DEPARTMENT OF AGRICULTURE AND NATURAL RESOURCES
NOTICE OF INTENT (NOI)
to Obtain Coverage Under the General Permit for
the Disposal of Biosolids

Submit form to: SD Department of Agriculture and Natural Resources
Surface Water Quality Program
523 East Capitol Avenue
Pierre, SD 57501

Type of Coverage:
☐ **New** ☐ **Renewal – Permit Coverage Number:** _____

1. Facility Information:

Name of the Facility: _____

Facility Contact Person: _____ Facility Contact Title: _____

Facility Contact Phone: _____ Facility Contact Email: _____

Facility Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Facility Physical Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ Facility Phone Number: _____

Latitude: _____ Longitude: _____ Source (GPS, Google, etc.): _____

Legal: Quarter(s): _____ Section(s): _____ Township(s): _____ Range(s): _____

Is facility located on Tribal lands? ☐ Yes ☐ No

2. Owner Information:

Name of the Owner: _____

Owner Contact Person: _____

Owner Contact Phone: _____ Owner Contact Email: _____

Owner Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Type of Ownership: ☐ Private ☐ Federal ☐ State ☐ Municipal ☐ Other (state type): _____

3. Contractor Information:

Is a contractor responsible for any operation or maintenance activities at the facility? ☐ Yes ☐ No If yes, fill out the following information.

Contractor Company (if applicable): _____

Contractor Contact Name: _____

Contractor Contact Phone: _____ Contractor Contact Email: _____

Contractor Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Date Contract is Valid through: _____

Description of Contractor Responsibilities:

4. Coverage Applicability

If any of the following questions are answered with **Yes**, general permit coverage is not applicable for this facility. Contact SD DANR for the appropriate permit application.

Does the facility incinerate or use a biosolids surface disposal lagoon? ☐ Yes ☐ No

Does the facility dispose of biosolids less frequently than once per five years? ☐ Yes ☐ No

5. Facility Type:

Please check the box that best describes your facility:

☐ Sewage Treatment Plant
- ☐ Class I
- ☐ Wet-Weather design flow equal to or greater than 1 MGD
- ☐ Serves 10,000 people or more
- ☐ Design flow less than 1 MGD and serves less than 10,000 people

☐ Compost Facility

☐ Septage Management Facility

☐ Beneficial Use Facility

6. Facility Operations:

a. Please provide a line drawing and/or narrative description that identifies all biosolids processes that will be employed during the term of the permit, including all processes used for collecting, dewatering, storing, or treating biosolids, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.

b. Please provide a map that shows the location of all biosolids management facilities, including locations where biosolids are stored, treated, or disposed. The map also must show the location of all wells, springs, and other surface water within ¼ mile of the facility property line.

Please check the box next to the disposal options the facility will use during this permit cycle. If multiple disposal options are selected, please note which one is primary and secondary (or backup).

Outfall	Description
☐ 201	Class B Biosolids Bulk Land Application
☐ 202	Class A Biosolids Distributed to the Public
☐ 203	Landfill

If necessary, attach additional outfall information to the NOI.

7. Wastewater Treatment Facility Information:

Year system was originally constructed: _____

List any modifications and the year(s) of any additions or modifications since originally constructed:

Year	Modification/Addition Description

If necessary, attach additional modification information to the NOI

Design Information:

	Average Design		Peak Design
Flow (MGD):		Flow (MGD):	
Organic Capacity:		Organic Capacity:	

Operational Information:

Average influent flow (MGD): _____

Average effluent flow (MGD): _____

8. Sludge Information

Please enter the annual quantities of the last 5 years for biosolids production, disposal, and storage amount:

Year	Produced (dry metric tons)	Disposed (dry metric tons)	Stored (dry metric tons)

*If multiple disposal methods were used, please specify how much was disposed in each method.

