

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 Tiftt at 302-629-8340 or by email at btiftt@seafordde.com.

List of Forms and Attachments:

- EPA Form 2a plus attachments
 - Form 2a Comments
 - Topographic map of Facility
 - Process Diagram
 - Attachment A – Effluent Parameters for All POTWs
 - Attachment B – Effluent Parameters for POTWs with Flow > 0.1 MGD
 - 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
 - Form 2s Comments
 - Topographic map of Facility
 - Process Diagram
 - 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,

A handwritten signature in blue ink, appearing to read "Berley".

Berley A. Mears
Public Works Director

City of Seaford – NPDES Application



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.

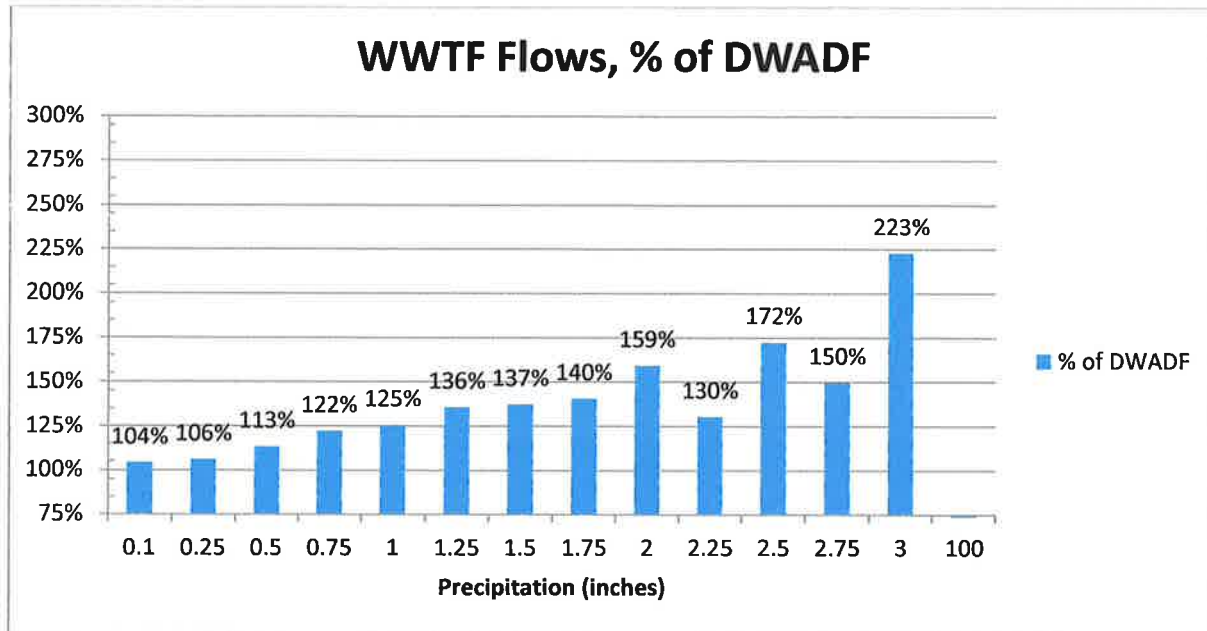
Bridgeville + Greenwood Flows (MGD)		
Year	Annual Average	Annual Max
2017	0.259	0.693
2018	0.293	0.845
2019	0.266	0.635

Section 2.2 – Inflow and Infiltration

I&I at the City of Seaford WWTF 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”.

2. 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 110039821271	NPDES Permit Number DE0020265	Facility Name SEAFORD WASTEWATER FACILITY	Form Approved 03/05/19 OMB No. 2040-0004
Form 2A NPDES		U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater NEW AND EXISTING PUBLICLY OWNED TREATMENT WORKS	

SECTION 1. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS (40 CFR 122.21(j)(1) and (9))

Facility Information	1.1	Facility name SEAFORD WASTEWATER FACILITY			
		Mailing address (street or P.O. box) PO BOX 1100			
		City or town SEAFORD	State DE	ZIP code 19973	
		Contact name (first and last) BRYANT TIFFT	Title OPERATIONS COORDINATOR	Phone number (302) 629-8340	Email address btiftt@seafordde.com
		Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address 403 NANTICOKE AVE.			
			City or town SEAFORD	State DE	ZIP code 19973
	1.2	Is this application for a facility that has yet to commence discharge? <input type="checkbox"/> Yes → See instructions on data submission requirements for new dischargers. <input checked="" type="checkbox"/> No			

Applicant Information	1.3	Is applicant different from entity listed under Item 1.1 above? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.4.			
		Applicant name			
		Applicant address (street or P.O. box)			
		City or town	State	ZIP code	
		Contact name (first and last)	Title	Phone number	Email address
	1.4	Is the applicant the facility's owner, operator, or both? (Check only one response.) <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Both			
	1.5	To which entity should the NPDES permitting authority send correspondence? (Check only one response.) <input type="checkbox"/> Facility <input type="checkbox"/> Applicant <input checked="" type="checkbox"/> Facility and applicant (they are one and the same)			

Existing Environmental Permits	1.6	Indicate below any existing environmental permits. (Check all that apply and print or type the corresponding permit number for each.)			
		Existing Environmental Permits			
		<input checked="" type="checkbox"/> NPDES (discharges to surface water) DE0020265 (11/1/15-10/31/2C)	<input type="checkbox"/> RCRA (hazardous waste)	<input type="checkbox"/> UIC (underground injection control)	
		<input type="checkbox"/> PSD (air emissions)	<input type="checkbox"/> Nonattainment program (CAA)	<input type="checkbox"/> NESHAPs (CAA)	
	<input type="checkbox"/> Ocean dumping (MPRSA)	<input type="checkbox"/> Dredge or fill (CWA Section 404)	<input checked="" type="checkbox"/> Other (specify) (See Attached Comments)		

Collection System and Population Served	1.7	Provide the collection system information requested below for the treatment works.				
	Municipality Served	Population Served	Collection System Type (indicate percentage)		Ownership Status	
	CITY OF SEAFORD	7,861	100 0 <input type="checkbox"/>	% separate sanitary sewer % combined storm and sanitary sewer Unknown	<input checked="" type="checkbox"/> Own <input checked="" type="checkbox"/> Own <input type="checkbox"/> Own	<input type="checkbox"/> Maintain <input type="checkbox"/> Maintain <input type="checkbox"/> Maintain
	TOWN OF BLADES	1,417	100 0 <input type="checkbox"/>	% separate sanitary sewer % combined storm and sanitary sewer Unknown	<input type="checkbox"/> Own <input type="checkbox"/> Own <input type="checkbox"/> Own	<input type="checkbox"/> Maintain <input type="checkbox"/> Maintain <input type="checkbox"/> Maintain
	TOWN OF BRIDGEVILLE*	2,366	_____ _____ <input checked="" type="checkbox"/>	% separate sanitary sewer % combined storm and sanitary sewer Unknown	<input type="checkbox"/> Own <input type="checkbox"/> Own <input type="checkbox"/> Own	<input type="checkbox"/> Maintain <input type="checkbox"/> Maintain <input type="checkbox"/> Maintain
	TOWN OF GREENWOOD*	1,097	_____ _____ <input checked="" type="checkbox"/>	% separate sanitary sewer % combined storm and sanitary sewer Unknown	<input type="checkbox"/> Own <input type="checkbox"/> Own <input type="checkbox"/> Own	<input type="checkbox"/> Maintain <input type="checkbox"/> Maintain <input type="checkbox"/> Maintain
	Total Population Served	12,741	(*See Attached Comments)			
	Total percentage of each type of sewer line (in miles)		Separate Sanitary Sewer System		Combined Storm and Sanitary Sewer	
		100%		0%		
Indian Country	1.8	Is the treatment works located in Indian Country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	1.9	Does the facility discharge to a receiving water that flows through Indian Country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Design and Actual Flow Rates	1.10	Provide design <i>and</i> actual flow rates in the designated spaces. (See Attached Comments)			Design Flow Rate	
					2.0 mgd	
	Annual Average Flow Rates (Actual)					
	Two Years Ago		Last Year		This Year	
	0.9882 mgd		1.0763 mgd		0.9894 mgd	
	Maximum Daily Flow Rates (Actual)					
Two Years Ago		Last Year		This Year		
1.8305 mgd		2.5137 mgd		1.3974 mgd		
Discharge Points by Type	1.11	Provide the total number of effluent discharge points to waters of the United States by type.				
	Total Number of Effluent Discharge Points by Type					
	Treated Effluent	Untreated Effluent	Combined Sewer Overflows	Bypasses	Constructed Emergency Overflows	
1	0	0	0	0		

EPA Identification Number
110039821271

NPDES Permit Number
DE0020265

Facility Name
SEAFORD WASTEWATER FACILITY

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

Outfalls Other Than to Waters of the United States

1.12 Does the POTW discharge wastewater to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the United States?
 Yes No → SKIP to Item 1.14.

1.13 Provide the location of each surface impoundment and associated discharge information in the table below.

Surface Impoundment Location and Discharge Data

Location	Average Daily Volume Discharged to Surface Impoundment	Continuous or Intermittent (check one)
	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent

1.14 Is wastewater applied to land?
 Yes No → SKIP to Item 1.16.

1.15 Provide the land application site and discharge data requested below.

Land Application Site and Discharge Data

Location	Size	Average Daily Volume Applied	Continuous or Intermittent (check one)
	acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent

1.16 Is effluent transported to another facility for treatment prior to discharge?
 Yes No → SKIP to Item 1.21.

1.17 Describe the means by which the effluent is transported (e.g., tank truck, pipe).

1.18 Is the effluent transported by a party other than the applicant?
 Yes No → SKIP to Item 1.20.

1.19 Provide information on the transporter below.

Transporter Data

Entity name		Mailing address (street or P.O. box)	
City or town		State	ZIP code
Contact name (first and last)		Title	
Phone number		Email address	

Outfalls and Other Discharge or Disposal Methods

Outfalls and Other Discharge or Disposal Methods Continued	1.20	In the table below, indicate the name, address, contact information, NPDES number, and average daily flow rate of the receiving facility.			
	Receiving Facility Data				
	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		
NPDES number of receiving facility (if any) <input type="checkbox"/> None		Average daily flow rate mgd			
Variance Requests	1.21	Is the wastewater disposed of in a manner other than those already mentioned in Items 1.14 through 1.21 that do not have outlets to waters of the United States (e.g., underground percolation, underground injection)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.23.			
	1.22	Provide information in the table below on these other disposal methods.			
	Information on Other Disposal Methods				
	Disposal Method Description	Location of Disposal Site	Size of Disposal Site	Annual Average Daily Discharge Volume	Continuous or Intermittent (check one)
			acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
			acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
		acres	gpd	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	
Contractor Information	1.23	Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(n)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.) <input type="checkbox"/> Discharges into marine waters (CWA Section 301(h)) <input type="checkbox"/> Water quality related effluent limitation (CWA Section 302(b)(2)) <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 2.			
Contractor Information	1.25	Provide location and contact information for each contractor in addition to a description of the contractor's operational and maintenance responsibilities.			
	Contractor Information				
			Contractor 1	Contractor 2	Contractor 3
	Contractor name (company name)				
	Mailing address (street or P.O. box)				
	City, state, and ZIP code				
	Contact name (first and last)				
	Phone number				
	Email address				
	Operational and maintenance responsibilities of contractor				

