---Oxic Temp (Winter): Averges 16 deg C in the middle of February.

---Oxic Temp (Summer): Averages 29 deg C in the middle of August.

[4] # of samples will depend on the period of data being evaluated.

[5] MDLs are typical for samples sizes routinley analyzed.

Attachment B

EPA Application Form 2A

Table B: Effluent Parameters for All POTWs with Flow Equal to or Greater than 0.1 MGD

Discharge Point: 001

	Max D	Max Daily Discharge		Avg Daily Discharge			
Pollutant	Value	Units	Value	Units	# Samples	Method	ML or MDL [4]*
Ammonia(as N)	[1]*	l/gm	[1]*	mg/l	[3]*	SM 4500NH3-G	0.05
Chlorine Residual (Total)	[1]*	mg/l	[1]*	l/gm	[3]*	SM 4500 CI G	0.02 mg/l
Dissolved Oxygen	[1]*	mg/l	[1]*	l/gm	[3]*	SM 4500 O-G	0.5 mg/l
Nitrate/Nitrite	[1]*	l/gm	[1]*	mg/l	[3]*	SM 4500-NO3-H	0.5 mg/l
Kjeldahl Nitrogen	[1]*	mg/l	[1]*	mg/l	[3]*	SM 4500-Norg-C	0.05 mg/l
Oil and Grease	9.1	mg/l	< 5.3	mg/l	15	EPA 1664A	5.0 mg/i
Phosphorus [2]	[1]*	l/gm	[1]*	mg/l	[3]*	SM 4500 - PB 5 & PE	0.05 mg/l
Total Dissolved solids	678	l/gm	627	mg/l	က	SM 2540-C	12.5

Notes.

[1] Unless otherwise noted, all Table B data has previously been submitted in monthly Discharge Monitoring Reports.

[2] Phosphorus data reported on DMRs includes both Total Phosphorus as P and ortho-Phosphate as P.

[3] # of samples will depend on the period of data being evaluated.

[4] MDLs are typical for samples sizes routinley analyzed.

Attachment C(1)

EPA Application Form 2A

Table C: Effluent Parameters for Selected POTWs (Metals, Cyanide and Total Phenols)

Discharge Point: 001

	Max Dai	Max Daily Discharge		Avg Daily Discharge			
Pollutant	Value	Units	Value	Units	# Samples	Method	ML or MDL [4]*
Hardness (as CaCO3)	[1]*	l/gm	[1]*	mg/i	[3]*	SM 2340-C	1.1 mg/l
Antimony, total recoverable	< 0.001	mg/l	< 0.001	mg/l	4	EPA 200.8	0.001 mg/l
Arsenic, total recoverable	0.037	mg/l	< 0.0042	mg/i	19	EPA 200.8	0.001 mg/l
Beryllium, total recoverable	< 0.001	mg/l	< 0.001	l/gm	4	EPA 200.8	0.001 mg/l
Cadmium, total recoverable	< 0.0005	l/gm	< 0.0005	l/gm	19	EPA 200.8	0.0005 mg/l
Chromium, total recoverable	0.0170	mg/l	< 0.0047	l/gm	19	EPA 200.8	0.001 mg/l
Copper, total recoverable	0.06	mg/l	0274	l/gm	74	EPA 200.8	0.001 mg/l
Copper, total recoverable [5]	.0174	mg/l	0131	l/gm	12	EPA 200.8	0.001 mg/l
Lead, total recoverable	0.014	mg/l	< 0.0027	l/gm	19	EPA 200.8	0.001 mg/l
Mercury, total recoverable	< 0.0002	mg/l	< 0.0002	l/gm	19	EPA 200.8	0.0002 mg/l
Nickel, total recoverable	0.019	mg/l	< 0.0078	l/gm	19	EPA 200.8	0.001 mg/l
Selenium, total recoverable	0.0042	mg/l	< 0.0020	l/gm	19	EPA 200.8	0.001 mg/l
Silver, total recoverable	< 0.0005	l/gm	< 0.0005	l/gm	19	EPA 200.8	0.0005 mg/l
Thallium, total recoverable	< 0.001	mg/l	< 0.001	l/gm	4	EPA 200.8	0.001 mg/l
Zinc, total recoverable	0.265	mg/l	0.097	mg/l	40	EPA 200.8	0.001 mg/l
Cyanide	< 0.005	mg/l	< 0.005	l/gm	15	SM 4500-CN-E	0.005 mg/l
Total phenolic compounds [2]	0.12	mg/l	< 0.056	l/gm	4	EPA 420.1 or 420.4	0.005-0.05 mg/l

Data Period for this Table is 11/1/2015-12/31/2019

- [1] 001 hardness data has previously been submitted in monthly Discharge Monitoring Reports.
- [2] "Total phenolic compounds" are not typically analyzed/reported as the "group" is not part of the current priority pollutant list. [3] # of samples will depend on the period of data being evaluated.
- [4] MDLs are typical for samples sizes routinley analyzed. [5] Represents copper data from 3/19/19 through December 2019; after Allen's Hatchery ceased discharge.

City of Seaford WWTF - NPDES Application Data **EPA Application Form 2A**

Attachment C(2)

Table C: Effluent Parameters for Selected POTWs (Volatile and Semi-volatile Organic Compounds)

Discharge Point: 001

	Max Dai	Max Daily Discharge		Avg Daily Discharge			
Pollutant	Value	Units	Value	Units	# Samples	Method	ML or MDL
			Volatile Organ	Volatile Organic Compounds			
Chlorodibromomethane	5.87	l/gn	4.53	l/gn	4	EPA 624	1-5 ug/l
Chloroform	45.4	l/Bn	36.78	l/Bn	4	EPA 624	1-5 ug/l
Dichlorobromomethane	22.8	l/gn	17.58	l/gn	4	EPA 624	1-5 ug/l
		Semi-volat	ile Organic Com	Semi-volatile Organic Compounds (Acid Extractables)	(5		
		Semi-vol	tile Organic Co	Semi-volatile Organic Compounds (Base Neutrals)			
Bis (2-ethylhexyl) phthalate	4.62	l/gn	2.7	l/gn	3	EPA 625	0.98 - 2.5 ug/l

Data Period for this Table is 2016-2019 annual Priority Pollutant Scans

Priority Pollutant Scans are routinely submitted to the Department as they are performed. Only pollutants which resulted in values above the detection limit are summarized in this table.

Attachment D

EPA Application Form 2A

Table E: Effluent Monitoring for Whole Effluent Toxicity

Discharge Point: 001

WET testing is performed in accordance with Seaford's current NPDES permit, Part III, Special Conditions 8.

All WET test results are submitted to DNREC as they are received.

This table presents a summary of test dates, types and results during the current permit term.

Submitted to 10/15/2018 11/16/2017 10/24/2017 10/8/2019 10/2016 DNREC % Survival 0% 100% 100% 100% 100% 100% 100% 100% 100% % Effluent 100% 100% 100% 50% 6% 100% 100% 25% 13% EPA 2002.0 EPA 2002.0 EPA 2002.0 EPA 2002.0 EPA 2002.0 Method c.dubia (Invertebrate) 48-Hour Screening Static Acute 48-Hour Screening Static Acute 48-Hour Screening Static Acute 48-Hour Screening Static Acute 48-Hour Definitive Static Acute **Test Type** Sample Type 24-hr Comp. 24-hr Comp. 24-hr Comp. 24-hr Comp. 24-hr Comp. Sample Date 10/2/2016 9/30/2018 9/29/2019 10/1/2017 11/5/2017

		p.promelas (Vertebrate)	te)			Submitted to
Sample Date	Sample Type	Test Type	Method	% Effluent	% Survival	DNREC
10/2/2016	24-hr Comp.	48-Hour Screening Static Acute	EPA 2000.0	100%	100%	10/2016
10/1/2017	24-hr Comp.	48-Hour Screening Static Acute	EPA 2000.0	100%	%56	10/24/2017
9/30/2018	24-hr Comp.	48-Hour Screening Static Acute	EPA 2000.0	100%	100%	10/15/2018
9/29/2019	24-hr Comp.	48-Hour Screening Static Acute	EPA 2000.0	100%	100%	10/8/2019

Notes:

City of Seaford – NPDES Application

Comments Pertaining to Form 2S

General comments on Form 2S

There were a few areas of the new EPA forms where the instructions to "skip" to certain sections did not make logical sense. In these instances, a comment was made on the form, the instructions were disregarded and the applicable sections were filled out according to current sludge handling practices. For Seaford, all sludge is currently processed at the Seaford Composting Facility adjacent to the WWTF, treated to Class A specifications and disposed of via "Land Application-Sold/Given Away in Bag or Other Container".

Part 1 - Not Required

Part 2

Section 1.4 - Population Served

Current population served is approximately 9,278 which includes the City of Seaford and neighboring township of Blades. Following the connection of the Towns of Bridgeville and Greenwood to the Seaford sewer system, the population served will be approximately 12,741.

