

INSTRUCTIONS

[Turquoise] highlighted text is for informational purposes; delete brackets and text before printing or sending. [Yellow] highlighted text is for inserting information; delete brackets and remove highlighting before printing or sending.

Application for Coverage Under the General Permit for Biosolids Management

Notice is hereby given that [facility name] has submitted an application to the Department of Ecology to obtain coverage under the General Permit for Biosolids Management. A copy of the general permit can be found at: <http://www.ecy.wa.gov/programs/swfa/biosolids/pdf/BiosolidsManagement.pdf>

[Include text similar to this if the SEPA lead agency has determined that previous SEPA documentation is adequate for this proposal.] [SEPA lead agency] has reviewed documentation previously submitted in accordance with the State Environmental Policy Act (SEPA) and has determined that for the purposes of this proposal, SEPA requirements have been satisfied.

[Include text similar to this if the SEPA lead agency has issued a threshold determination for this proposal.] [SEPA lead agency] issued a [threshold determination] on [date] for the proposal described in this notice after review of a completed Environmental Checklist and other information on file with the agency. Copies of the [threshold determination] and the completed Environmental Checklist are available from [SEPA contact]. Persons wishing to comment on the [threshold determination] should direct written comments to [SEPA contact] no later than [date]. [If the SEPA lead agency has an appeal option, include a description of how a person can file an appeal; note: Ecology does not have an appeal option.]

[Include text similar to this if you (or your non-BUF contractor) land apply your biosolids. Also include text similar to this if your facility is a BUF, but include a list of facilities from whom you currently receive biosolids as well. Change the text to singular if referring to a single site.] [facility name] applies biosolids as a soil amendment. Land application sites are located at [addresses or other locational descriptors]. Our permit application includes Site Specific Land Application Plans that address the management of our biosolids at these sites. [Delete the following 3 sentences if a GLAP has not been submitted.] Our permit application includes a General Land Application Plan that addresses how future land application sites will be identified and managed. Proposals for new sites will be consistent with our General Land Application Plan, and additional environmental review will be completed if needed. Public notice at proposed new sites will include a 30-day comment period, and signs will be posted around the proposed sites.

[Include text similar to this if you send your biosolids to a BUF.] [facility name] contracts with a permitted beneficial use facility for management of our biosolids. The beneficial use facility who receives our biosolids has submitted all required plans and has separately conducted public notice.

[The following text must be included unless a hearing and/or public meeting has already been scheduled. If a public hearing and/or meeting has already been scheduled, include information on the time, date, and location of it.] Any person who wants to comment on this proposal or to request a public hearing or meeting must do so, in writing. Comments or requests must be submitted to [Ecology contact or local health jurisdiction contact if delegated to receive comments/requests] by [date at least 30 days after publication].

[The following text must be included.] If you wish to be included on an Interested Parties List to receive notification of activities relating to this project, please notify, in writing, [facility contact]. [facility name] will provide written confirmation by certified mail, return receipt requested, to each interested person or organization that their name has been placed on the list.

Contact persons to receive questions, comments, or requests:

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| [Department of Ecology contact name, address, phone] | [local health jurisdiction contact name, address, phone unless they do not want to be listed] | [facility contact name, address, phone] | [SEPA contact name, address, phone if notice includes SEPA information] |
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