SECTION 3. INFORMATION ON EFFLUENT DISCHARGES (40 CFR 122.21(j)(3) to (5))

Description of Outfalls	3.1	Provide the following information for each outfall. (Attach additional sheets if you have more than three outfalls.)		
		Outfall Number <u>001</u>	Outfall Number _____	Outfall Number _____
	State	DELAWARE		
	County	SUSSEX		
	City or town	SEAFORD		
	Distance from shore	8 ft.	ft.	ft.
	Depth below surface	2 ft.	ft.	ft.
	Average daily flow rate	0.9894 mgd	mgd	mgd
	Latitude	38° 38' 4" N	° ' "	° ' "
Longitude	-75° 37' 2" W	° ' "	° ' "	
Seasonal or Periodic Discharge Data	3.2	Do any of the outfalls described under Item 3.1 have seasonal or periodic discharges? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.4.		
	3.3	If so, provide the following information for each applicable outfall.		
		Outfall Number _____	Outfall Number _____	Outfall Number _____
	Number of times per year discharge occurs			
	Average duration of each discharge (specify units)			
Average flow of each discharge	mgd	mgd	mgd	
Months in which discharge occurs				
Diffuser Type	3.4	Are any of the outfalls listed under Item 3.1 equipped with a diffuser? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 3.6.		
	3.5	Briefly describe the diffuser type at each applicable outfall.		
		Outfall Number _____	Outfall Number _____	Outfall Number _____
Waters of the U.S.	3.6	Does the treatment works discharge or plan to discharge wastewater to waters of the United States from one or more discharge points? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 6.		

EPA Identification Number
110039821271

NPDES Permit Number
DE0020265

Facility Name
SEAFORD WASTEWATER FACILITY

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

Receiving Water Description	3.7	Provide the receiving water and related information (if known) for each outfall.		
		Outfall Number <u>001</u>	Outfall Number _____	Outfall Number _____
	Receiving water name	NANTICOKE RIVER		
	Name of watershed, river, or stream system	NANTICOKE RIVER WATERSHE		
	U.S. Soil Conservation Service 14-digit watershed code	(Unknown)		
	Name of state management/river basin	(Unknown)		
	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 at critical low flow	(Unknown) mg/L of CaCO ₃	mg/L of CaCO ₃	mg/L of CaCO ₃
Treatment Description	3.8	Provide the following information describing the treatment provided for discharges from each outfall.		
		Outfall Number <u>001</u>	Outfall Number _____	Outfall Number _____
	Highest Level of Treatment (check all that apply per outfall)	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input checked="" type="checkbox"/> Secondary <input checked="" type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____
	Design Removal Rates by Outfall	001		
	BOD ₅ or CBOD ₅	>96 %	%	%
	TSS	>96 %	%	%
	Phosphorus	<input type="checkbox"/> Not applicable 67* %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %
	Nitrogen	<input type="checkbox"/> Not applicable 80 %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %
Other (specify) _____	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	

*(See Attached Comments)

Treatment Description Continued	3.9	Describe the type of disinfection used for the effluent from each outfall in the table below. If disinfection varies by season, describe below.																												
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"></td> <td style="width:16.5%; text-align: center;">Outfall Number <u>001</u></td> <td style="width:16.5%; text-align: center;">Outfall Number _____</td> <td style="width:16.5%; text-align: center;">Outfall Number _____</td> </tr> <tr> <td>Disinfection type</td> <td colspan="3" style="text-align: center;">CHLORINATION</td> </tr> <tr> <td>Seasons used</td> <td colspan="3" style="text-align: center;">ALL</td> </tr> <tr> <td>Dechlorination used?</td> <td> <input type="checkbox"/> Not applicable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </td> <td> <input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td> <input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table>		Outfall Number <u>001</u>	Outfall Number _____	Outfall Number _____	Disinfection type	CHLORINATION			Seasons used	ALL			Dechlorination used?	<input type="checkbox"/> Not applicable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No												
		Outfall Number <u>001</u>	Outfall Number _____	Outfall Number _____																										
	Disinfection type	CHLORINATION																												
	Seasons used	ALL																												
Dechlorination used?	<input type="checkbox"/> Not applicable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No																											
Effluent Testing Data	3.10	Have you completed monitoring for all Table A parameters and attached the results to the application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																												
	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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.13.																												
	3.12	Indicate the number of acute and chronic WET tests conducted since the last permit reissuance of the facility's discharges by outfall number or of the receiving water near the discharge points.																												
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"></td> <td colspan="2" style="width:16.5%; text-align: center;">Outfall Number <u>001</u></td> <td colspan="2" style="width:16.5%; text-align: center;">Outfall Number _____</td> <td colspan="2" style="width:16.5%; text-align: center;">Outfall Number _____</td> </tr> <tr> <td></td> <td style="text-align: center;">Acute</td> <td style="text-align: center;">Chronic</td> <td style="text-align: center;">Acute</td> <td style="text-align: center;">Chronic</td> <td style="text-align: center;">Acute</td> <td style="text-align: center;">Chronic</td> </tr> <tr> <td>Number of tests of discharge water</td> <td style="text-align: center;">5</td> <td style="text-align: center;">0</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Number of tests of receiving water</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		Outfall Number <u>001</u>		Outfall Number _____		Outfall Number _____			Acute	Chronic	Acute	Chronic	Acute	Chronic	Number of tests of discharge water	5	0					Number of tests of receiving water	0	0				
		Outfall Number <u>001</u>		Outfall Number _____		Outfall Number _____																								
		Acute	Chronic	Acute	Chronic	Acute	Chronic																							
	Number of tests of discharge water	5	0																											
	Number of tests of receiving water	0	0																											
	3.13	Does the treatment works have a design flow greater than or equal to 0.1 mgd? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.16.																												
	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? <input checked="" type="checkbox"/> Yes → Complete Table B, including chlorine. <input type="checkbox"/> No → Complete Table B, omitting chlorine.																												
3.15	Have you completed monitoring for all applicable Table B pollutants and attached the results to this application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																													
3.16	Does one or more of the following conditions apply? <ul style="list-style-type: none"> • The facility has a design flow greater than or equal to 1 mgd. • The POTW has an approved pretreatment program or is required to develop such a program. • The NPDES permitting authority has informed the POTW that it must sample for the parameters in Table C, must sample other additional parameters (Table D), or submit the results of WET tests for acute or chronic toxicity for each of its discharge outfalls (Table E). <input checked="" type="checkbox"/> Yes → Complete Tables C, D, and E as applicable. <input type="checkbox"/> No → SKIP to Section 4.																													
3.17	Have you completed monitoring for all applicable Table C pollutants and attached the results to this application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																													
3.18	Have you completed monitoring for all applicable Table D pollutants required by your NPDES permitting authority and attached the results to this application package? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No additional sampling required by NPDES permitting authority.																													

EPA Identification Number
110039821271

NPDES Permit Number
DE0020265

Facility Name
SEAFORD WASTEWATER FACILITY

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

Effluent Testing Data Continued

3.19	Has the POTW conducted either (1) minimum of four quarterly WET tests for one year preceding this permit application or (2) at least four annual WET tests in the past 4.5 years?	
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No → Complete tests and Table E and SKIP to Item 3.26.
3.20	Have you previously submitted the results of the above tests to your NPDES permitting authority?	
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No → Provide results in Table E and SKIP to Item 3.26.
3.21	Indicate the dates the data were submitted to your NPDES permitting authority and provide a summary of the results.	
	Date(s) Submitted (MM/DD/YYYY)	Summary of Results
	See Attached Comments	See Attached Comments
3.22	Regardless of how you provided your WET testing data to the NPDES permitting authority, did any of the tests result in toxicity?	
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No → SKIP to Item 3.26.
3.23	Describe the cause(s) of the toxicity: UNKOWN. NO APPARENT OR SUSPECT CAUSES. TOXICITY WAS NOT PERSISTENT. SUBSEQUENT DEFINITIVE TESTS REVEALED NO TOXICITY. A THOROUGH REVIEW OF SAMPLING PROCEEDURES, EQUIPMENT AND TECHNICS WAS MADE AT THIS TIME TO ELIMINATE POTENTIAL PROBLEMS IN THESE AREAS.	
3.24	Has the treatment works conducted a toxicity reduction evaluation?	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No → SKIP to Item 3.26.
3.25	Provide details of any toxicity reduction evaluations conducted.	
3.26	Have you completed Table E for all applicable outfalls and attached the results to the application package?	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Not applicable because previously submitted information to the NPDES permitting authority.

SECTION 4. INDUSTRIAL DISCHARGES AND HAZARDOUS WASTES (40 CFR 122.21(j)(6) and (7))

Industrial Discharges and Hazardous Wastes

4.1	Does the POTW receive discharges from SIUs or NSCIUs?	
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No → SKIP to Item 4.7.
4.2	Indicate the number of SIUs and NSCIUs that discharge to the POTW.	
	Number of SIUs	Number of NSCIUs
	2	
4.3	Does the POTW have an approved pretreatment program?	
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
4.4	Have you submitted either of the following to the NPDES permitting authority that contains information substantially identical to that required in Table F: (1) a pretreatment program annual report submitted within one year of the application or (2) a pretreatment program?	
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No → SKIP to Item 4.6.
4.5	Identify the title and date of the annual report or pretreatment program referenced in Item 4.4. SKIP to Item 4.7.	
	ANNUAL PRETREATMENT REPORTS SUBMITTED BY 2/28 OF EACH YEAR TO EPA AND DNREC.	
4.6	Have you completed and attached Table F to this application package?	
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

EPA Identification Number
110039821271

NPDES Permit Number
DE0020265

Facility Name
SEAFORD WASTEWATER FACILITY

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

Industrial Discharges and Hazardous Wastes Continued	4.7	Does the POTW receive, or has it been notified that it will receive, by truck, rail, or dedicated pipe, any wastes that are regulated as RCRA hazardous wastes pursuant to 40 CFR 261? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 4.9.			
	4.8	If yes, provide the following information:			
		Hazardous Waste Number	Waste Transport Method (check all that apply)		Annual Amount of Waste Received
			<input type="checkbox"/> Truck <input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Rail <input type="checkbox"/> Other (specify) _____	
			<input type="checkbox"/> Truck <input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Rail <input type="checkbox"/> Other (specify) _____	
			<input type="checkbox"/> Truck <input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Rail <input type="checkbox"/> Other (specify) _____	
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 5.				
4.10	Does the POTW receive (or expect to receive) less than 15 kilograms per month of non-acute hazardous wastes as specified in 40 CFR 261.30(d) and 261.33(e)? <input type="checkbox"/> Yes → SKIP to Section 5. <input type="checkbox"/> No				
4.11	Have you reported the following information in an attachment to this application: identification and description of the site(s) or facility(ies) at which the wastewater originates; the identities of the wastewater's hazardous constituents; and the extent of treatment, if any, the wastewater receives or will receive before entering the POTW? <input type="checkbox"/> Yes <input type="checkbox"/> No				
SECTION 5. COMBINED SEWER OVERFLOWS (40 CFR 122.21(j)(8))					
CSO Map and Diagram	5.1	Does the treatment works have a combined sewer system? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 6.			
	5.2	Have you attached a CSO system map to this application? (See instructions for map requirements.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
	5.3	Have you attached a CSO system diagram to this application? (See instructions for diagram requirements.) <input type="checkbox"/> Yes <input type="checkbox"/> No			