Section 1.15 – Line Drawing (attached to Form 2s), Process Description

<u>Current Process</u>: Primary and thickened secondary waste sludge is blended and held in the Blend Tank at the WWTF. These blended sludges are periodically dewatered on a belt filter press. The press cake is blended with woodchips and composted in static aerated composting piles. Following the composting period, remaining woodchips are screened from the material for reuse. The composted sludge is stored under roof and allowed to cure. Once VAR, PFRP and analytical requirements are complete and met, the finished compost is sold to the public as a Class A Exceptional Quality Biosolids compost.

<u>Future Process</u>: The City of Seaford has entered into an agreement with Sussex County to handle the stabilization process of Seaford's sewage sludge at the County's new/expanded sludge management facility. Under this agreement, the City will continue to dewater sludge on their belt filter press. The resulting cake will be transported by County personnel to the new facility for additional processing. It is anticipated that this change will commence in April of 2020.

Section 1.18 – Pollutant Concentrations

Average concentrations based on quarterly sampling performed 2017-2019.

EPA Identification Number 110039821271

NPDES Permit Number DE0020265

Facility Name CITY OF SEAFORD Form Approved 03/05/19 OMB No. 2040-0004

Form



U.S Environmental Protection Agency

28	₽E	PA	4	Application for NPDES P	ermit for Sewage Sludge I	Management
NPDES	1975		NEW A	ND EXISTING TREATME	NT WORKS TREATING DO	OMESTIC SEWAGE
		ORMATION				
full Form	2S permit	application?			directed by your NPDES pe	rmitting authority to submit a
✓ Ye	s -> Comp	olete Part 2 of	application packag	e (begins p. 7).	No → Complete Part 1 of	application package (below).
	PART 1				INFORMATION (40 CFR 12	
Complete permit for	e this part o r a direct di	only if you are a scharge to a s	a "sludge-only" fac urface body of wat	ility (i.e., a facility that does ter).	s not currently have, and is	not applying for, an NPDES
				0 CFR 122.21(c)(2)(ii)(A))		
	1.1	Facility name	e			
		Mailing addr	ess (street or P.O.	box)		
ion		City or town			State	ZIP code
Facility Information		Contact nam	e (first and last)	Title	Phone number	Email address
lity In		Location add	lress (street, route	number, or other specific i	dentifier)	☐ Same as mailing address
Faci		City or town			State	ZIP code
	1.2	Ownership	Status			
		☐ Public—	federal [Publicstate	Other public (sp	ecify)
		☐ Private		Other (specify)		
PART 1,	SECTION	2. APPLICAN	T INFORMATION	(40 CFR 122.21(c)(2)(ii)(E	3))	
	2.1	Is applicant o	different from entity	viisted under Item 1.1 abo	_	n 2.3 (Part 1, Section 2).
	2.2	Applicant na	me			
nation		Applicant ad				
cant Information		City or town State ZIP code				
		Contact nam	e (first and last)	Title	Phone number	Email address
Appl	2.3	Is the application	-	ner, operator, or both? (Ch	neck only one response.)	Both
İ	2.4	To which ent	ity should the NPD	DES permitting authority se	nd correspondence? (Chec	k only one response.)
		☐ Facilit		☐ Applicant	· · ·	Facility and applicant
PART 1.	SECTION		•	Γ (40 CFR 122.21(c)(2)(ii)	(D))	(they are one and the same)
	3.1	Provide the t			riod of sewage sludge gene	erated, treated, used, and
ount		disposed of:		Desetion		Dry Metric Tons per
e Am		Amount gon	aratad at the facility	Practice		365-Day Period
Sludg			erated at the facility ted at the facility	у		
Sewage Sludge Amount				m off site) at the facility		
Ø			osed of at the facil			
		, anount dish	ocou or at the lath	·vy		1

 EPA Identification Number
 NPDES Permit Number
 Facility Name
 Form Approved 03/05/19

 110039821271
 DE0020265
 CITY OF SEAFORD
 OMB No. 2040-0004

PART 1,	SECTION	4. POLLUTANT CONCEN	TRATIONS (40 CFR 122.21(c)(2)(ii)(E))	
	4.1	Using the table below or for which limits in sewage practices. If available, base 4.5 years old.	a separate attachment, provides sludge have been establishe	le existing sewage sludge monit ed in 40 CFR 503 for your facility ples taken at least one month a	's expected use or disposal
		Pollutant	Concentration (mg/kg dry weight)	Analytical Method	Detection Level for Analysis
		Arsenic	(mg/kg triy weight)		IOI Alialysis
		Cadmium			
		Chromium			
	:	Copper			
		Lead			
ø		Mercury			
ration		Molybdenum			
Pollutant Concentrations		Nickel			
		Selenium			
olluta		Zinc			
		Other (specify)			
		Other (specify)			
		Other (specify)			
		Other (specify)			
		Other (specify)			
		Other (specify)			
		Other (specify)			
		Other (specify)			_
		Other (specify)			

EP	A Identification	Number	NPDES Permit Numbe	r	F	acility N	ame		Form Approved 03/05/19
	110039821	.271	DE0020265		CITY	OF SE	AFORD		OMB No. 2040-0004
PART 1,	SECTION	5. TREATME	NT PROVIDED AT YOUR	RFACIL	ITY (40 CFR	122.2	21(c)(2)(ii)(C))		
	5.1	For each sev	wage sludge use or dispo	sal prac	tice, indicate	the a	mount of sewage	sludge	used or disposed of, the
			athogen class and reducti	ion alter	native, and t	he app	olicable vector attr	action	reduction option. Attach
			ages, as necessary.						3.6 4 5.44 45
			Disposal Practice (check one)		mount		athogen Class are duction Alternati		Vector Attraction
			lication of bulk sewage	(dry i	metric tons)	_	lot applicable	ive	Reduction Option Not applicable
			lication of biosolids				iot applicable Class A, Alternative	ا 1	☐ Option 1
		(bulk)	iloation of biosolids			1	Class A, Alternative		☐ Option 2
			lication of biosolids				Class A, Alternative		☐ Option 3
>		(bags)					Class A, Alternative		☐ Option 4
=			lisposal in a landfill				Class A, Alternative		☐ Option 5
Ę			face disposal				Class A, Alternative	e 6	☐ Option 6
our		☐ Incineration	on				Class B, Alternative		☐ Option 7
it Y							Class B, Alternative		☐ Option 8
9							Class B, Alternative		☐ Option 9
/id							Class B, Alternative		Option 10
ō		ŀ					Oomestic septage, djustment	рп	☐ Option 11
ııt	5.2	For each of t	the use and disposal prac	tices so	ecified in Ite			ent pr	ncess(es) used at your
Treatment Provided at Your Facility	0.2	facility to red	luce pathogens in sewage						of sewage sludge. (Check
Te		all that apply	·						
			eliminary operations (e.g., nding and degritting)	sludge		Th	nickening (concent	ration))
		I —	abilization			Ar	naerobic digestion		
		1	mposting				onditioning		
			sinfection (e.g., beta ray in mma ray irradiation, paste				ewatering (e.g., ce eds, sludge lagoon		ation, sludge drying
		│	at drying			Th	nermal reduction		
		│	thane or biogas capture a	and reco	very 🔲	Ot	ther (specify)		
PART 1,	SECTION	N 6. SEWAGE SLUDGE SENT TO OTHER FACILITIES (40 CFR 122.21(c)(2)(ii)(C))							
	6.1	Does the sewage sludge from your facility meet the ceiling concentrations in Table 1 of 40 CFR 503.13, the pollutant concentrations in Table 3 of 40 CFR 503.13, Class A pathogen reduction requirements at 40 CFR							
		503.32(a), ai	nd one of the vector attrac	ction red	luction requi	remen	ts at 40 CFR 503.	33(b)(1)–(8)?
		☐ Ye	s → SKIP to Part 1, Sect	ion 8 (C	ertification).		No		
<u>it</u> ies	6.2	Is sewage sl	udge from your facility pro	ovided to	o another fac	ility fo	r treatment, distrib	ution,	use, or disposal?
Faci		☐ Ye	S				No → SKIP to	Part 1	, Section 7.
ther	6.3	Receiving fac	cility name						
t to 0		Mailing addre	ess (street or P.O. box)						
Sen		City or town					State	17	IP code
ge							State		ir code
Sewage Sludge Sent to Other Facilities		Contact nam	e (first and last)	Title			Phone number	E	mail address
/age	6.4	Which activit	ies does the receiving fac	ility pro	vide? (Check	all that	at apply.)		
Sew			eatment or blending	,	(=====			av in l	bag or other container
] [_	-	and or onto containor
			nd application				Surface disposi		
			ineration			Ш	Other (describe	9)	
		│	mposting						