Does the facility transfer biosolids to another facility? ☐ Yes ☐ No

If yes, please provide the following:

Name of Facility _____

Address_____

Contact_____

Does the facility accept biosolids from another facility? ☐ Yes ☐ No

If yes, please provide the following:

Name of Facility _____

Address_____

Contact_____

Do you expect any major changes in the biosolids handling in the next 5 years? ☐ Yes ☐ No

If yes, please explain:

_____

_____

If a septage management facility, what types of septage will be handled?

☐ Class I
☐ Class II
☐ Class III

If the facility has submitted an annual report for the previous year, previous biosolids constituents' concentrations are on file and do not need to be submitted. If a new facility or the previous years annual report was not submitted, please submit the most recent biosolids sample results for the following:

Arsenic, cadmium, copper, lead, mercury, molybdenum, nickel, selenium, zinc, nitrate, ammonia, total Kjeldahl nitrogen, phosphate, total solids (%), Volatile Solids (% of total), pH.

9. Pathogen Reduction Class and Alternative:

Please indicate what class and what alternative the facility will employ to satisfy the pathogen reduction requirement.

☐ Class A – Alternative 1 *Time and temperature*
☐ Class A – Alternative 2 *Alkaline stabilization*
☐ Class A – Alternative 3 *Process verification*
☐ Class A – Alternative 4 *Batch verification*
☐ Class A – Alternative 5 *Process to Further Reduce Pathogens (PFRP)*
☐ Class A – Alternative 6 *Equivalency determination*

☐ Class B – Alternative 1 *Seven samples fecal coliform*
☐ Class B – Alternative 2 *Process to Significantly Reduce Pathogens (PSRP)*
☐ Class B – Alternative 3 *Equivalency determination*

If equivalency, please specify _____

10. Vector Attraction Reduction:

Please indicate what vector attraction reduction alternative the facility will employ to satisfy the vector attraction reduction requirement.

☐ 38% volatile solids reduction
☐ Aerobic process with SOUR test
☐ Aerobic treatment meeting time/temperature
☐ pH adjustment
☐ 75% of greater solids content for biosolids containing only stabilized biosolids
☐ 90% of greater solids content for biosolids containing any unstabilized biosolids
☐ Injected below the surface of the ground
☐ Incorporated after application

Has the facility submitted discharge monitoring results to SDDANR? ☐ Yes ☐ No

Indicate any discharge sample analyses which are performed by a contract laboratory or consulting firm:

11. Biosolids Sampling Plan

Does the facility have a biosolids sampling plan? ☐ Yes ☐ No
If yes, please attach a copy of the sampling plan.
If no, please provide a narrative of the biosolids sampling completed by the facility.

_____

_____

_____

Indicate any sample analyses which are performed by a contract laboratory or consulting firm:

Laboratory/Firm	Contact Information	Parameters Analyzed

Does this NOI substantially duplicate an application or NOI by the same applicant which was denied by SDDANR or USEPA within the past five years and which has not been reversed by a court of competent jurisdiction?

☐ Yes ☐ No

List other information which you feel should be brought to the attention of SDDANR in regard to the issuance of permit coverage under the General Permit:

12. Biosolids Management Plan

Please submit the facilities Biosolids Management Plan within 90 days of the facility being granted coverage under this General Permit. The requirements of the Plan can be found in Attachment 1 of the Statement of Basis.

13. NOI Certification (NOI must be signed by the authorized chief elected official or executive officer of the facility)

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.