EPA Identification Number
110039821271

NPDES Permit Number
DE0020265

Facility Name
SEAFORD WASTEWATER FACILITY

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

CSO Outfall Description	5.4	For each CSO outfall, provide the following information. (Attach additional sheets as necessary.)		
		CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
	City or town			
	State and ZIP code			
	County			
	Latitude	° ' "	° ' "	° ' "
	Longitude	° ' "	° ' "	° ' "
	Distance from shore	ft.	ft.	ft.
Depth below surface	ft.	ft.	ft.	
CSO Monitoring	5.5	Did the POTW monitor any of the following items in the past year for its CSO outfalls?		
		CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
	Rainfall	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CSO flow volume	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CSO pollutant concentrations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Receiving water quality	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CSO frequency	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of storm events	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CSO Events in Past Year	5.6	Provide the following information for each of your CSO outfalls.		
		CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
	Number of CSO events in the past year	events	events	events
	Average duration per event	hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated
	Average volume per event	million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated
	Minimum rainfall causing a CSO event in last year	inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated

EPA Identification Number
110039821271


NPDES Permit Number
DE0020265

Facility Name
SEAFORD WASTEWATER FACILITY

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

CSO Receiving Waters	5.7	Provide the information in the table below for each of your CSO outfalls.			
		CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____	
		Receiving water name			
		Name of watershed/ stream system			
		U.S. Soil Conservation Service 14-digit watershed code (if known)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
		Name of state management/river basin			
		U.S. Geological Survey 8-Digit Hydrologic Unit Code (if known)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
		Description of known water quality impacts on receiving stream by CSO (see instructions for examples)			

SECTION 6. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement	6.1	In Column 1 below, mark the sections of Form 2A that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.			
		Column 1	Column 2		
		<input checked="" type="checkbox"/> Section 1: Basic Application Information for All Applicants	<input type="checkbox"/> w/ variance request(s)	<input checked="" type="checkbox"/> w/ additional attachments	
		<input checked="" type="checkbox"/> Section 2: Additional Information	<input checked="" type="checkbox"/> w/ topographic map <input checked="" type="checkbox"/> w/ additional attachments	<input checked="" type="checkbox"/> w/ process flow diagram	
		<input checked="" type="checkbox"/> Section 3: Information on Effluent Discharges	<input checked="" type="checkbox"/> w/ Table A <input checked="" type="checkbox"/> w/ Table B <input checked="" type="checkbox"/> w/ Table C	<input type="checkbox"/> w/ Table D <input checked="" type="checkbox"/> w/ Table E <input checked="" type="checkbox"/> w/ additional attachments	
		<input checked="" type="checkbox"/> Section 4: Industrial Discharges and Hazardous Wastes	<input type="checkbox"/> w/ SIU and NSCIU attachments <input type="checkbox"/> w/ additional attachments	<input checked="" type="checkbox"/> w/ Table F	
		<input checked="" type="checkbox"/> Section 5: Combined Sewer Overflows	<input type="checkbox"/> w/ CSO map <input type="checkbox"/> w/ CSO system diagram	<input type="checkbox"/> w/ additional attachments	
		<input checked="" type="checkbox"/> Section 6: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments		
		6.2	Certification Statement		
			<i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i>		
		Name (print or type first and last name) Charles Anderson	Official title Seaford City Manager		
		Signature 	Date signed 3.10.20		

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

TABLE A. EFFLUENT PARAMETERS FOR ALL POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge		Number of Samples	Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units			
Biochemical oxygen demand <input checked="" type="checkbox"/> BOD ₅ or <input type="checkbox"/> CBOD ₅ (report one)	See Attachment "A"						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Fecal coliform							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Design flow rate							
pH (minimum)							
pH (maximum)							
Temperature (winter)							
Temperature (summer)							
Total suspended solids (TSS)							<input type="checkbox"/> ML <input type="checkbox"/> 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).

This page intentionally left blank.

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

TABLE B. EFFLUENT PARAMETERS FOR ALL POTWS WITH A FLOW EQUAL TO OR GREATER THAN 0.1 MGD

Pollutant	Maximum Daily Discharge		Average Daily Discharge		Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units		
Ammonia (as N)	See Attachment "B"					<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorine (total residual, TRC) ²						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dissolved oxygen						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Nitrate/nitrite						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Kjeldahl nitrogen						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Oil and grease						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Phosphorus						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Total dissolved solids						<input type="checkbox"/> ML <input type="checkbox"/> 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.

This page intentionally left blank.

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

TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge		Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units		
Metals, Cyanide, and Total Phenols ** (See Attachment C(1) for hardness and metals data)						
Hardness (as CaCO ₃)						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Antimony, total recoverable						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Arsenic, total recoverable						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Beryllium, total recoverable						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Cadmium, total recoverable						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chromium, total recoverable						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Copper, total recoverable						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Lead, total recoverable						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Mercury, total recoverable						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Nickel, total recoverable						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Selenium, total recoverable						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Silver, total recoverable						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Thallium, total recoverable						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Zinc, total recoverable						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Cyanide						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Total phenolic compounds						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Volatile Organic Compounds ** (See Attachment C(2) for VOC and BN/AE data)						
Acrolein						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Acrylonitrile						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzene						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Bromoform						<input type="checkbox"/> ML <input type="checkbox"/> MDL

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

TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge		Number of Samples	Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units			
Carbon tetrachloride							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorobenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorodibromomethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chloroethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2-chloroethylvinyl ether							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chloroform							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dichlorobromomethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1-dichloroethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,2-dichloroethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
trans-1,2-dichloroethylene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1-dichloroethylene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,2-dichloropropane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,3-dichloropropylene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Ethylbenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Methyl bromide							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Methyl chloride							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Methylene chloride							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1,1,2-tetrachloroethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Tetrachloroethylene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Toluene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1,1-trichloroethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1,2-trichloroethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL

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

TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge		Number of Samples	Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units			
Trichloroethylene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Vinyl chloride							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Acid-Extractable Compounds							
p-chloro-m-cresol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2-chlorophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dichlorophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dimethylphenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
4,6-dinitro-o-cresol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dinitrophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2-nitrophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
4-nitrophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Pentachlorophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Phenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4,6-trichlorophenol							<input type="checkbox"/> ML <input type="checkbox"/> MDL

Base-Neutral Compounds							
Acenaphthene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Acenaphthylene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Anthracene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzidine							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzo(a)anthracene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzo(a)pyrene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
3,4-benzofluoranthene							<input type="checkbox"/> ML <input type="checkbox"/> MDL

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

TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Benzo(ghi)perylene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzo(k)fluoranthene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Bis (2-chloroethoxy) methane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Bis (2-chloroethyl) ether							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Bis (2-chloroisopropyl) ether							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Bis (2-ethylhexyl) phthalate							<input type="checkbox"/> ML <input type="checkbox"/> MDL
4-bromophenyl phenyl ether							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Butyl benzyl phthalate							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2-chloronaphthalene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
4-chlorophenyl phenyl ether							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chrysene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
di-n-butyl phthalate							<input type="checkbox"/> ML <input type="checkbox"/> MDL
di-n-octyl phthalate							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dibenzo(a,h)anthracene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,2-dichlorobenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,3-dichlorobenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,4-dichlorobenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
3,3-dichlorobenzidine							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Diethyl phthalate							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dimethyl phthalate							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dinitrotoluene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,6-dinitrotoluene							<input type="checkbox"/> ML <input type="checkbox"/> MDL

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

TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge		Number of Samples	Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units			
1,2-diphenylhydrazine							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Fluoranthene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Fluorene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachlorobenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachlorobutadiene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachlorocyclo-pentadiene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachloroethane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Indeno(1,2,3-cd)pyrene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Isophorone							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Naphthalene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Nitrobenzene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
N-nitrosodi-n-propylamine							<input type="checkbox"/> ML <input type="checkbox"/> MDL
N-nitrosodimethylamine							<input type="checkbox"/> ML <input type="checkbox"/> MDL
N-nitrosodiphenylamine							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Phenanthrene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Pyrene							<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,2,4-trichlorobenzene							<input type="checkbox"/> ML <input type="checkbox"/> 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).

This page intentionally left blank.

This page intentionally left blank.

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

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.

Test Information	Test Number _____	Test Number _____	Test Number _____
Test species			
Age at initiation of test	(See Attachment D for summary of this section)		
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:	<input type="checkbox"/> Grab	<input type="checkbox"/> Grab	<input type="checkbox"/> Grab
	<input type="checkbox"/> 24-hour composite	<input type="checkbox"/> 24-hour composite	<input type="checkbox"/> 24-hour composite
Sample Location			
Check one:	<input type="checkbox"/> Before Disinfection	<input type="checkbox"/> Before Disinfection	<input type="checkbox"/> Before disinfection
	<input type="checkbox"/> After Disinfection	<input type="checkbox"/> After Disinfection	<input type="checkbox"/> After disinfection
	<input type="checkbox"/> After Dechlorination	<input type="checkbox"/> After Dechlorination	<input type="checkbox"/> After dechlorination
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 assess acute or chronic toxicity, or both. (Check one response.)	<input type="checkbox"/> Acute	<input type="checkbox"/> Acute	<input type="checkbox"/> Acute
	<input type="checkbox"/> Chronic	<input type="checkbox"/> Chronic	<input type="checkbox"/> Chronic
	<input type="checkbox"/> Both	<input type="checkbox"/> Both	<input type="checkbox"/> Both

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

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.

	Test Number _____	Test Number _____	Test Number _____
Test Type			
Indicate the type of test performed. (Check one response.)	<input type="checkbox"/> Static <input type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through	<input type="checkbox"/> Static <input type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through	<input type="checkbox"/> Static <input type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through
Source of Dilution Water			
Indicate the source of dilution water. (Check one response.)	<input type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water	<input type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water	<input type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water
If laboratory water, specify type.			
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.	<input type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)	<input type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)	<input type="checkbox"/> Fresh water <input type="checkbox"/> Salt water (specify)
Percentage Effluent Used			
Specify the percentage effluent used for all concentrations in the test series.			
Parameters Tested			
Check the parameters tested.	<input type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen <input type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature	<input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen <input type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature
Acute Test Results			
Percent survival in 100% effluent	%	%	%
LC ₅₀			
95% confidence interval	%	%	%
Control percent survival	%	%	%

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

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.