EPA	A Identification	Number	NPDES Permit I	Number		Facility	Name	ľ	Form Approved 03/05/19
	110039821	.271	DE00202	65	С	ITY OF S	EAFORD		OMB No. 2040-0004
PART 1,	SECTION	7. USE AND I	DISPOSAL SITES (40 CFR 122.	21(c)(2)(ii)(C))	The second second		
	Provide th	ne following inf	formation for each si	ite on which s	sewage sl	udge fro	m this facility is u	used c	r disposed of.
		Check here	if you have provided	l separate att	tachments	with this	s information.		
	7.1	Site name or	number						
		Mailing addr	ess (street or P.O. b	юх)					
s)		City or town					State		ZIP code
Use and Disposal Sites		Contact nam	ne (first and last)	Title			Phone number	r	Email address
sodsi			dress (street, route r	number, or otl	her specif	ic identif			☐ Same as mailing address
and D		City or town					State		ZIP code
Use		County					County code		☐ Not available
	7.2	Agr	eck all that apply) ricultural rface disposal clamation	☐ Pu	iwn or hon ublic conta unicipal sc	ct			Forest Incineration Other (describe)
PART 1,	ART 1, SECTION 8. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.2					22.22(a) and (d)))		
	8.1 In Column 1 below, mark the sections of Form 2S, Part 1, that you have completed and are submittin application. For each section, specify in Column 2 any attachments that you are enclosing to alert the authority. Note that not all applicants are required to provide attachments.								
ŧ	Column				Column 2				
ateme		☑ Section	1: Facility Information	on		✓ w	/ attachments		
ion St		☑ Section	2: Applicant Informa	ation		□w	/ attachments		
tificat		☐ Section	3: Sewage Sludge	Amount		□w	/ attachments		
d Cer		☐ Section	4: Pollutant Concer	ntrations		□w	/ attachments		
listar		☐ Section	5: Treatment Provid	ded at Your F	acility	□ w	/ attachments		
Checklist and Certification Statement		Section Facilities	6: Sewage Sludge s	Sent to Other	r 	□w	/ attachments		
		☐ Section	7: Use and Disposa	al Sites		□w	/ attachments		
		☐ Section	8: Checklist and Ce	ertification Sta	atement				

	A Identification 110039821		NPDES Permit Number DE0020265	Facility Name CITY OF SEAFORD	Form Approved 03/05/19 OMB No. 2040-0004
Checklist and Certification Statement Continued	8.2	supervision i the informati persons dire knowledge a false informa	er penalty of law that this docume in accordance with a system des ion submitted. Based on my inqu ctly responsible for gathering the and belief, true, accurate, and co	ent and all attachments were prepaigned to assure that qualified persify of the person or persons who ne information, the information submaplete. I am aware that there are sine and imprisonment for knowing	onnel properly gather and evaluate nanage the system, or those nitted is, to the best of my significant penalties for submitting
Chec					Jako digiliot

PART 1 APPLICANTS STOP HERE.

 $\label{lem:submit} \textbf{Submit completed application package to your NPDES permitting authority.}$

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EPA Identification Number	NPDES Permit Number	Facility Name	
110039821271	DE0020265	CITY OF SEAFORD	

Form Approved 03/05/19 OMB No. 2040-0004

PART 2	PERMIT APPLICATION INFORMATION (40 CFR 122.21(q

Complete this part if you have an effective NPDES permit or have been directed by the NPDES permitting authority to submit a full permit application. In other words, complete this part if your facility has, or is applying for, an NPDES permit.

Part 2 is divided into five sections. Section 1 pertains to all applicants. The applicability of Sections 2 to 5 depends on your facility's sewage sludge use or disposal practices. See the instructions to determine which sections you are required to complete.

sewage	sludge u	se or disposal practices. See the	instruc	tions to d	etermine wh	nich sections ye	ou are required to	complete.				
PART 2,	SECTIO	ON 1. GENERAL INFORMATION	(40 CI	FR 122.21	I(q)(1 7) Al	ND (q)(13))						
	All Par	t 2 applicants must complete this	section	١,								
		y Information										
	1.1	Facility name SEAFORD WASTEWATER FACILIT	Y									
		Mailing address (street or P.O. box) PO BOX 1100										
		City or town SEAFORD	State DE			ZIP code 19973	Phone number (302) 629-8340					
		Contact name (first and last) BRYANT TIFFT		Title OPERATI	ONS COORI	DINATOR	Email address btifft@seafordd	e.com				
		Location address (street, route r	numbe	r, or other specific identifier)				Same as mailing address				
		City or town SEAFORD		State DE			ZIP code 19973					
	1.2	Is this facility a Class I sludge m ✓ Yes	anage	ment facil	ity?	□ No	1					
General Information	1.3	Facility Design Flow Rate 2.0 million gallons										
	1.4	Total Population Served	(Se	e Atta	ched C	Commen	ts)	12,741				
-for	1.5	Ownership Status										
ۊ		☐ Public—federal		Public—s	state	✓	Other public (spe	cify) MUNICIPAL				
Suer	ľ	☐ Private ☐ Other (specify)										
Ğ	Applicant Information											
	1.6	Is applicant different from entity	listed ι	under Item	1.1 above	?						
- 4		Yes				☑ No	→SKIP to Item	1.8 (Part 2, Section 1).				
	1.7	Applicant name										
		Applicant mailing address (stree	t or P.0	O. box)								
		City or town				State		ZIP code				
		Contact name (first and last)	Title			Phone number	er	Email address				
	1.8	Is the applicant the facility's own	er, ope	erator, or l	both? (Ched	k only one res	ponse.)					
		☐ Operator			Owner		✓	Both				
	1.9	To which entity should the NPDI	ES per	mitting au	thority send	corresponden	ice? (Check only	one response.)				
		Facility			Applicant		\checkmark	Facility and applicant (they are one and the same)				

1100398	321271	DE0020265	5	CITY O	F SEAFORD		OMB No. 2040-0			
1.10	Facility's NPDES									
		e if you do not have Part 2 of Form 2S.	an NPDES	permit but are	otnerwise requi	rea	DE0020265			
1.11	Indicate all other federal, state, and local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices below.									
	П		I							
	RCRA (haza	rdous wastes)	□ No	nattainment pro	ogram (CAA)	L1 NES	HAPs (CAA)			
	PSD (air emi	ssions)	☐ Dre	edge or fill (CW	A Section	☑ Othe	r (specify)			
			404)			State	e Distribution/Market			
	Ocean dump	Imping (MPRSA) UIC (underground injection of				-	nit# DM 1701-S-03			
		fluids)								
Indian	Country		ļ:							
1.12	Does any generat Indian Country?	ion, treatment, stora	age, applica	tion to land, or	disposal of sew	age sludge	from this facility occu			
	Yes			V	No → SKIF	to Item 1.1	14 (Part 2, Section 1)			
1.13		tion of the generation	n troatmon		below.	diaposal of	sowage sludge that			
1.13	occurs.	tion of the generation	n, treatmen	t, storage, land	application, or	disposai oi	sewage sludge inat			
Topog	raphic Map									
1.14	specific requireme	ents.)		all required in	application	? (See instructions fo				
Line D		Attached with Form 2a) No								
1.15	Have you attached employed during t specific requirement	he term of the perments.)	d/or a narrative description that identifies all sewage sludge practices that nit containing all the required information to this application? (See instruction)							
		ee Attached	Comr	nents) 🗆	No					
1.16	ctor Information	ve any operational c	or maintena	nce responsibi	lities related to s	enware eluc	dge generation, treatm			
1.10	use, or disposal a		n maintena		No - SKIE		8 (Part 2, Section 1)			
4.47					below.					
1.17		ing information for e e if you have attache			application pac	kane				
1		; ii you nave allache		actor 1	Contrac		Contractor 3			
Ì	Contractor compa	ny name	VOIII	actor 1	Volitiao	101 2	Contractor 5			
	Mailing address (s	-								
	City, state, and ZIP code									
	Contact name (firs	it and last)								
Ì	Telephone numbe	r								
1	Email address									

EPA Identification Number

NPDES Permit Number

Facility Name

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1.17		C	ontractor 1	Contracto	Contractor 2 Co	
cont.	Responsibilities of contra			00.1074		
Using t	ant Concentrations he table below or a separate sludge have been established three or more samples to	shed in 40 CFR 503	for this facility's ex	pected use or disp	osal practio	es. All data must l
	Check here if you have a				,	
1.18	Pollutant	Co	erage Monthly oncentration g/kg dry weight)	Analytical M	ethod	Detection Lev
	Arsenic		4.1	SW846 (3050E	3+6010)	1.6 mg/kg
	Cadmium		1.0	SW846 (3050E	3+6010)	0.6 mg/kg
	Chromium		22.5	SW846 (3050E	3+6010)	1.6 mg/kg
	Copper		541.2	SW846 (3050E	3+6010)	1.6 mg/kg
	Lead		21.7	SW846 (3050E	3+6010)	2.7 mg/kg
	Mercury		0.744	SW846 (74	173)	0.0036 mg/kg
	Molybdenum		4.4	SW846 (3050E	3+6010)	1.6 mg/kg
	Nickel		15.7	SW846 (3050E	3+6010)	1.1 mg/kg
	Selenium		< 4.2	SW846 (3050E	3+6010)	2.7 mg/kg
	Zinc ist and Certification State		665.7	SW846 (3050B	+6010)	5.4 mg/kg
	application. For each sec applicants are required to Section 1 (General Derived from Sew	oit 2S–2 in t	ote that not all the Instructions. Column 2 achments achments			
		pplication of Bulk Se	ewage Sludge)		□ w/ att	achments
	Section 4 (Surface					achments
	Section 5 (Inciner					achments
1.20	Certification Statement	- /			w/ all ايت	acimicilis
	I certify under penalty of a supervision in accordance the information submitted directly responsible for gas belief, true, accurate, and including the possibility of Name (print or type first a Charles Anderson	e with a system desi l. Based on my inquil athering the informati l complete. I am awa f fine and imprisonm	gned to assure tha ry of the person or ion, the information re that there are s	nt qualified personr persons who man n submitted is, to ti ignificant penalties	nel properly age the sys he best of n for submit	gather and evalua stem, or those pers ny knowledge and
	Telephone number		ا ٠٠			