Authorized Representative Name:	
Authorized Representative Signature:	
Authorized Representative Title:	
Date:	

A **Completed NOI** contains the following information (please check):

☐ NOI form (5 pages)

☐ Certification of Applicant (2 pages)

☐ Facility Map

☐ Biosolids Line Diagram

☐ Additional information to complete NOI questions (if applicable)

For Office Use Only
NOI Reviewer comments:

Facility Eligible for General Permit? ☐ Yes ☐ No			
Date NOI Received:		Date Coverage is Effective:	
NOI Reviewer:		**Review Date:**	

STATE OF SOUTH DAKOTA

BEFORE THE SECRETARY OF

THE DEPARTMENT OF AGRICULTURE AND NATURAL RESOURCES

IN THE MATTER OF THE APPLICATION OF	)	
	)	**CERTIFICATION OF**
_____	)	
	)	**APPLICANT**
STATE OF _____	)	
	)	
COUNTY OF _____	)	

I, _____, the applicant in the above matter after being duly sworn upon oath hereby certify the following information in regard to this application:

I have read and understand South Dakota Codified Law Section 1-41-20 which provides:

"The secretary may reject an application for any permit filed pursuant to Titles 34A or 45, including any application by any concentrated swine feeding operation for authorization to operate under a general permit, upon making a specific finding that:

(1) The applicant is unsuited or unqualified to perform the obligations of a permit holder based upon a finding that the applicant, any officer, director, partner, or resident general manager of the facility for which application has been made:

(a) Has intentionally misrepresented a material fact in applying for a permit;

(b) Has been convicted of a felony or other crime involving moral turpitude;

(c) Has habitually and intentionally violated environmental laws of any state or the United States which have caused significant and material environmental damage;

(d) Has had any permit revoked under the environmental laws of any state or the United States; or

(e) Has otherwise demonstrated through clear and convincing evidence of previous actions that the applicant lacks the necessary good character and competency to reliably carry out the obligations imposed by law upon the permit holder; or

(2) The application substantially duplicates an application by the same applicant denied within the past five years which denial has not been reversed by a court of competent jurisdiction. Nothing in this subdivision may be construed to prohibit an applicant from submitting a new application for a permit previously denied, if the new application represents a good faith attempt by the applicant to correct the deficiencies that served as the basis for the denial in the original application.

All applications filed pursuant to Titles 34A and 45 shall include a certification, sworn to under oath and signed by the applicant, that he is not disqualified by reason of this section from obtaining a permit. In the absence of evidence to the contrary, that certification shall constitute a prima facie showing of the suitability and qualification of the applicant. If at any point in the application review, recommendation or hearing process, the secretary finds the applicant has intentionally made any material misrepresentation of fact in regard to this certification,

consideration of the application may be suspended and the application may be rejected as provided for under this section.

Applications rejected pursuant to this section constitute final agency action upon that application and may be appealed to circuit court as provided for under chapter 1-26."

I certify pursuant to 1-41-20, that as an applicant, officer, director, partner, or resident general manager of the activity or facility for which the application has been made that I; a) have not intentionally misrepresented a material fact in applying for a permit; b) have not been convicted of a felony or other crime of moral turpitude; c) have not habitually and intentionally violated environmental laws of any state or the United States which have caused significant and material environmental damage; (d) have not had any permit revoked under the environmental laws of any state or the United States; or e) have not otherwise demonstrated through clear and convincing evidence of previous actions that I lack the necessary good character and competency to reliably carry out the obligations imposed by law upon me. I also certify that this application does not substantially duplicate an application by the same applicant denied within the past five years which denial has not been reversed by a court of competent jurisdiction. Further;

"I declare and affirm under the penalties of perjury that this claim (petition, application, information) has been examined by me, and to the best of my knowledge and belief, is in all things true and correct."

Dated this _____ day of _____ , 20____ .

_____
Applicant (print)

_____
Applicant (signature)

Subscribed and sworn before me this _____ day of _____ , 20_____ .

_____
Notary Public (signature)

My commission expires: _____

(SEAL)

PLEASE ATTACH ANY ADDITIONAL INFORMATION NECESSARY TO DISCLOSE ALL FACTS AND DOCUMENTS PERTAINING TO SDCL 1-41-20 (1) (a) THROUGH (e). ALL VIOLATIONS MUST BE DISCLOSED, BUT WILL NOT AUTOMATICALLY RESULT IN THE REJECTION OF AN APPLICATION