	Test Number _____	Test Number _____	Test Number _____
Acute Test Results Continued			
Other (describe)			
Chronic Test Results			
NOEC	%	%	%
IC ₂₅	%	%	%
Control percent survival	%	%	%
Other (describe)			
Quality Control/Quality Assurance			
Is reference toxicant data available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was reference toxicant test within acceptable bounds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

This page intentionally left blank.

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

TABLE F. INDUSTRIAL DISCHARGE INFORMATION

Response space is provided for three SIUs. Copy the table to report information for additional 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	25,000 gpd	gpd
How much of the average daily volume is attributable to process flow?	14,027 gpd	25,000 gpd	gpd
How much of the average daily volume is attributable to non-process flow?	2,873 gpd	0 gpd	gpd
Is the SIU subject to local limits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the SIU subject to categorical standards?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

TABLE F. INDUSTRIAL DISCHARGE INFORMATION

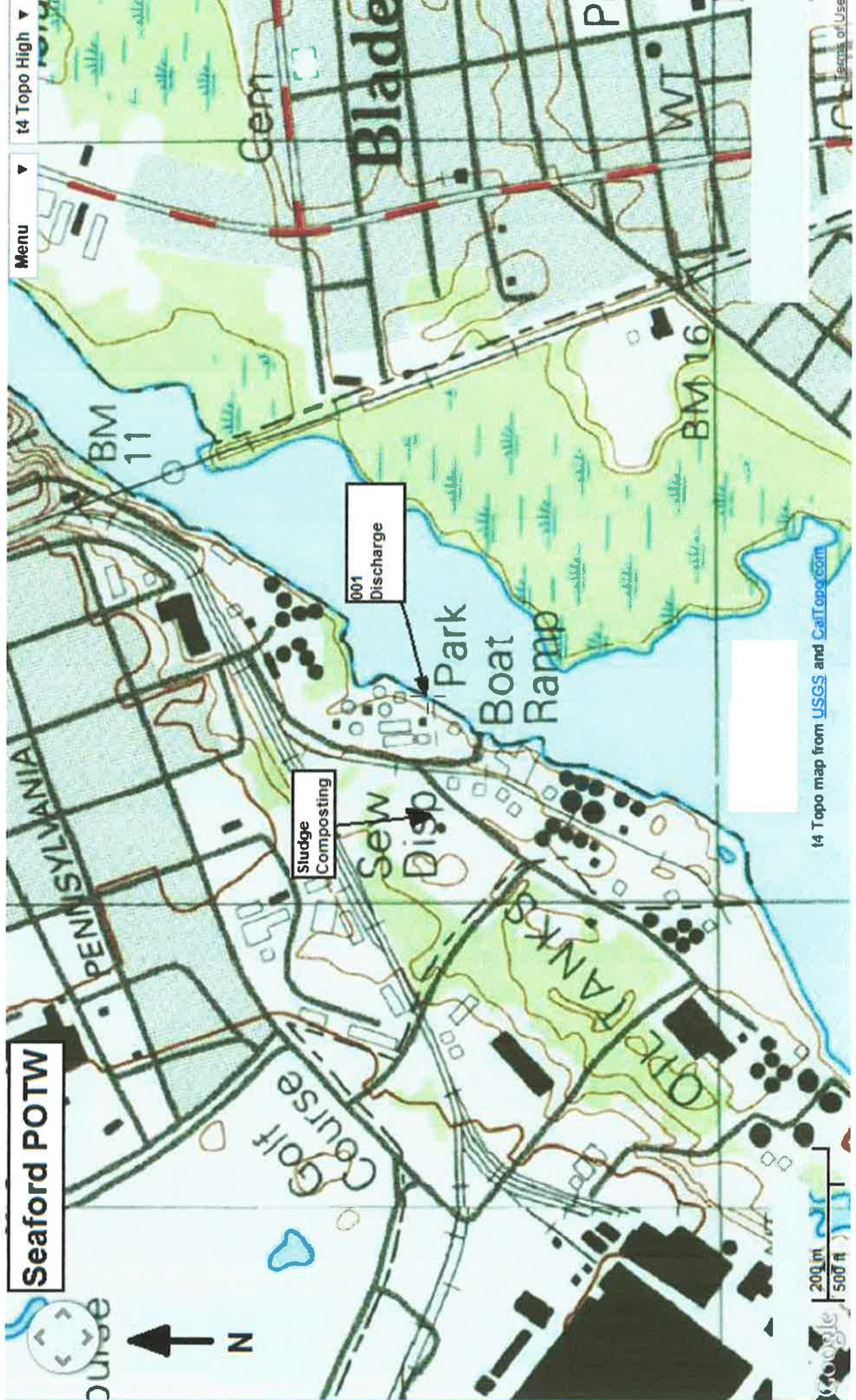
Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU 1 _____	SIU 2 _____	SIU _____
Under what categories and subcategories is the SIU subject?	40CFR414 (OCPSF), Subparts G & K None		
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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Seaford POTW

Menu

t4 Topo High



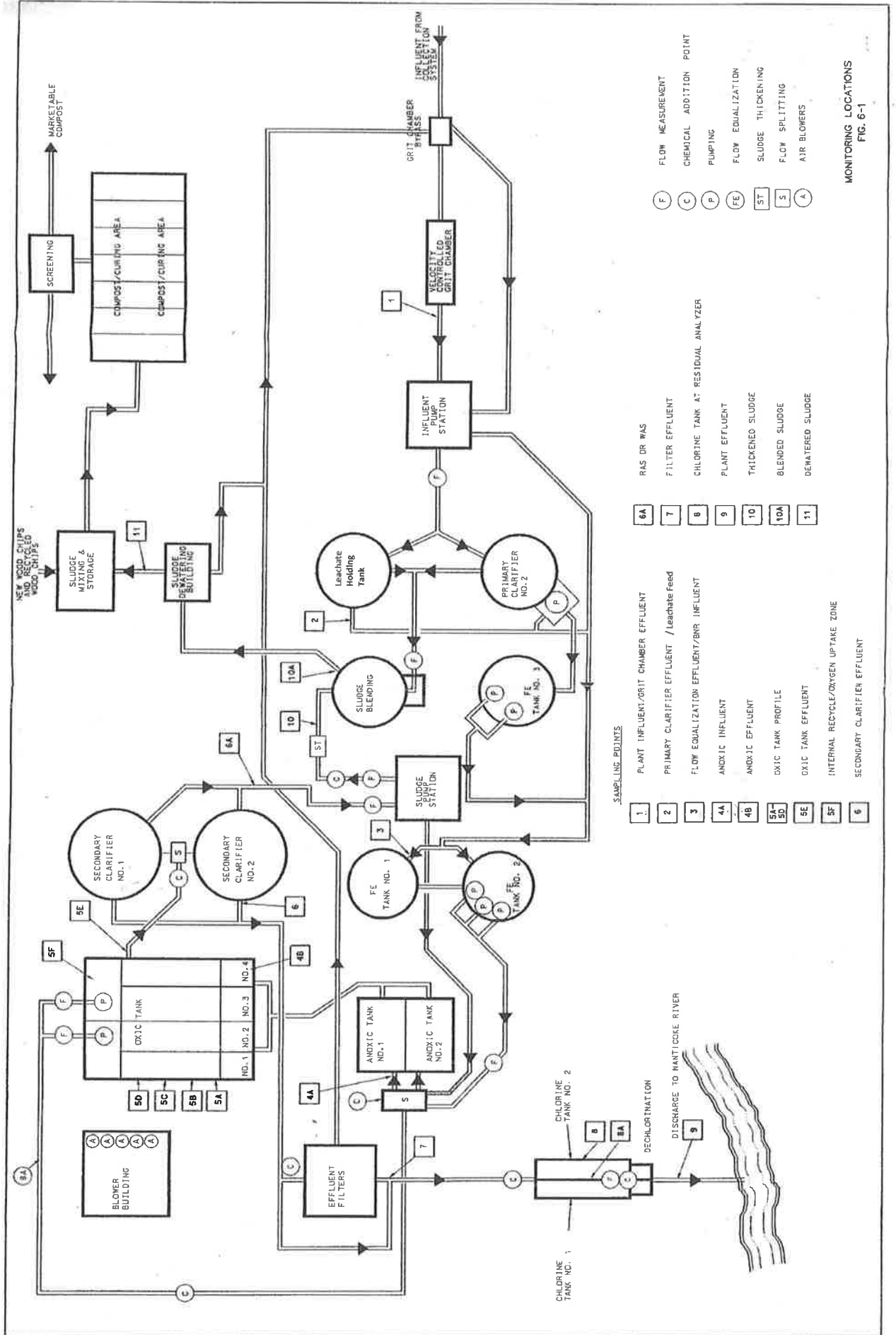
14 Topo map from USGS and CalTopo.com

200 m 500 ft

Google

Terms of Use

Seaford Wastewater Treatment Facility Process Flow Diagram



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

Attachment A

Table A: Effluent Parameters for All POTWs
 Discharge Point: 001

Pollutant	Max Daily Discharge		Avg Daily Discharge		Method	ML or MDL [5]*
	Value	Units	Value	Units		
BOD	[1]*	mg/l	[1]*	mg/l	SM5210-B	2.4 mg/l
Fecal Coliform	[2]*	Col/100 ml (MPN)	[2]*	Col/100 ml (MPN)	Enterolert	1.0 col/100 ml (MPN)
Design Flow Rate	2.0	MGD	2.0	MGD		
pH (Minimum)	[1]*	S.U				
pH (Maximum)	[1]*	S.U				
Temperature (Winter)	[3]*	deg C	[3]*	deg C		
Temperature (Summer)	[3]*	deg C	[3]*	deg C		
Total Suspended Solids	[1]*	mg/l	[1]*	mg/l	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 enterococcus per the current NPDES permit. Data are submitted with DMRs.
- [3] Seaford does not typically record temperature at the 001 discharge. Oxidation zone temperatures are recorded daily and may provide a reasonable estimate of discharge temperatures.
- Oxic Temp (Winter): Averages 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 routinely analyzed.

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

Attachment B

Table B: Effluent Parameters for All POTWs with Flow Equal to or Greater than 0.1 MGD
 Discharge Point: 001

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

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

Attachment C(1)

Table C: Effluent Parameters for Selected POTWs (Metals, Cyanide and Total Phenols)
 Discharge Point: 001

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

Notes:

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 routinely 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**

Pollutant	Max Daily Discharge		Avg Daily Discharge		Method	ML or MDL
	Value	Units	Value	Units		
Volatile Organic Compounds						
Chlorodibromomethane	5.87	ug/l	4.53	ug/l	EPA 624	1-5 ug/l
Chloroform	45.4	ug/l	36.78	ug/l	EPA 624	1-5 ug/l
Dichlorobromomethane	22.8	ug/l	17.58	ug/l	EPA 624	1-5 ug/l
Semi-volatile Organic Compounds (Acid Extractables)						
Semi-volatile Organic Compounds (Base Neutrals)						
Bis (2-ethylhexyl) phthalate	4.62	ug/l	2.7	ug/l	EPA 625	0.98 - 2.5 ug/l

Notes:
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.