EPA Identification Number NPDES Permit Number Facility Name Form Approved 03/05/19
110039821271 DE0020265 CITY OF SEAFORD OMB No. 2040-0004

	ION 2. GENERATION OF SEWAGE SLUDGE OR PREP FR 122.21(q)(8) THROUGH (12))	ARATION OF A MATE	RIAL DERIVED FROM SEWAGE						
2.1	Does your facility generate sewage sludge or derive a m	naterial from sewage sl	udge?						
	✓ Yes	No → SKIF	o to Part 2, Section 3.						
	ount Generated Onsite								
2.2	Total dry metric tons per 365-day period generated at you	our facility:	247						
Amou	unt Received from Off Site Facility								
2.3	Does your facility receive sewage sludge from another fa	· ·	e or disposal?						
	☐ Yes		P to Item 2.7 (Part 2, Section 2) below.						
2.4	Indicate the total number of facilities from which you rec treatment, use, or disposal:	eive sewage sludge fo	Г						
Provid	de the following information for each of the facilities from w	•	ge sludge.						
Check here if you have attached additional sheets to the application package. 2.5 Name of facility									
2.5	Name of facility								
	Mailing address (street or P.O. box)								
	City or town								
	Contact name (first and last) Title								
	Location address (street, route number, or other specific	c identifier)	☐ Same as mailing address						
	City or town	State	ZIP code						
	County	County code	☐ Not available						
2.6	Indicate the amount of sewage sludge received, the applicable pathogen class and reduction alternative, and the applicable vector reduction option provided at the offsite facility.								
	(dry metric tons) All	ass and Reduction ternative	Vector Attraction Reduction Option						
	☐ Not applicab☐ Class A, Alte		☐ Not applicable ☐ Option 1						
	☐ Class A, Alte		☐ Option 2						
	☐ Class A, Alte	emative 3	☐ Option 3						
	☐ Class A, Alte		☐ Option 4 ☐ Option 5						
	☐ Class A, Alte		☐ Option 6						
	☐ Class B, Alte		☐ Option 7						
	☐ Class B, Alte	ernative 2	☐ Option 8						
	☐ Class B, Alte		☐ Option 9						
	☐ Class B, Alte	ernative 4 ptage, pH adjustment	☐ Option 10 ☐ Option 11						
2.7	Identify the treatment process(es) that are known to occ treatment to reduce pathogens or vector attraction proper	ur at the offsite facility,	including blending activities and						
	Preliminary operations (e.g., sludge grinding and degritting)	<u>`</u>	g (concentration)						
	Stabilization	☐ Anaerobio	c digestion						
	☐ Composting	Condition	ing						
	Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)		ng (e.g., centrifugation, sludge drying dge lagoons)						
	Heat drying	☐ Thermal r							

EPA Identification Number		cation Number	NPDES Permit Nun	nber		Facility	Name	Form Approved 03/05/19	
1	110039821271 DE00		DE0020265	5 CITY OF SEA			EAFORD	OMB No. 2040-0004	
	Treatment Provided at Your Facility								
	2.8						gen class and reduction alternative ach additional pages, as necessary.		
			posal Practice		gen Class a			Vector Attraction Reduction	
			eck one)	T dillo	Alterna		Caaction	Option	
			ion of bulk sewage		pplicable			☐ Not applicable	
		☐ Land applicat	ion of biosolids		A, Alternati			☐ Option 1	
ı		(bulk)	ion of biogolida		A, Alternati			☐ Option 2	
		☐ Land applicat (bags)	ion of biosolids	☐ Class A, Alternative 3☐ Class A, Alternative 4				☐ Option 3 ☐ Option 4	
		☐ Surface dispo	sal in a landfill		A, Alternati			☑ Option 5	
		☐ Other surface			A, Alternati			□ Option 6	
		☐ Incineration			B, Alternati			☐ Option 7	
					B, Alternati			☐ Option 8	
					B, Alternati			☐ Option 9	
					B, Alternati			Option 10	
2.9 Identify the treatment p			mont progga(as) usas				adjustment	Option 11	
	2.9						amogens in se	ewage sludge of reduce the vector	
attraction properties of sewage sludg Preliminary operations (e.g., s						•			
degritting)				ago giiilaii	.g unu	✓	Thickening	(concentration)	
Stabilization			on				Anaerobic	digestion	
✓ Composting						$\overline{\square}$	Conditionin	-	
		Dicinfootic	•	diation, gamma rou			e.g., centrifugation, sludge drying		
			, pasteurization)	beds, sludg					
		☐ Heat dryir	•				Thermal re	- ,	
			or biogas capture and	_			moman	duotion	
_	0.40								
	2.10	Describe any oth 2) above.	ier sewage sludge trea	itment or t	lending acti	vities	not identified	in Items 2.8 and 2.9 (Part 2, Section	
		l <u></u> _	re if you have attached	d the deep	rintian to the	anni	iaatian naaka		
		Check he	re ii you nave allached	ine desc	iption to the	appii	ication packa	ge.	
		(See attached co	mments for Form 2S, F	art 2, Sec	ion 1.15)				
1	Preparation of Sewage Sludge Meeting Cei			ng and Po	ollutant Co	ncent	rations, Clas	s A Pathogen Requirements, and	
$\overline{}$	One of Vector Attraction Reduction Option								
í	2.11 Does the sewage sludge from your fac								
	concentrations in Table 3 of 40 CFR 50 of the vector attraction reduction requir								
				ments at	10 CFK 303	.აა(ს) ¬		• •	
	✓ Yes				L	J	below.	to Item 2.14 (Part 2, Section 2)	
2.12 Total dry metric tons per 365-day perio			of sewag	e sludge su	bject t		247		
		subsection that is	applied to the land:					247	
-	2.13		subject to this subsec	tion place	d in bags or	other	containers fo	r sale or give-away for application to	
	the land?			_					
L		✓ Yes					No		
	☑ Ch	eck here once vol	have completed Item	s 2.11 to 2	13 then →	SKII	P to Item 2.32	(Part 2, Section 2) below.	

Proceeding to section 2.14 as this is applicable to our process.

EPA Form 3510-2S (Revised 3-19)

EP	EPA Identification Number		NPDES Perm	nit Number		Facility Name	Form Approved 03/05/19						
	110039821271 DE00202			0265	_ c	ITY OF SEAFORD	OMB No. 2040-0004						
	Sale	or Give-Away in a	Bag or Other Co	ontainer for Ap	plication	to the Land							
	2.14	Do you place sev	vage sludge in a	bag or other co	ntainer fo	er for sale or give-away for land application?							
		✓ Yes				No → SKIP to It below.	tem 2.17 (Part 2, Section 2)						
	2.15					placed in a bag or lication to the land:	247						
	2.16	container for app	lication to the lan	d.		ewage sludge being sold of	or given away in a bag or other blication package.						
pen	☑c	☐ Check here once you have completed Items 2.14 to 2.16, then → SKIP to Part 2, Section 2, Item 2.32, Shipment Off Site for Treatment or Blending											
튵	Shipr												
dge Co	2.17	Does another fac dewatered sludge	Does another facility provide treatment or blending of your facility's sewage sludge? (This question does not pertain to dewatered sludge sent directly to a land application or surface disposal site.) No → SKIP to Item 2.32 (Part 2, Section 2)										
e Slu		☐ Yes	below.										
Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued	2.18	Indicate the total number of facilities that provide treatment or blending of your facility's sewage sludge. Provide the information in Items 2.19 to 2.26 (Part 2, Section 2) below for each facility. Check here if you have attached additional sheets to the application package.											
rived	2.19	Name of receiving facility											
rial De		Mailing address (street or P.O. box	()									
a Mate		City or town				State	ZIP code						
on of		Contact name (fir	st and last)	Title		Phone number	Email address						
oaratio		Location address	(street, route nur	mber, or other s	entifier)	☐ Same as mailing address							
r Prep		City or town	City or town			State	ZIP code						
o egpni	2.20	Total dry metric to facility:	ons per 365-day p	period of sewag	e sludge	provided to receiving							
wage S	2.21	Does the receiving reduce the vector					e sludge from your facility or						
of Sev		☐ Yes				No → SKIP to below.	Item 2.24 (Part 2, Section 2)						
ration	2.22	Indicate the patho sludge at the rece		duction alternat	tive and th	ne vector attraction reduct	ion option met for the sewage						
ene			Class and Reduc	ction Alternativ	ve	Vector Attrac	tion Reduction Option						
Ö		□ Not applicable				☐ Not applicable	•						
		☐ Class A, Altern				☐ Option 1							
1		☐ Class A, Altern				☐ Option 2							
		☐ Class A, Altern				☐ Option 3							
1		☐ Class A, Altern☐ Class A, Altern				☐ Option 4							
- 1		☐ Class A, Altern				☐ Option 5☐ Option 6							
		☐ Class B, Altern				☐ Option 7							
		☐ Class B, Altern				☐ Option 8							
		☐ Class B, Altern	ative 3			☐ Option 9							
		☐ Class B, Altern	ative 4			☐ Option 10							
		☐ Domestic septa	age, pH adjustme	nt		☐ Option 11							

EF	PA Identifi	cation Number	NPDES Permit Number	Facilit	y Name	Form Approved 03/05/19		
	110039821271		DE0020265	CITY OF	SEAFORD	OMB No. 2040-0004		
	2.23		process(es) are used at the rece properties of sewage sludge from					
		Preliminary degritting)	operations (e.g., sludge grindin	g and	Thickening (con	centration)		
		☐ Stabilizatio	n		Anaerobic diges	tion		
		☐ Compostin	g		Conditioning			
			n (e.g., beta ray irradiation, gamr pasteurization)	ma ray	Dewatering (e.g beds, sludge lag	., centrifugation, sludge drying goons)		
		☐ Heat drying	3		Thermal reducti	on		
		☐ Methane o	r biogas capture and recovery		Other (specify)			
panu	2.24		any information you provide the rirement of 40 CFR 503.12(g).	eceiving facility	to comply with the	e "notice and necessary		
onti		☐ Check he	ere to indicate that you have atta	ched material.				
ndge (2.25	Does the receiving application to the		om your facility i		ontainer for sale or give-away for		
age SI		☐ Yes			below.	o Item 2.32 (Part 2, Section 2)		
Sew	2.26		all labels or notices that accompa		peing sold or give	n away.		
rom			ere to indicate that you have attac		Sing O) than N O	VID to 14 0.20 (Dot 0. Conting 0)		
ved 1		elow.	mave completed items 2.17 to 2	.26 (Part 2, Sect	tion 2), then 🖚 S	KIP to Item 2.32 (Part 2, Section 2)		
Deri			lk Sewage Sludge					
or Preparation of a Material Derived from Sewage Sludge Continued	2.27	Is sewage sludge	from your facility applied to the	and?	No → SKIP to below.	tem 2.32 (Part 2, Section 2)		
on of a	2.28	Total dry metric to application sites:	ons per 365-day period of sewag	e sludge applied	I to all land			
aratio	2.29	Did you identify a	Il land application sites in Part 2,	Section 3 of this	on 3 of this application?			
r Prep		☐ Yes			No → Submit a copy of the land application with your application.			
	2.30	Are any land appl material from sew	ication sites located in states oth age sludge?	er than the state	where you gene	rate sewage sludge or derive a		
age Slu		☐ Yes			below.	o Item 2.32 (Part 2, Section 2)		
Generation of Sewage Sludge	2.31	Describe how you Attach a copy of t	ı notify the NPDES permitting au he notification.	thority for the sta	ates where the lar	nd application sites are located.		
ono		Check her	e if you have attached the explar	nation to the app	lication package.			
erat			e if you have attached the notific	ation to the appl	ication package.			
Gen	2.32	ce Disposal	from vous facility placed on a cu	-food disposal si	4-0			
	2.32		from your facility placed on a su	riace disposar si		Item 2.39 (Part 2, Section 2)		
	Yes				below.			
	2.33 Total dry metric tons of sewage sludge from your fa disposal sites per 365-day period:							
	2.34 Do you own or operate all surface disposal sites to which				d sewage sludge t	for disposal?		
		☐ Yes → S below.	KIP to Item 2.39 (Part 2, Section	12)	No			
	2.35	sludge.	number of surface disposal sites					
		l —	mation in Items 2.36 to 2.38 of P you have attached additional sh		• '			
			you have allached additional sh	icets to the appli	callon package.			

EPA Identification Number 110039821271		NPDES Permit Number DE0020265 CI		Facility Name CITY OF SEAFORD		Form Approved 03/05/19 OMB No. 2040-0004				
2.36										
2.30	2.36 Site name or number of surface disposal site you do				wn or operate					
	Mailing address (street or P.O	. box)							
	City or Town		State		ZIP Code					
	Contact Name (first and last) Title Phone Number Email Address									
2.37	Site Contact (Che	ck all that ap	pply.)		☐ Operator					
2.38	Total dry metric to disposal site per 3			facility pl	aced on this surface					
Incineration										
2.39	Is sewage sludge	from your fa	cility fired in a sewa			n 2.46 (Part 2, Section 2)				
2.40										
2.41		age sludge incinera 2.46 (Part 2, Section		hich sewage sludge No	from you	r facility is fired?				
2.42	operate. (Provide	the informati	on in Items 2.43 to	2.45 dire	ed that you do not o ctly below for each f he application packa	acility.)				
2.43	Incinerator name	or number								
	Mailing address (s	street or P.O.	box)							
	City or town				State		ZIP code			
	Contact name (fire	st and last)	Title		Phone number		Email address			
	Location address	(street, route	number, or other s	pecific id	entifier)		☐ Same as mailing address			
	City or town				State		ZIP code			
2.44 Contact (check all that apply) Incinerator owner										
					☐ Incinerate	r operato	r			
2.45	2.45 Total dry metric tons of sewage sludge from your facility sludge incinerator per 365-day period:				ed in this sewage					
Dispo	sal in a Municipal	Landfill			-!					
2.46			cility placed on a m	unicipal s		(IP to Par	t 2, Section 3.			
2.47										
	package.	you nave att	acried additional sh	ne application						

L Et		cation Number	NPDES Pern		l.	Facility Name		Form Approved 03/05/19 OMB No. 2040-0004		
	11003	9821271	DE002	0265	CITY	OF SEAFORD		OMB No. 2040-0004		
e de	2.48	Name of landfill			***					
Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued		Mailing address (street or P.O. box	x)						
		City or town				State		ZIP code		
om Se		Contact name (fir	st and last)	Title		Phone numb	oer	Email address		
/ed fr		Location address	(street, route nur	mber, or ot	her specific iden	tifier)		☐ Same as mailing address		
Deriv		County			County code			☐ Not available		
ateria		City or town			State			ZIP code		
ration of a Ma Continued	2.49	Total dry metric tons of sewage sludge from your facility placed in this municipal solid waste landfill per 365-day period:								
aratior	2.50	List the numbers of all other federal, state, and local permits that regulate the operation of this municipal solid value landfill.								
rep		Permit Number	Permit Number Type of Permit							
Je or F										
Slude										
wage										
n of Se	2.51	Attach to the appl disposal of sewag	ication information	n to detern	nine whether the	sewage sludge.g., results of	ge meets appl paint filter liqu	icable requirements for aids test and TCLP test).		
ratio		☐ Check he	re to indicate you	ı have attad	ched the request	ed informatior	٦.			
ene	2.52	Does the municip	al solid waste lan	dfill comply	with applicable	criteria set for	rth in 40 CFR	258?		
O O		☐ Yes				No				

EPA Identification Number NPDES Permit Number Facility Name Form Approved 03/05/19 OMB No. 2040-0004 110039821271 DE0020265 CITY OF SEAFORD PART 2, SECTION 3 LAND APPLICATION OF BULK SEWAGE SLUDGE (40 CFR 122.21(q)(9)) Does your facility apply sewage sludge to land? Yes 7 No → SKIP to Part 2. Section 4. 3.2 Do any of the following conditions apply? The sewage sludge meets the ceiling concentrations in Table 1 of 40 CFR 503.12, the pollutant concentrations in Table 3 of 40 CFR 503.13, Class A pathogen reduction requirements at 40 CFR 503.32(a), and one of the vector attraction reduction requirements at 40 CFR 503.33(b)(1)-(8); The sewage sludge is sold or given away in a bag or other container for application to the land; or You provide the sewage sludge to another facility for treatment or blending. Yes → SKIP to Part 2, Section 4. Complete Section 3 for every site on which the sewage sludge is applied. 3.3 ☐ Check here if you have attached sheets to the application package for one or more land application sites. Identification of Land Application Site Site name or number Location address (street, route number, or other specific identifier) □ Same as mailing address County □ Not available County code City or town ZIP code Land Application of Bulk Sewage Sludge State Latitude/Longitude of Land Application Site (see instructions) Latitude Longitude **Method of Determination** USGS map ☐ Field survey Other (specify) 3.5 Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location. Check here to indicate you have attached a topographic map for this site. Owner Information 3.6 Are you the owner of this land application site? Yes → SKIP to Item 3.8 (Part 2, Section 3) below. No 3.7 Owner name Mailing address (street or P.O. box) City or town ZIP code State Contact name (first and last) Title Phone number Email address Applier Information 3.8 Are you the person who applies, or who is responsible for application of, sewage sludge to this land application site? Yes → SKIP to Item 3.10 (Part 2, Section 3) below. 3.9 Applier's name Mailing address (street or P.O. box) City or town State ZIP code Contact name (first and last) Title Phone number Email address