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

Attachment D

**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.

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

p.promelas (Vertebrate)						
Sample Date	Sample Type	Test Type	Method	% Effluent	% Survival	Submitted to 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%	95%	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 25

General comments on Form 25

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

Current Process: 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.

Future Process: 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.

Form 2S NPDES		U.S Environmental Protection Agency Application for NPDES Permit for Sewage Sludge Management NEW AND EXISTING TREATMENT WORKS TREATING DOMESTIC SEWAGE
---------------------	---	--

PRELIMINARY INFORMATION

Does your facility currently have an effective NPDES permit or have you been directed by your NPDES permitting authority to submit a full Form 2S permit application?

Yes → Complete Part 2 of application package (begins p. 7). No → Complete Part 1 of application package (below).

PART 1 LIMITED BACKGROUND INFORMATION (40 CFR 122.21(c)(2)(ii))

Complete this part only if you are a "sludge-only" facility (i.e., a facility that does not currently have, and is not applying for, an NPDES permit for a direct discharge to a surface body of water).

PART 1, SECTION 1. FACILITY INFORMATION (40 CFR 122.21(c)(2)(ii)(A))

Facility Information	1.1	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	
		Location address (street, route number, or other specific identifier)				<input type="checkbox"/> Same as mailing address
		City or town		State	ZIP code	
	1.2	Ownership Status				
<input type="checkbox"/> Public—federal		<input type="checkbox"/> Public—state		<input type="checkbox"/> Other public (specify) _____		
<input type="checkbox"/> Private		<input type="checkbox"/> Other (specify) _____				

PART 1, SECTION 2. APPLICANT INFORMATION (40 CFR 122.21(c)(2)(ii)(B))

Applicant Information	2.1	Is applicant different from entity listed under Item 1.1 above?			
		<input type="checkbox"/> Yes		<input type="checkbox"/> No → SKIP to Item 2.3 (Part 1, Section 2).	
	2.2	Applicant name			
		Applicant address (street or P.O. box)			
		City or town		State	ZIP code
	Contact name (first and last)	Title	Phone number	Email address	
2.3	Is the applicant the facility's owner, operator, or both? (Check only one response.)				
	<input type="checkbox"/> Owner		<input type="checkbox"/> Operator		<input type="checkbox"/> Both
2.4	To which entity should the NPDES permitting authority send correspondence? (Check only one response.)				
	<input type="checkbox"/> Facility		<input type="checkbox"/> Applicant		<input type="checkbox"/> Facility and applicant (they are one and the same)

PART 1, SECTION 3. SEWAGE SLUDGE AMOUNT (40 CFR 122.21(c)(2)(ii)(D))

Sewage Sludge Amount	3.1	Provide the total dry metric tons per the latest 365-day period of sewage sludge generated, treated, used, and disposed of:			
		Practice			Dry Metric Tons per 365-Day Period
		Amount generated at the facility			
		Amount treated at the facility			
		Amount used (i.e., received from off site) at the facility			
		Amount disposed of at the facility			

PART 1, SECTION 7. USE AND DISPOSAL SITES (40 CFR 122.21(c)(2)(ii)(C))

Use and Disposal Sites	Provide the following information for each site on which sewage sludge from this facility is used or disposed of. <input type="checkbox"/> Check here if you have provided separate attachments with this information.				
	7.1	Site name or number			
		Mailing address (street or P.O. box)			
		City or town	State	ZIP code	
		Contact name (first and last)	Title	Phone number	Email address
		Location address (street, route number, or other specific identifier)			<input type="checkbox"/> Same as mailing address
		City or town	State	ZIP code	
		County	County code	<input type="checkbox"/> Not available	
7.2	Site type (check all that apply)				
	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Lawn or home garden	<input type="checkbox"/> Forest		
	<input type="checkbox"/> Surface disposal	<input type="checkbox"/> Public contact	<input type="checkbox"/> Incineration		
	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Municipal solid waste landfill	<input type="checkbox"/> Other (describe)		

PART 1, SECTION 8. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement	8.1	In Column 1 below, mark the sections of Form 2S, Part 1, that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.	
		Column 1	Column 2
		<input checked="" type="checkbox"/> Section 1: Facility Information	<input checked="" type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 2: Applicant Information	<input type="checkbox"/> w/ attachments
		<input type="checkbox"/> Section 3: Sewage Sludge Amount	<input type="checkbox"/> w/ attachments
		<input type="checkbox"/> Section 4: Pollutant Concentrations	<input type="checkbox"/> w/ attachments
		<input type="checkbox"/> Section 5: Treatment Provided at Your Facility	<input type="checkbox"/> w/ attachments
		<input type="checkbox"/> Section 6: Sewage Sludge Sent to Other Facilities	<input type="checkbox"/> w/ attachments
		<input type="checkbox"/> Section 7: Use and Disposal Sites	<input type="checkbox"/> w/ attachments
	<input type="checkbox"/> Section 8: Checklist and Certification Statement		

EPA Identification Number 110039821271		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	Certification Statement <i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i>		
		Name (print or type first and last name)	Official title	Phone number
		Signature		Date signed

PART 1 APPLICANTS STOP HERE.

Submit completed application package to your NPDES permitting authority.

This page intentionally left blank.

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.

PART 2, SECTION 1. GENERAL INFORMATION (40 CFR 122.21(q)(1-7) AND (q)(13))

General Information	All Part 2 applicants must complete this section.				
	Facility Information				
	1.1	Facility name SEAFORD WASTEWATER FACILITY			
		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 OPERATIONS COORDINATOR	Email address btiff@seafordde.com	
		Location address (street, route number, or other specific identifier) 400 NANTICOKE AVE			<input type="checkbox"/> Same as mailing address
		City or town SEAFORD	State DE	ZIP code 19973	
	1.2	Is this facility a Class I sludge management facility? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	1.3	Facility Design Flow Rate	2.0 million gallons per day (mgd)		
	1.4	Total Population Served	(See Attached Comments)		12,741
	1.5	Ownership Status			
		<input type="checkbox"/> Public—federal	<input type="checkbox"/> Public—state	<input checked="" type="checkbox"/> Other public (specify) <u>MUNICIPAL</u>	
		<input type="checkbox"/> Private		<input type="checkbox"/> Other (specify) _____	
	Applicant Information				
1.6	Is applicant different from entity listed under Item 1.1 above? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 1.8 (Part 2, Section 1).				
1.7	Applicant name				
	Applicant mailing address (street or P.O. box)				
	City or town	State	ZIP code		
	Contact name (first and last)	Title	Phone number	Email address	
1.8	Is the applicant the facility's owner, operator, or both? (Check only one response.) <input type="checkbox"/> Operator <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Both				
1.9	To which entity should the NPDES permitting authority send correspondence? (Check only one response.) <input type="checkbox"/> Facility <input type="checkbox"/> Applicant <input checked="" type="checkbox"/> Facility and applicant (they are one and the same)				

1.10	Facility's NPDES permit number	
	<input type="checkbox"/> Check here if you do not have an NPDES permit but are otherwise required to submit Part 2 of Form 2S.	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.	

<input type="checkbox"/> RCRA (hazardous wastes)	<input type="checkbox"/> Nonattainment program (CAA)	<input type="checkbox"/> NESHAPs (CAA)
<input type="checkbox"/> PSD (air emissions)	<input type="checkbox"/> Dredge or fill (CWA Section 404)	<input checked="" type="checkbox"/> Other (specify) <u>State Distribution/Marketing</u>
<input type="checkbox"/> Ocean dumping (MPRSA)	<input type="checkbox"/> UIC (underground injection of fluids)	<u>Permit# DM 1701-S-03</u>

Indian Country

1.12	Does any generation, treatment, storage, application to land, or disposal of sewage sludge from this facility occur in Indian Country?	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No → SKIP to Item 1.14 (Part 2, Section 1) below.

1.13	Provide a description of the generation, treatment, storage, land application, or disposal of sewage sludge that occurs.

Topographic Map

1.14	Have you attached a topographic map containing all required information to this application? (See instructions for specific requirements.)
	<input checked="" type="checkbox"/> Yes (Attached with Form 2a) <input type="checkbox"/> No

Line Drawing

1.15	Have you attached a line drawing and/or a narrative description that identifies all sewage sludge practices that will be employed during the term of the permit containing all the required information to this application? (See instructions for specific requirements.)
	<input checked="" type="checkbox"/> Yes (See Attached Comments) <input type="checkbox"/> No

Contractor Information

1.16	Do contractors have any operational or maintenance responsibilities related to sewage sludge generation, treatment, use, or disposal at the facility?	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No → SKIP to Item 1.18 (Part 2, Section 1) below.

1.17	Provide the following information for each contractor.		
	<input type="checkbox"/> Check here if you have attached additional sheets to the application package.		

	Contractor 1	Contractor 2	Contractor 3
Contractor company name			
Mailing address (street or P.O. box)			
City, state, and ZIP code			
Contact name (first and last)			
Telephone number			
Email address			

EPA Identification Number
110039821271

NPDES Permit Number
DE0020265

Facility Name
CITY OF SEAFORD

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

General Information Continued

1.17 cont.		Contractor 1	Contractor 2	Contractor 3
	Responsibilities of contractor			

Pollutant Concentrations

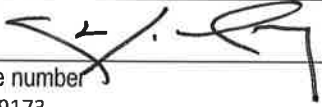
Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants for which limits in sewage sludge have been established in 40 CFR 503 for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than 4.5 years old.

Check here if you have attached additional sheets to the application package.

1.18	Pollutant	Average Monthly Concentration (mg/kg dry weight)	Analytical Method	Detection Level
	Arsenic	4.1	SW846 (3050B+6010)	1.6 mg/kg
	Cadmium	1.0	SW846 (3050B+6010)	0.6 mg/kg
	Chromium	22.5	SW846 (3050B+6010)	1.6 mg/kg
	Copper	541.2	SW846 (3050B+6010)	1.6 mg/kg
	Lead	21.7	SW846 (3050B+6010)	2.7 mg/kg
	Mercury	0.744	SW846 (7473)	0.0036 mg/kg
	Molybdenum	4.4	SW846 (3050B+6010)	1.6 mg/kg
	Nickel	15.7	SW846 (3050B+6010)	1.1 mg/kg
	Selenium	< 4.2	SW846 (3050B+6010)	2.7 mg/kg
	Zinc	665.7	SW846 (3050B+6010)	5.4 mg/kg

Checklist and Certification Statement

1.19	In Column 1 below, mark the sections of Form 2S, Part 2, that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing. Note that not all applicants are required to complete all sections or provide attachments. See Exhibit 2S-2 in the Instructions.	
	Column 1	Column 2
	<input checked="" type="checkbox"/> Section 1 (General Information)	<input checked="" type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/> Section 2 (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)	<input type="checkbox"/> w/ attachments
	<input type="checkbox"/> Section 3 (Land Application of Bulk Sewage Sludge)	<input type="checkbox"/> w/ attachments
	<input type="checkbox"/> Section 4 (Surface Disposal)	<input type="checkbox"/> w/ attachments
<input type="checkbox"/> Section 5 (Incineration)	<input type="checkbox"/> w/ attachments	

1.20	Certification Statement	
	<i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i>	
	Name (print or type first and last name) Charles Anderson	Official title Seaford City Manager
	Signature 	Date signed 3.10.20
Telephone number (302) 629-9173		

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

EPA Identification Number
110039821271

NPDES Permit Number
DE0020265

Facility Name
CITY OF SEAFORD

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

PART 2, SECTION 2. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE (40 CFR 122.21(q)(8) THROUGH (12))

Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge

2.1 Does your facility generate sewage sludge or derive a material from sewage sludge?
 Yes No → SKIP to Part 2, Section 3.