EPA Identification Number NPDES Permit Number Facility Name Form Approved 03/05/19 OMB No. 2040-0004 110039821271 DE0020265 CITY OF SEAFORD Site Type 3.10 Type of land application: Agricultural land Forest Reclamation site Public contact site Other (describe) Crop or Other Vegetation Grown on Site What type of crop or other vegetation is grown on this site? 3.12 What is the nitrogen requirement for this crop or vegetation? **Vector Attraction Reduction** 3.13 Are the vector attraction reduction requirements at 40 CFR 503.33(b)(9) and (b)(10) met when sewage sludge is applied to the land application site? No → SKIP to Item 3.16 (Part 2, Section 3) П Yes 3.14 Indicate which vector attraction reduction option is met. (Check only one response.) Option 9 (injection below land surface) Option 10 (incorporation into soil within 6 hours) 3.15 Describe any treatment processes used at the land application site to reduce vector attraction properties of sewage -and Application of Bulk Sewage Sludge Continued sludge. Check here if you have attached your description to the application package. **Cumulative Loadings and Remaining Allotments** Is the sewage sludge applied to this site since July 20, 1993, subject to the cumulative pollutant loading rates (CPLRs) in 40 CFR 503.13(b)(2)? No → SKIP to Part 2. Section 4. 3.17 Have you contacted the NPDES 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? No → Sewage sludge subject to CPLRs may Yes not be applied to this site. SKIP to Part 2, Section 4. 3.18 Provide the following information about your NPDES permitting authority: NPDES permitting authority name Contact person Telephone number Email address 3.19 Based on your inquiry, has bulk sewage sludge subject to CPLRs been applied to this site since July 20, 1993? Yes No → SKIP to Part 2, Section 4. 3.20 Provide the following information for every facility other than yours that is sending, or has sent, bulk sewage sludge subject 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. Check here to indicate that additional pages are attached. Facility name Mailing address (street or P.O. box) City or town State ZIP code Contact name (first and last) Title Phone number Email address

Er	'A Identific	cation Number	NPDES Permit Number		Facility Name	;			Approved 03/05/19			
	110039	9821271	DE0020265	CI ⁻	TY OF SEAFO	ORD		ON	MB No. 2040-0004			
PART 2	, SECTI	ON 4 SURFACE	DISPOSAL (40 CFR 122	2.21(q)(10))								
	4.1	Do you own or o	pperate a surface disposal									
		│						Part 2, Se	ction 5.			
	4.2		Complete all items in Section 4 for each active sewage sludge unit that you own or operate. Check here to indicate that you have attached material to the application package for one or more active									
		sewage slu	ludge units.	e attached materia	al to the app	olication pack	age for	one or mo	ore active			
			Sewage Sludge Units									
	4.3	Unit name or nur										
		Mailing address (street or P.O. box)										
		City or town		State		ZIP code						
		Contact name (fi	irst and last)	Title		Phone numb	ber	Email addı	ress			
		Location address	s (street, route number, or	other specific ide	entifier)			☐ Same as	mailing address			
		County				County code	е		☐ Not available			
		City or town						ZIP code				
		Latitude/Longitu	Latitude/Longitude of Active Sewage Sludge Unit (see instructions)									
			Latitude				Longit	ude				
sal			(O) : // // //			•	20	· W				
ispo		Method of Deter	rmination									
Surface Disposal		☐ USGS map		Field survey			Other ((specify)				
Surf	4.4	Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.										
		☐ Check here	Check here to indicate that you have completed and attached a topographic map.									
	4.5	Total dry metric to per 365-day period	tons of sewage sludge pla- iod:	ced on the active	sewage slu	dge unit						
	4.6	Total dry metric to	tons of sewage sludge plane ne unit:	ced on the active	sewage slu	dge unit						
	4.7		sewage sludge unit have a	a liner with a maxi	imum perme	eability of 1 ×	10 ⁻⁷ ce	entimeters	per second			
		Yes						Item 4.9 (I	Part 2, Section			
	4.8	Describe the line	ar			4) below	<i>/</i>					
	1.5	l	e to indicate that you have	attached a descr	ription to the	application p	oackage	e.				
	4.9	Does the active s	sewage sludge unit have a	leachate collecti	ion evetom?							
	7.0	Yes	sewage slaage anic have a	Headhate concou	Un system.			Item 4.11	(Part 2, Section			
	4.10		chate collection system an		ed for leacha			vide the nu	umbers of any			
			local permit(s) for leachate	•								
		⊢ L Check here	e to indicate that you have	attached the des	scription to th	ne application	n nacka	ane				

EP	A Identific	ation Number	NPDES Permit Number		Facility N	ty Name		Form Approved 03/05/19				
	110039	821271	DE0020265		CITY OF SE	AFORD		OMB No. 2040-0004				
	4.11	Is the boundary site?	of the active sewage slud	ge unit	less than 150 meter	ers fror	n the property li	ine of the surface disposal				
		☐ Yes					No → SKIP to Section 4) be	to Item 4.13 (Part 2, low.				
	4.12	Provide the actu	al distance in meters:					meters				
	4.13	Remaining capa	city of active sewage slud	lge unit	t in dry metric tons:			dry metric tons				
	4.14	Anticipated closu	ure date for active sewage	e sludg	e unit, if known (MN	M/DD/Y	YYY):					
	4.15	Attach a copy of any closure plan that has been developed for this active sewage sludge unit.										
		Check here to indicate that you have attached a copy of the closure plan to the application package.										
		e Sludge from O										
	4.16	Is sewage sludge	e sent to this active sewag									
		☐ Yes		4) below.	to Item 4.21 (Part 2, Section							
	4.17		number of facilities (othe tive sewage sludge unit. (uch facility.)									
		LI Check here the applicat	cility to									
per	4.18	Facility name										
ontinu		Mailing address	(street or P.O. box)									
sal C		City or town				State	;	ZIP code				
Dispo		Contact name (fi	rst and last)	Title		Phor	e number	Email address				
Surface Disposal Continued	4.19	Indicate the pathogen class and reduction alternative and the vector attraction reduction option met for the sewage sludge before leaving the other facility.										
ઝ			gen Class and Reductio	n Alte	rnative		Vector Attract	ion Reduction Option				
		□ Not applicable					ot applicable					
		☐ Class A, Alter				☐ Option 1						
		☐ Class A, Alter				Option 2						
		☐ Class A, Alter ☐ Class A, Alter				☐ Option 3☐ Option 4						
		☐ Class A, Alter					otion 5					
1		☐ Class A, Alter					otion 6					
		☐ Class B, Alter					otion 7					
		☐ Class B, Alter					otion 8					
		☐ Class B, Alter					otion 9					
			tage, pH adjustment				otion 10 otion 11					
İ	4.20			he othe	er facility to reduce			sludge or reduce the vector				
			ties of sewage sludge befo									
		Preliminary	operations (e.g., sludge	grindin	g and degritting)		Thickening (co	oncentration)				
		☐ Stabilizatio	n			П	Anaerobic dige	estion				
		Composting				\Box	Conditioning					
		— Disinfection	<u> </u>	n, dami	ma rav		-	.g., centrifugation, sludge				
								ludge lagoons)				
		☐ Heat drying	3				Thermal reduc	tion				
		☐ Methane or	r biogas capture and reco	very			Other (specify)				

l E	EPA Identification Number 110039821271		NPDES Permit Number	Facility Name		Form Approved 03/05/19						
	110039	9821271	DE0020265	CITY OF SEAFORD)	OMB No. 2040-0004						
	Vecto	r Attraction Redu	ction									
	4.21	unit?	raction reduction option, if any, is (Injection below and surface)	met when sewage sludg	Option	n 11 (Covering active sewage						
		l_			_	e unit daily)						
			(Incorporation into soil within 6	11	None							
	4.22	Describe any treatment processes used at the active sewage sludge unit to reduce vector attraction properties of sewage sludge. Check here if you have attached your description to the application package.										
	Grour	dwater Monitorin	g									
	4.23		nonitoring currently conducted at ole for this active sewage sludge		e unit, or	are groundwater monitoring data						
		☐ Yes				SKIP to Item 4.26 (Part 2, n 4) below.						
ed	4.24	Provide a copy of available groundwater monitoring data.										
tinu		Check here to indicate you have attached the monitoring data.										
osal Con	4.25	to obtain these data.										
Surface Disposal Continued		Check here if you have attached your description to the application package.										
0,	4.26	Has a groundwat	ter monitoring program been pre	pared for this active sewa								
		☐ Yes			Sectio	SKIP to Item 4.28 (Part 2, n 4) below.						
	4.27	Submit a copy of	the groundwater monitoring pro	gram with this permit appl	ication.							
		Check he	re to indicate you have attached	the monitoring program.								
	4.28		ed a certification from a qualified ot been contaminated?	groundwater scientist tha	t the aqu	uifer below the active sewage						
		☐ Yes				SKIP to Item 4.30 (Part 2, n 4) below.						
	4.29	Submit a copy of	the certification with this permit	application.								
		Check he	re to indicate you have attached	the certification to the app	plication	package.						
	Site-S	pecific Limits										
	4.30	Are you seeking	site-specific pollutant limits for th	e sewage sludge placed	on the ac	ctive sewage sludge unit?						
		☐ Yes			No →	SKIP to Part 2, Section 5.						
	4.31	Submit information	on to support the request for site-	specific pollutant limits w	ific pollutant limits with this application.							
		Check he	re to indicate you have attached	the requested information	١.							

El	PA Identific	cation Number	NPDES Permit Num	iber	Fac	cility Name	Form Approved 03/05/19			
110039821271			DE0020265		CITY O	F SEAFORD	OMB No. 2040-0004			
PART 2, SECTION 5 INCINERATION (40 CFR 122.21(q)(11))										
	Incinerator Information									
	5.1	Do you fire sewa	Do you fire sewage sludge in a sewage sludge incinerator?							
		☐ Yes ☑ No → SKIP to END.								
	5.2	Indicate the total	number of incinerators	s used at v	our facility. (C	complete the remain	der			
		Indicate the total number of incinerators used at your facility. (Complete the remainder of Section 5 for each such incinerator.)								
		☐ Check here to indicate that you have attached information for one or more								
		incinerators.								
	5.3	Incinerator name	e or number				· · · · · · · · · · · · · · · · · · ·			
		Location address (street, route number, or other specific identifier)								
		Location address (street, route number, or other specific identifier)								
		County				County code	☐ Not available			
		City or town				State	ZIP code			
		Latitude/Longito	tude of Incinerator (se	o inetructio	ana)					
		Latitude/Longitu	Latitude	e insuucio	nis)		Longitude			
			0 / "			۰	, "			
						844	31 (st)			
		Method of Determination								
		USGS map		☐ Field s	survey		Other (specify)			
	Amou	nt Fired								
	5.4		per 365-day period of se	ewage sluc	dge fired in the	sewage sludge				
_		incinerator:								
atio		Beryllium NESHAP								
Incineration	5.5	Submit information	on, test data, and a des	scription of	measures tak	ten that demonstrate	e whether the sewage sludge			
Inci		incinerated is beryllium-containing waste and will continue to remain as such.								
		Check here to indicate that you have attached this material to the application package.								
	5.6	Is the sewage slu	s the sewage sludge fired in this incinerator "beryllium-containing waste" as defined at 40 CFR 61.31?							
		☐ Yes ☐ No → SKIP to Item 5.8 (Part 2, Section 5) below.								
	5.7		application a complete	roport of th	ac letest bendl					
	J.1	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	e met.	O III GIOGGI	y marmo ra-	JIM GIIIIJJIJII IAL	Fillific for Decyman rias boom and			
		Check here to indicate that you have attached this information.								
	Mercury NESHAP									
	5.8									
		Yes	-	-		•	n 5.11 (Part 2, Section 5) below.			
	5.9	Submit a complet	te report of stack testin	a and docu	umentation of					
		Submit 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.								
-		Check here to indicate that you have attached this information.								
	5.10	·								
	5.10		Provide copies of mercury emission rate tests for the two most recent years in which testing was conducted.							
	Check here to indicate that you have attached this information.									
	5.11	Do you demonstra	rate compliance with the	e mercury	NESHAP by s					
		☐ Yes				No → SKIP to It	tem 5.13 (Part 2, Section 5)			
	E 40				· (.)	below.				
	5.12 Submit a complete report of sewage sludge sampling and documentation of ongoing incinerator operating paral indicating that the incinerator has met and will continue to meet the mercury NESHAP emission rate limit.					j incinerator operating parameters AP emission rate limit.				

Check here to indicate that you have attached this information.

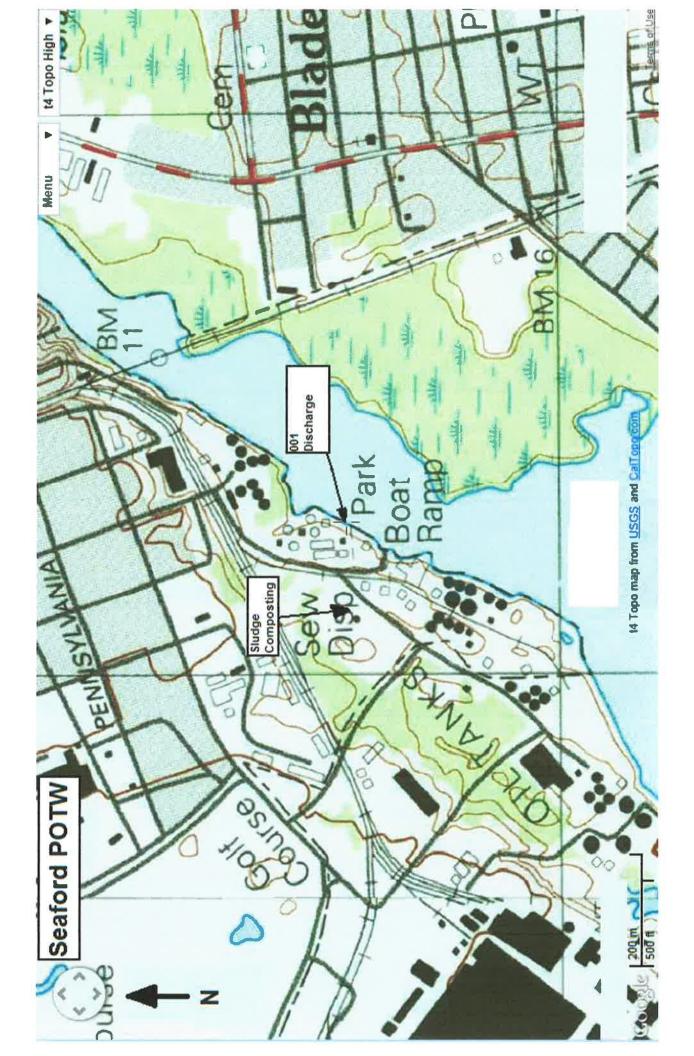
EPA Identification Number NPDES Permit Numb			NPDES Permit Number	Facili	ly Name	Form Approved 03/05/19					
	110039821271 DE00		DE0020265	CITY OF	SEAFORD	OMB No. 2040-0004					
	Dispersion Factor										
	5.13	Dispersion factor in micrograms/cubic meter per gram/second:									
	5.14	Name and type of dispersion model:									
	5.15	Submit a copy of the modeling results and supporting documentation.									
		Check here to indicate that you have attached this information.									
	$\overline{}$	ontrol Efficiency									
	5.16	Provide the contr	ntrol efficiency, in hundredths, for each of the pollutants								
		Pollutant		Control Efficiency, in Hundredths							
		Arsenic									
		Cadmium									
		Chromium									
		Lead									
		Nickel									
	5.17	Attach a copy of	the results or performance tes	ting and supportin	g documenta	tion (including testing dates).					
		☐ Check her									
	Risk-S		ation for Chromium								
	5.18		specific concentration (RSC) u	sed for chromium	in						
70		micrograms per	cubic meter:								
nue	5.19	Was the RSC de	termined via Table 2 in 40 CFI	R 503.43?							
Incineration Continued		☐ Yes			No → SKIP	to Item 5.21 (Part 2, Section 5) below.					
o C	5.20	Identify the type of incinerator used as the basis.									
ratio		Fluidized t	ped with wet scrubber		Other types	with wet scrubber					
ine		Fluidized t	ed with wet scrubber and wet		Other types	with wet scrubber and wet electrostatic					
Ē		electrostatic precipitator			precipitator						
	5.21	Was the RSC de	termined via Table 6 in 40 CFI	R 503.43 (site-spe		,					
		☐ Yes			No → SKIF below.	of to Item 5.23 (Part 2, Section 5)					
	5.22	Provide the decimal fraction of hexavalent chromium concentration to total chromium concentration in stack exit gas:									
	5.23	Attach the results	of incinerator stack tests for h	nexavalent and tot	al chromium o	concentrations, including the date(s) of					
		any test(s), with t	his application.								
		☐ Check her	e to indicate that you have atta	ached this informa	tion.	☐ Not applicable					
	Incinerator Parameters										
	5.24	Do you monitor to	otal hydrocarbons (THC) in the	e exit gas of the se	wage sludge	incinerator?					
		☐ Yes			No						
	5.25	Do you monitor carbon monoxide (CO) in the exit gas of the sewage sludge incinerator?									
		☐ Yes			No						
	5.26	Indicate the type of sewage sludge incinerator.									
	5.27	Incinerator stack	height in meters:								
	5.28	Indicate whether	the value submitted in Item 5.5	27 is (check only o	one response)):					
		☐ Actual stad	ck height		Creditable s	tack height					

EPA Form 3510-2S (Revised 3-19)