Amount Generated Onsite

2.2 Total dry metric tons per 365-day period generated at your facility: 247

Amount Received from Off Site Facility

2.3 Does your facility receive sewage sludge from another facility for treatment use or disposal?
 Yes No → SKIP to Item 2.7 (Part 2, Section 2) below.

Should skip to 2.8

2.4 Indicate the total number of facilities from which you receive sewage sludge for treatment, use, or disposal:

Provide the following information for each of the facilities from which you receive sewage sludge.
 Check here if you have attached additional sheets to the application package.

2.5 Name of facility

Mailing address (street or P.O. box)

City or town	State	ZIP code	
Contact name (first and last)	Title	Phone number	Email address
Location address (street, route number, or other specific identifier)			<input type="checkbox"/> Same as mailing address
City or town	State	ZIP code	
County	County code	<input type="checkbox"/> Not available	

2.6 Indicate the amount of sewage sludge received, the applicable pathogen class and reduction alternative, and the applicable vector attraction reduction option provided at the offsite facility.

Amount (dry metric tons)	Pathogen Class and Reduction Alternative	Vector Attraction Reduction Option
	<input type="checkbox"/> Not applicable <input type="checkbox"/> Class A, Alternative 1 <input type="checkbox"/> Class A, Alternative 2 <input type="checkbox"/> Class A, Alternative 3 <input type="checkbox"/> Class A, Alternative 4 <input type="checkbox"/> Class A, Alternative 5 <input type="checkbox"/> Class A, Alternative 6 <input type="checkbox"/> Class B, Alternative 1 <input type="checkbox"/> Class B, Alternative 2 <input type="checkbox"/> Class B, Alternative 3 <input type="checkbox"/> Class B, Alternative 4 <input type="checkbox"/> Domestic septage, pH adjustment	<input type="checkbox"/> Not applicable <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4 <input type="checkbox"/> Option 5 <input type="checkbox"/> Option 6 <input type="checkbox"/> Option 7 <input type="checkbox"/> Option 8 <input type="checkbox"/> Option 9 <input type="checkbox"/> Option 10 <input type="checkbox"/> Option 11

2.7 Identify the treatment process(es) that are known to occur at the offsite facility, including blending activities and treatment to reduce pathogens or vector attraction properties. (Check all that apply.)

<input type="checkbox"/> Preliminary operations (e.g., sludge grinding and dewatering)	<input type="checkbox"/> Thickening (concentration)
<input type="checkbox"/> Stabilization	<input type="checkbox"/> Anaerobic digestion
<input type="checkbox"/> Composting	<input type="checkbox"/> Conditioning
<input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)	<input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)
<input type="checkbox"/> Heat drying	<input type="checkbox"/> Thermal reduction
<input type="checkbox"/> Methane or biogas capture and recovery	<input type="checkbox"/> Other (specify) _____

Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued

Treatment Provided at Your Facility

2.8 For each sewage sludge use or disposal practice, indicate the applicable pathogen class and reduction alternative and the applicable vector attraction reduction option provided at your facility. Attach additional pages, as necessary.

Use or Disposal Practice (check one)	Pathogen Class and Reduction Alternative	Vector Attraction Reduction Option
<input type="checkbox"/> Land application of bulk sewage <input type="checkbox"/> Land application of biosolids (bulk) <input checked="" type="checkbox"/> Land application of biosolids (bags) <input type="checkbox"/> Surface disposal in a landfill <input type="checkbox"/> Other surface disposal <input type="checkbox"/> Incineration	<input type="checkbox"/> Not applicable <input type="checkbox"/> Class A, Alternative 1 <input type="checkbox"/> Class A, Alternative 2 <input type="checkbox"/> Class A, Alternative 3 <input type="checkbox"/> Class A, Alternative 4 <input checked="" type="checkbox"/> Class A, Alternative 5 <input type="checkbox"/> Class A, Alternative 6 <input type="checkbox"/> Class B, Alternative 1 <input type="checkbox"/> Class B, Alternative 2 <input type="checkbox"/> Class B, Alternative 3 <input type="checkbox"/> Class B, Alternative 4 <input type="checkbox"/> Domestic septage, pH adjustment	<input type="checkbox"/> Not applicable <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4 <input checked="" type="checkbox"/> Option 5 <input type="checkbox"/> Option 6 <input type="checkbox"/> Option 7 <input type="checkbox"/> Option 8 <input type="checkbox"/> Option 9 <input type="checkbox"/> Option 10 <input type="checkbox"/> Option 11

2.9 Identify the treatment process(es) used at your facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge? (Check all that apply.)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Preliminary operations (e.g., sludge grinding and dewatering) | <input checked="" type="checkbox"/> Thickening (concentration) |
| <input type="checkbox"/> Stabilization | <input type="checkbox"/> Anaerobic digestion |
| <input checked="" type="checkbox"/> Composting | <input checked="" type="checkbox"/> Conditioning |
| <input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization) | <input checked="" type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons) |
| <input type="checkbox"/> Heat drying | <input type="checkbox"/> Thermal reduction |
| <input type="checkbox"/> Methane or biogas capture and recovery | |

2.10 Describe any other sewage sludge treatment or blending activities not identified in Items 2.8 and 2.9 (Part 2, Section 2) above.

- Check here if you have attached the description to the application package.
(See attached comments for Form 2S, Part 2, Section 1.15)

Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements, and One of Vector Attraction Reduction Options 1 to 8

2.11 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), and one of the vector attraction reduction requirements at 40 CFR 503.33(b)(1)–(8) and is it land applied?
 Yes No → SKIP to Item 2.14 (Part 2, Section 2) below.

2.12 Total dry metric tons per 365-day period of sewage sludge subject to this subsection that is applied to the land: 247

2.13 Is sewage sludge subject to this subsection placed in bags or other containers for sale or give-away for application to the land?
 Yes No

Check here once you have completed Items 2.11 to 2.13, then → SKIP to Item 2.32 (Part 2, Section 2) below. ?

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

Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued

Sale or Give-Away in a Bag or Other Container for Application to the Land

2.14 Do you place sewage sludge in a bag or other container for sale or give-away for land application?
 Yes No → SKIP to Item 2.17 (Part 2, Section 2) below.

2.15 Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land: 247

2.16 Attach a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.
 Check here to indicate that you have attached all labels or notices to this application package.

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

2.17 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.)
 Yes No → SKIP to Item 2.32 (Part 2, Section 2) below.

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.

2.19 Name of receiving facility

Mailing address (street or P.O. box)

City or town

State

ZIP code

Contact name (first and last)

Title

Phone number

Email address

Location address (street, route number, or other specific identifier)

Same as mailing address

City or town

State

ZIP code

2.20 Total dry metric tons per 365-day period of sewage sludge provided to receiving facility:

2.21 Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility or reduce the vector attraction properties of sewage sludge from your facility?
 Yes No → SKIP to Item 2.24 (Part 2, Section 2) below.

2.22 Indicate the pathogen class and reduction alternative and the vector attraction reduction option met for the sewage sludge at the receiving facility.

Pathogen Class and Reduction Alternative

Vector Attraction Reduction Option

- Not applicable
- Class A, Alternative 1
- Class A, Alternative 2
- Class A, Alternative 3
- Class A, Alternative 4
- Class A, Alternative 5
- Class A, Alternative 6
- Class B, Alternative 1
- Class B, Alternative 2
- Class B, Alternative 3
- Class B, Alternative 4
- Domestic septage, pH adjustment

- Not applicable
- Option 1
- Option 2
- Option 3
- Option 4
- Option 5
- Option 6
- Option 7
- Option 8
- Option 9
- Option 10
- Option 11

EPA Identification Number
110039821271

NPDES Permit Number
DE0020265

Facility Name
CITY OF SEAFORD

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

Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued

2.23 Which treatment process(es) are used at the receiving facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge from your facility? (Check all that apply.)

<input type="checkbox"/> Preliminary operations (e.g., sludge grinding and dewatering)	<input type="checkbox"/> Thickening (concentration)
<input type="checkbox"/> Stabilization	<input type="checkbox"/> Anaerobic digestion
<input type="checkbox"/> Composting	<input type="checkbox"/> Conditioning
<input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization)	<input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons)
<input type="checkbox"/> Heat drying	<input type="checkbox"/> Thermal reduction
<input type="checkbox"/> Methane or biogas capture and recovery	<input type="checkbox"/> Other (specify) _____

2.24 Attach a copy of any information you provide the receiving facility to comply with the "notice and necessary information" requirement of 40 CFR 503.12(g).
 Check here to indicate that you have attached material.

2.25 Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land?
 Yes No → SKIP to Item 2.32 (Part 2, Section 2) below.

2.26 Attach a copy of all labels or notices that accompany the product being sold or given away.
 Check here to indicate that you have attached material.
 Check here once you have completed Items 2.17 to 2.26 (Part 2, Section 2), then → SKIP to Item 2.32 (Part 2, Section 2) below.

Land Application of Bulk Sewage Sludge

2.27 Is sewage sludge from your facility applied to the land?
 Yes No → SKIP to Item 2.32 (Part 2, Section 2) below.

2.28 Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:

2.29 Did you identify all land application sites in Part 2, Section 3 of this application?
 Yes No → Submit a copy of the land application plan with your application.

2.30 Are any land application sites located in states other than the state where you generate sewage sludge or derive a material from sewage sludge?
 Yes No → SKIP to Item 2.32 (Part 2, Section 2) below.

2.31 Describe how you notify the NPDES permitting authority for the states where the land application sites are located. Attach a copy of the notification.
 Check here if you have attached the explanation to the application package.
 Check here if you have attached the notification to the application package.

Surface Disposal

2.32 Is sewage sludge from your facility placed on a surface disposal site?
 Yes No → SKIP to Item 2.39 (Part 2, Section 2) below.

2.33 Total dry metric tons of sewage sludge from your facility placed on all surface disposal sites per 365-day period:

2.34 Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?
 Yes → SKIP to Item 2.39 (Part 2, Section 2) below. No

2.35 Indicate the total number of surface disposal sites to which you send your sewage sludge. (Provide the information in Items 2.36 to 2.38 of Part 2, Section 2, for each facility.)
 Check here if you have attached additional sheets to the application package.