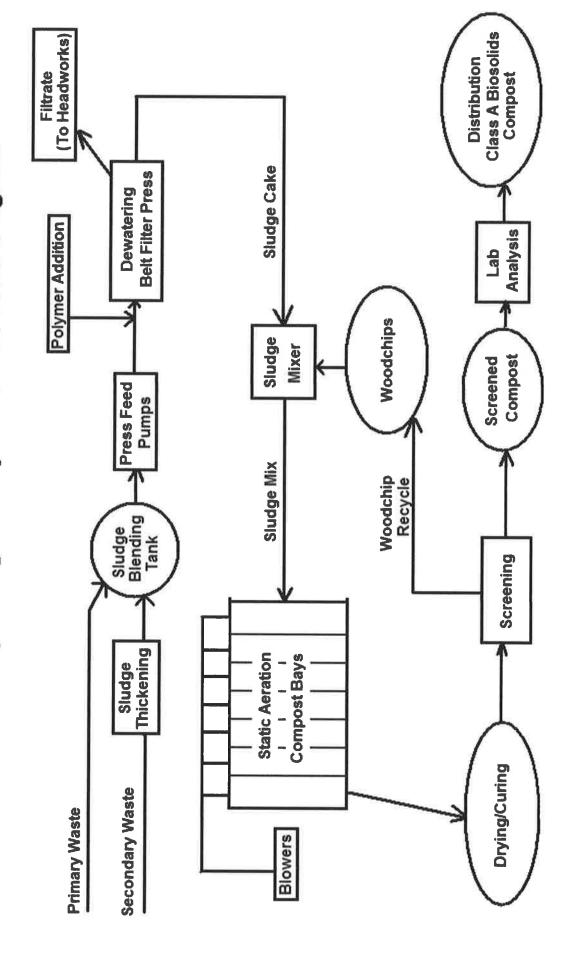
E	EPA Identification Number NPDES Permit Number				Facility Name	Form Approved 03/05/19				
	110039821271 DE0020265		DE0020265	CITY OF SEAFORD		OMB No. 2040-0004				
	Performance Test Operating Parameters									
	5.29	Maximum performance test combustion temperature:								
	5.30	Performance test sewage sludge feed rate, in dry metric tons/day								
	5.31	Indicate whether value submitted in Item 5.30 is (check only one response):								
		☐ Average use ☐ Maximum design								
	5.32	Attach supporting documents describing how the feed rate was calculated.								
		Check here to indicate that you have attached this information.								
	5.33	Submit information documenting the performance test operating parameters for the air pollution control device(s) used for this sewage sludge incinerator.								
		☐ Check here to indicate that you have attached this information.								
	Monitoring Equipment									
Incineration Continued	5.34	List the equipmen	nt in place to monitor the listed p	oarameters						
			Parameter		Equipmen	t in Place for Monitoring				
		Total hydrocarbor	ns or carbon monoxide							
		Percent oxygen								
		Percent moisture								
		Combustion temp	erature							
sinera		Other (describe)								
Ĕ		Pollution Control Equipment								
	5.35		n control equipment used with the you have attached the list to the			ed incinerator.				

END of PART 2

Submit completed application package to your NPDES permitting authority.



Seaford Composting Facility - Process Flow diagram







Seaford Compost

City of Seaford Biosolids Composting Facility

Biosolids Composting Facts and Recommended Methods of Application

Revised: 1/13/2017

WHAT IS SEAFORD BIOSOLIDS COMPOST?

Seaford Compost is a humus-like material produced by the aerobic, biological decomposition of wastewater sludge (biosolids) at high temperatures (130 - 160° F). It is essentially free of pathogens, weed seeds, and will not putrefy. The Compost is dark in color, has a slight musty odor, and is fairly uniform in size and consistency.

GENERAL USES OF SEAFORD COMPOST

Seaford Compost can be used for a wide variety of purposes. It may be used to increase the organic content of sandy soils. It can also be used in potting mixes, on lawns, as mulch around ornamental plants, in landscaping, gardening and for revegetation of disturbed lands.

WHAT IS THE COMPOSITION OF SEAFORD BIOSOLIDS COMPOST?

Seaford Compost contains the essential plant nutrients – nitrogen, phosphorus, and potassium. The following table lists the minimum guaranteed nutrient content for compost produced at The City of Seaford's Composting Facility on a wet basis.

GUARANTEED ANALYSIS

Total Nitrogen (N)

0.8%

Available Phosphate (P2O5)

1.0%

Soluble Potash (K2O)

0.1%

For information regarding the content and levels of metals in our product, please contact the Seaford Composting facility at (302) 629-0120.

IS SEAFORD COMPOST SAFE TO USE?

Seaford Compost is produced through a process which closely monitors each compost pile in order to meet specific time and temperature requirements established by EPA and State regulatory agencies. This process is designed to eliminate the potential for pathogens in the finished compost. In addition to the process, each batch of finished compost is analyzed by an outside laboratory for indicator organisms to verify the time/temperature requirements for pathogen destruction have been

achieved before it is distributed. These measures ensure that Seaford Compost is an Exception Quality compost that is safe to use.

The Delaware Department of Natural Resources and EPA have established requirements governing the application of treated biosolids on the land.

- Seaford Compost meets the regulatory requirements of "Class A Exceptional Quality Material" by Federal and State regulatory standards.
- Seaford Compost meets all requirements of the Delaware Department of Agriculture Regulations (Chapter 21, Title 3 of the Delaware Code) governing the sale of commercial fertilizers and soil conditioners.
- Seaford Compost proudly carries the U.S. Composting Council's "Seal of Testing Assurance" certification which includes additional quality standard verifications.

RECOMMENDED APPLICATION PROCEDURES

STARTING A LAWN USING SEAFORD COMPOST

- 1. Loosen the soil surface with a rake and remove large rocks and debris from the lawn area.
- 2. Test the soil pH and add lime to the soil surface as required.
- 3. Spread approximately 1 to 3 inches of Compost on the soil surface and mix the Compost layer into the soil with a shovel or rototiller.
- 4. Rake the surface smooth.
- 5. Obtain a good quality grass seed mixture that is suited for the climate, water, and shade conditions.
- 6. Sow the seeds with a spreader in two directions at right angles to each other.
- 7. Lightly rake the soil to cover the seed no deeper than ¼ inch.
- 8. Water the seeded area as required by weather conditions and continue to water until the seed germinates in 2-3 weeks.

TURF GRASS MAINTENANCE

* Broadcast ¼ to ½ inches of Compost on established lawn areas. Existing grass should not be covered to the point of smothering. The recommended application rate is approximately ½ to 1 cubic yard per 1,000 square feet.

PLANTING TREES AND SHRUBS

- 1. Dig the planting hole 12 inches under and 6 inches deeper than the root ball. In addition the hole should have flat sides to avoid air pockets.
- 2. Mix 3 parts of the soil removed with 1 part Compost and put 6 inches of mixture in the hole.
- 3. Remove the container the plant came in and place it in the hole. The plant should be placed at the same depth it was grown in at the nursery.
- 4. Backfill the hole with the mixture from step 2 until the hole is ¾ filled. Fill the hole with water and allow it to drain.
- 5. Finish backfilling the hole leaving a saucer-shaped basin around the plant trunk to aid in watering.

SHRUB AND TREE MAINTENANCE

* Spread approximately ¼ inch of Compost on the soil around the plant base.

Note: Certain acid loving shrubs, like azaleas, may not benefit from Compost due to composts near neutral pH.

MULCHING WITH SEAFORD COMPOST

- 1. Apply Compost in the early spring to perennial flowers, trees, and shrubs. Annual plants should receive an application only after they have been established.
- 2. Before applying Compost, remove any weeds from the growing area.
- 3. Spread a 1 inch layer of Compost around the plant.
- 4. Water the mulched area after spreading the material.
- 5. From time to time lightly rake and loosen the Compost mulch.

PREPARING A BED FOR FLOWERING ANNUAL AND PERENNIAL FLOWERS

- Loosen the soil to a depth of about 8 inches with a shovel or rototiller and remove weeds and debris.
- 2. Spread approximately ½ inch of Compost on the surface of the loosened soil and mix the Compost layer into the soil.
- 3. Before planting, the soil pH should be checked and lime added to the soil as required. If lime is added, it should also be mixed into the soil.
- Rake the soil surface smooth and the bed preparation is complete.

SEAFORD COMPOST

A "Class A - Exceptional Quality", USCC and STA Certified Compost Produced From Composted Biosolids

Approximate Density: 1,200 lb / cyd (44 lb / cft)

Uses

Lawn Establishment, Turf Grass Maintenance, Planting Trees and Shrubs, Ornamental Mulch, Nursery Stock, Potting Mixes, Organic Soil Amendment, Vegetable Gardens

Where applicable, compost must be applied in accordance with a nutrient management plan.

Do not apply when ground is flooded, frozen or snow covered.

Proper Storage

Stored compost should be covered and located in an area that will prevent run-off into nearby water courses. Children should not be allowed to play in or on stored compost piles.

Do not use this product in a manner inconsistent with its labeling.

For More Information Contact

CITY OF SEAFORD COMPOSTING FACILITY
403 NATICOKE AVENUE
SEAFORD, DE 19973
(302) 629-0120