EPA Identification Number 110039821271		NPDES Permit Number DE0020265		Facility Name CITY OF SEAFORD		Form Approved 03/05/19 OMB No. 2040-0004		
Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued	2.36	Site name or number of surface disposal site you do not own 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 (Check all that apply.) <input type="checkbox"/> Owner <input type="checkbox"/> Operator						
	2.38	Total dry metric tons of sewage sludge from your facility placed on this surface disposal site per 365-day period:						
	Incineration							
	2.39	Is sewage sludge from your facility fired in a sewage sludge incinerator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 2.46 (Part 2, Section 2) below.						
	2.40	Total dry metric tons of sewage sludge from your facility fired in all sewage sludge incinerators per 365-day period:						
	2.41	Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired? <input type="checkbox"/> Yes → SKIP to Item 2.46 (Part 2, Section 2) below. <input type="checkbox"/> No						
	2.42	Indicate the total number of sewage sludge incinerators used that you do not own or operate. (Provide the information in Items 2.43 to 2.45 directly below for each facility.) <input type="checkbox"/> Check here if you have attached additional sheets to the application package.						
	2.43	Incinerator name or number						
		Mailing address (street or P.O. box)						
		City or town			State		ZIP code	
		Contact name (first and last)		Title		Phone number		Email address
	Location address (street, route number, or other specific identifier)						<input type="checkbox"/> Same as mailing address	
	City or town			State		ZIP code		
2.44	Contact (check all that apply) <input type="checkbox"/> Incinerator owner <input type="checkbox"/> Incinerator operator							
2.45	Total dry metric tons of sewage sludge from your facility fired in this sewage sludge incinerator per 365-day period:							
Disposal in a Municipal Solid Waste Landfill								
2.46	Is sewage sludge from your facility placed on a municipal solid waste landfill? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Part 2, Section 3.							
2.47	Indicate the total number of municipal solid waste landfills used. (Provide the information in Items 2.48 to 2.52 directly below for each facility.) <input type="checkbox"/> Check here if you have attached additional sheets to the application package.							

Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge Continued	2.48	Name of landfill		
	Mailing address (street or P.O. box)			
	City or town		State	ZIP code
	Contact name (first and last)	Title	Phone number	Email address
	Location address (street, route number, or other specific identifier)			<input type="checkbox"/> Same as mailing address
	County	County code		<input type="checkbox"/> Not available
	City or town	State	ZIP code	
	2.49	Total dry metric tons of sewage sludge from your facility placed in this municipal solid waste landfill per 365-day period:		
	2.50	List the numbers of all other federal, state, and local permits that regulate the operation of this municipal solid waste landfill.		
		Permit Number	Type of Permit	
2.51	Attach to the application information to determine whether the sewage sludge meets applicable requirements for disposal of sewage sludge in a municipal solid waste landfill (e.g., results of paint filter liquids test and TCLP test). <input type="checkbox"/> Check here to indicate you have attached the requested information.			
2.52	Does the municipal solid waste landfill comply with applicable criteria set forth in 40 CFR 258? <input type="checkbox"/> Yes <input type="checkbox"/> No			

EPA Identification Number
110039821271

NPDES Permit Number
DE0020265

Facility Name
CITY OF SEAFORD

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

PART 2, SECTION 3 LAND APPLICATION OF BULK SEWAGE SLUDGE (40 CFR 122.21(q)(9))

Land Application of Bulk Sewage Sludge

3.1 Does your facility apply sewage sludge to land?
 Yes 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. No

3.3 Complete Section 3 for every site on which the sewage sludge is applied.
 Check here if you have attached sheets to the application package for one or more land application sites.

Identification of Land Application Site

3.4 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 State ZIP code

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 State ZIP code

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. No

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

Land Application of Bulk Sewage Sludge Continued

Site Type

3.10 Type of land application:

<input type="checkbox"/> Agricultural land	<input type="checkbox"/> Forest
<input type="checkbox"/> Reclamation site	<input type="checkbox"/> Public contact site
<input type="checkbox"/> Other (describe)	

Crop or Other Vegetation Grown on Site

3.11 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?

Yes No → SKIP to Item 3.16 (Part 2, Section 3) below.

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 sludge.

Check here if you have attached your description to the application package.

Cumulative Loadings and Remaining Allotments

3.16 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)?

Yes 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?

Yes No → Sewage sludge subject to CPLRs may 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

PART 2, SECTION 4 SURFACE DISPOSAL (40 CFR 122.21(q)(10))

Surface Disposal

4.1	Do you own or operate a surface disposal site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Part 2, Section 5.		
4.2	Complete all items in Section 4 for each active sewage sludge unit that you own or operate. <input type="checkbox"/> Check here to indicate that you have attached material to the application package for one or more active sewage sludge units.		
Information on Active Sewage Sludge Units			
4.3	Unit name or number		
	Mailing address (street or P.O. box)		
	City or town	State	ZIP code
	Contact name (first and last)	Title	Phone number Email address
	Location address (street, route number, or other specific identifier)		<input type="checkbox"/> Same as mailing address
	County	County code	<input type="checkbox"/> Not available
	City or town	State	ZIP code
Latitude/Longitude of Active Sewage Sludge Unit (see instructions)			
	Latitude	Longitude	
	° ' "	° ' "	
Method of Determination			
	<input type="checkbox"/> USGS map <input type="checkbox"/> Field survey <input type="checkbox"/> Other (specify) _____		
4.4	Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location. <input type="checkbox"/> Check here to indicate that you have completed and attached a topographic map.		
4.5	Total dry metric tons of sewage sludge placed on the active sewage sludge unit per 365-day period:		
4.6	Total dry metric tons of sewage sludge placed on the active sewage sludge unit over the life of the unit:		
4.7	Does the active sewage sludge unit have a liner with a maximum permeability of 1×10^{-7} centimeters per second (cm/sec)? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.9 (Part 2, Section 4) below.		
4.8	Describe the liner. <input type="checkbox"/> Check here to indicate that you have attached a description to the application package.		
4.9	Does the active sewage sludge unit have a leachate collection system? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.11 (Part 2, Section 4) below.		
4.10	Describe the leachate collection system and the method used for leachate disposal and provide the numbers of any federal, state, or local permit(s) for leachate disposal. <input type="checkbox"/> Check here to indicate that you have attached the description to the application package.		

Surface Disposal Continued

4.11	Is the boundary of the active sewage sludge unit less than 150 meters from the property line of the surface disposal site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	No → SKIP to Item 4.13 (Part 2, Section 4) below.	
4.12	Provide the actual distance in meters:				meters
4.13	Remaining capacity of active sewage sludge unit in dry metric tons:				dry metric tons
4.14	Anticipated closure date for active sewage sludge unit, if known (MM/DD/YYYY):				
4.15	Attach a copy of any closure plan that has been developed for this active sewage sludge unit.	<input type="checkbox"/> Check here to indicate that you have attached a copy of the closure plan to the application package.			
Sewage Sludge from Other Facilities					
4.16	Is sewage sludge sent to this active sewage sludge unit from any facilities other than your facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	No → SKIP to Item 4.21 (Part 2, Section 4) below.	
4.17	Indicate the total number of facilities (other than your facility) that send sewage sludge to this active sewage sludge unit. (Complete Items 4.18 to 4.20 directly below for each such facility.)	<input type="checkbox"/> Check here to indicate that you have attached responses for each facility to the application package.			
4.18	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	
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.				
	Pathogen Class and Reduction Alternative		Vector Attraction Reduction Option		
	<input type="checkbox"/> Not applicable <input type="checkbox"/> Class A, Alternative 1 <input type="checkbox"/> Class A, Alternative 2 <input type="checkbox"/> Class A, Alternative 3 <input type="checkbox"/> Class A, Alternative 4 <input type="checkbox"/> Class A, Alternative 5 <input type="checkbox"/> Class A, Alternative 6 <input type="checkbox"/> Class B, Alternative 1 <input type="checkbox"/> Class B, Alternative 2 <input type="checkbox"/> Class B, Alternative 3 <input type="checkbox"/> Class B, Alternative 4 <input type="checkbox"/> Domestic septage, pH adjustment		<input type="checkbox"/> Not applicable <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4 <input type="checkbox"/> Option 5 <input type="checkbox"/> Option 6 <input type="checkbox"/> Option 7 <input type="checkbox"/> Option 8 <input type="checkbox"/> Option 9 <input type="checkbox"/> Option 10 <input type="checkbox"/> Option 11		
4.20	Which treatment process(es) are used at the other facility to reduce pathogens in sewage sludge or reduce the vector attraction properties of sewage sludge before leaving the other facility? (Check all that apply.)				
	<input type="checkbox"/> Preliminary operations (e.g., sludge grinding and dewatering) <input type="checkbox"/> Stabilization <input type="checkbox"/> Composting <input type="checkbox"/> Disinfection (e.g., beta ray irradiation, gamma ray irradiation, pasteurization) <input type="checkbox"/> Heat drying <input type="checkbox"/> Methane or biogas capture and recovery		<input type="checkbox"/> Thickening (concentration) <input type="checkbox"/> Anaerobic digestion <input type="checkbox"/> Conditioning <input type="checkbox"/> Dewatering (e.g., centrifugation, sludge drying beds, sludge lagoons) <input type="checkbox"/> Thermal reduction <input type="checkbox"/> Other (specify) _____		

EPA Identification Number
110039821271

NPDES Permit Number
DE0020265

Facility Name
CITY OF SEAFORD

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

PART 2, SECTION 5 INCINERATION (40 CFR 122.21(q)(11))

Incineration

Incinerator Information

5.1	Do you fire sewage sludge in a sewage sludge incinerator? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to END.
5.2	Indicate the total number of incinerators used at your facility. (Complete the remainder of Section 5 for each such incinerator.) <input type="checkbox"/> Check here to indicate that you have attached information for one or more incinerators.
5.3	Incinerator name or number
	Location address (street, route number, or other specific identifier)
	County <input type="checkbox"/> Not available
	County code
	City or town
	State
	ZIP code
	Latitude/Longitude of Incinerator (see instructions)
	Latitude
	Longitude
	Method of Determination
	<input type="checkbox"/> USGS map <input type="checkbox"/> Field survey <input type="checkbox"/> Other (specify) _____

Amount Fired

5.4	Dry metric tons per 365-day period of sewage sludge fired in the sewage sludge incinerator:
-----	---

Beryllium NESHAP

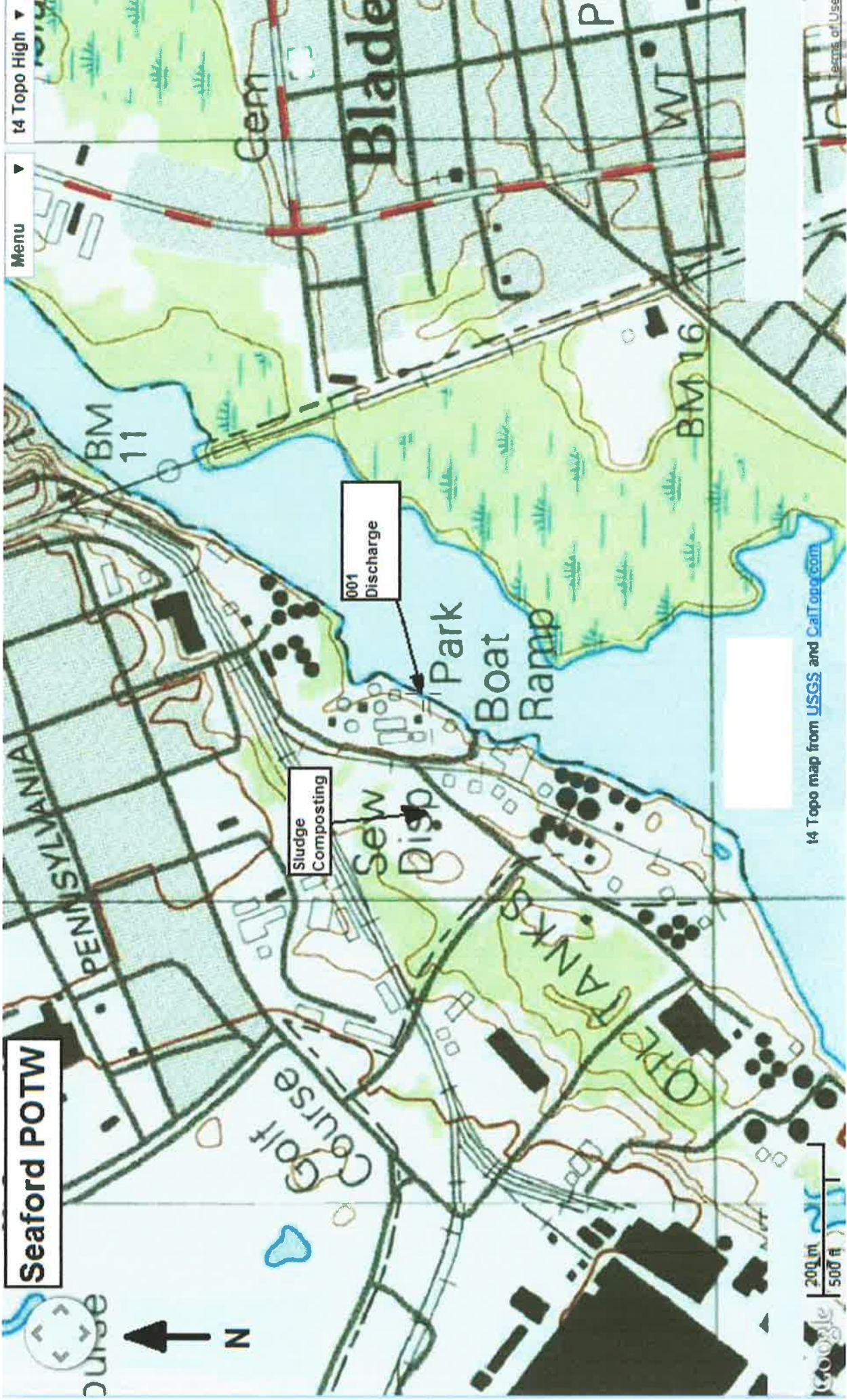
5.5	Submit information, test data, and a description of measures taken that demonstrate whether the sewage sludge incinerated is beryllium-containing waste and will continue to remain as such. <input type="checkbox"/> Check here to indicate that you have attached this material to the application package.
5.6	Is the sewage sludge fired in this incinerator "beryllium-containing waste" as defined at 40 CFR 61.31? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 5.8 (Part 2, Section 5) below.
5.7	Submit with this application a complete report of the latest beryllium emission rate testing and documentation of ongoing incinerator operating parameters indicating that the NESHAP emission rate limit for beryllium has been and will continue to be met. <input type="checkbox"/> Check here to indicate that you have attached this information.

Mercury NESHAP

5.8	Is compliance with the mercury NESHAP being demonstrated via stack testing? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 5.11 (Part 2, Section 5) below.
5.9	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. <input type="checkbox"/> Check here to indicate that you have attached this information.
5.10	Provide copies of mercury emission rate tests for the two most recent years in which testing was conducted. <input type="checkbox"/> Check here to indicate that you have attached this information.
5.11	Do you demonstrate compliance with the mercury NESHAP by sewage sludge sampling? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 5.13 (Part 2, Section 5) below.
5.12	Submit a complete report of sewage sludge sampling and documentation of ongoing incinerator operating parameters indicating that the incinerator has met and will continue to meet the mercury NESHAP emission rate limit. <input type="checkbox"/> Check here to indicate that you have attached this information.

EPA Identification Number 110039821271		NPDES Permit Number DE0020265	Facility Name CITY OF SEAFORD	Form Approved 03/05/19 OMB No. 2040-0004
Incineration Continued	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. <input type="checkbox"/> Check here to indicate that you have attached this information.		
	Control Efficiency			
	5.16	Provide the control efficiency, in hundredths, for each of the pollutants listed below.		
		Pollutant	Control Efficiency, in Hundredths	
		Arsenic		
		Cadmium		
		Chromium		
		Lead		
		Nickel		
	5.17	Attach a copy of the results or performance testing and supporting documentation (including testing dates). <input type="checkbox"/> Check here to indicate that you have attached this information.		
	Risk-Specific Concentration for Chromium			
	5.18	Provide the risk-specific concentration (RSC) used for chromium in micrograms per cubic meter:		
	5.19	Was the RSC determined via Table 2 in 40 CFR 503.43? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 5.21 (Part 2, Section 5) below.		
	5.20	Identify the type of incinerator used as the basis. <input type="checkbox"/> Fluidized bed with wet scrubber <input type="checkbox"/> Other types with wet scrubber <input type="checkbox"/> Fluidized bed with wet scrubber and wet electrostatic precipitator <input type="checkbox"/> Other types with wet scrubber and wet electrostatic precipitator		
	5.21	Was the RSC determined via Table 6 in 40 CFR 503.43 (site-specific determination)? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 5.23 (Part 2, Section 5) below.		
	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 hexavalent and total chromium concentrations, including the date(s) of any test(s), with this application. <input type="checkbox"/> Check here to indicate that you have attached this information. <input type="checkbox"/> Not applicable		
Incinerator Parameters				
5.24	Do you monitor total hydrocarbons (THC) in the exit gas of the sewage sludge incinerator? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5.25	Do you monitor carbon monoxide (CO) in the exit gas of the sewage sludge incinerator? <input type="checkbox"/> Yes <input type="checkbox"/> 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 5.27 is (check only one response): <input type="checkbox"/> Actual stack height <input type="checkbox"/> Creditable stack height			

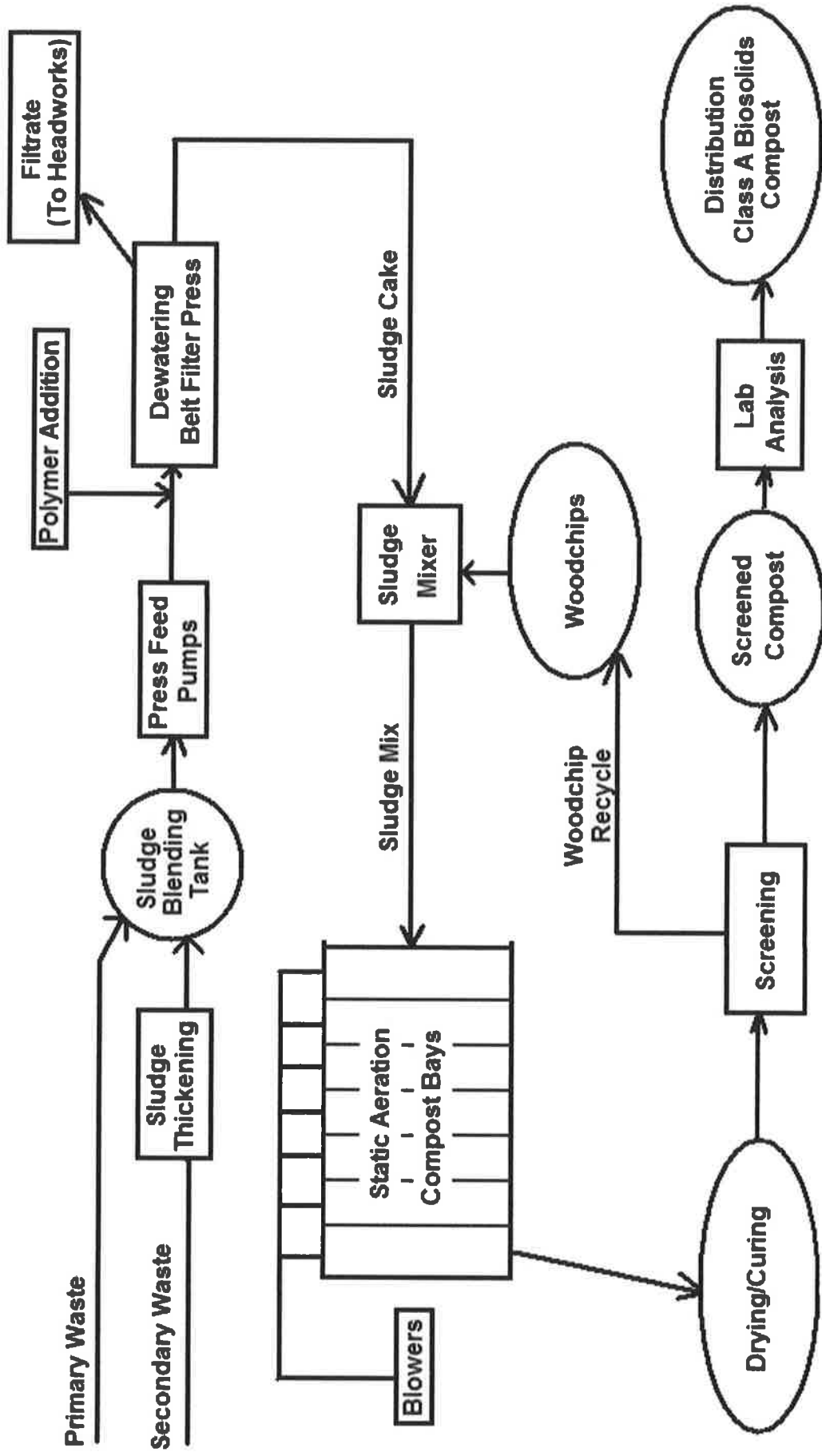
Seaford POTW



14 Topo map from [USGS](#) and [CalTopo.com](#)

Terms of Use

Seaford Composting Facility - Process Flow diagram





US Composting Council®
Proud Member



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 (P ₂ O ₅)	1.0%
Soluble Potash (K ₂ O)	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

1. 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.
4. 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**