DEC 28 2017

Please type. Do not complete by hand.

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY
GENERAL INFORMATION
Consolidated Permits Program
(Read the "General Instructions" before starting)

I. EPA I.D. NUMBER

LABEL ITEMS

II. EPA I.D. NUMBER

III. FACILITY NAME

VI. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

3IN00402 *AD

OH0148806

Check I.D.# 229110

Revenue I.D.# 1211414

Person I.D.#

Org. I.D.# 2050787

OHIO EPA NEDO REVENUE

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through G to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms.**

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.?** (FORM 2A)	☐	☒	☐	B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.?** (FORM 2B)	☐	☒	☐
C. Is this a facility which currently results in to **discharges waters of the U.S.** other than those described in A or B above? (FORM 2C)	☐	☒	☐	D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.?** (FORM 2D)	☐	☒	☐
E. Is this a facility which does not discharge process **wastewater?** (FORM 2E)	☐	☒	☐	F. Is this a facility which discharges stormwater associated with industrial activity? (FORM 2F)	☐	☒	☐
G. Do you generate **sewage sludge** that is ultimately regulated by Part 503? Do you generate **sewage sludge** that is sent to another **facility** for treatment or blending? Do you process or derive material from **sewage sludge** that is disposed in a manner subject to Part 503? (FORM 2S)	☒	☐	☐				

III. NAME OF FACILITY

Wiles Storage Pond

IV. FACILITY CONTACT

A. NAME & TTILE *(last, first, title)*	B. PHONE *(area code & no.)*
Cassie Eblin, Environmental Specialist	(216) 986 - 9999

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX			
8600 E. Pleasant Valley Rd.			
B. CITY OR TOWN	**C. STATE**	**D. ZIP CODE**	
Independence	OH	44131	

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
NE corner of E. Pleasant Home Rd. and Friendsville Rd.			
B. COUNTY NAME			
Wayne			
C. CITY OR TOWN	**D. STATE**	**E. ZIP CODE**	**F. COUNTY CODE (if known)**
Canaan Township	OH	44691	

PAID
AMOUNT $ 200.00 DATE 12-28-17
CHECK # 4025 DATE 12-28-17

VII. SIC CODES (4-digit, in order of priority)

A. FIRST		B. SECOND	
0762	(specify) Farm Management Services		(specify)
C. THIRD		**D. FOURTH**	
	(specify)		(specify)

VIII. OPERATOR INFORMATION

A. NAME	B. Is the name listed in Item VIII-A also the owner?
Pleasant Home Farm, LLC	☒ YES ☐ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)			D. PHONE (area code & no.)
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE	P	(specify)	(216) 986-9999

E. STREET OR P.O. BOX			
8600 E. Pleasant Valley Rd.			
F. CITY OR TOWN	**G. STATE**	**H. ZIP CODE**	**IX. INDIAN LAND**
Independence	OH	44131	Is this facility located on Indian lands? ☐ YES ☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to surface water)	D. PSD (Air emissions from proposed sources)	
B. UIC (Underground injection of fluids)	E. OTHER (specify)	
		(specify)
C. RCRA (Hazardous waste)	F. OTHER (specify)	
	Stormwater Permit 3GC09671*AG	(specify)

XI. MAP

Attach to this application a topographical map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Earthen lined storage pond for storage of anaerobically digested biosolids from multiple NPDES permitted facilities and approximately 300,000 gallons of hog manure annually from the land owner's hog farm. This material will be beneficially used on OEPA approved sites at agronomic rates.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. Name & Official Title	B. Signature	C. Date Signed
Mel Kurtz, President	Mel Kurtz	12-28-17

COMMENTS FOR OFFICIAL USE ONLY

Please print or type in the unshaded areas only.

EPA ID Number (copy from Item 1 of Form 1)

Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.

FORM 2E NPDES

EPA Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s). DEC 28 2017

Outfall Number (list)	Latitude			Longitude			Receiving Water (name)
	Deg	Min	Sec	Deg	Min	Sec	
NA	NA 40	NA 54	NA 59.70	NA 81	NA 57	NA 6.53	NA

II. DISCHARGE DATE (If a new discharger, the date you expect to begin discharging)

Discharge of effluent: March 15, 2018

III. TYPE OF WASTE

A. Check the Box(es) indicating the general types of waste discharged.

☐	Sanitary Wastes	☐	Restaurant or Cafeteria Wastes	☐	Noncontact Cooling Water	☐	Other Nonprocess Wastewater (Identify)

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

NA - Storage Pond

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority *(see instructions)*.

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values *(see instructions)*.

Pollutant or Parameter	(1) Maximum Daily Value (include units)		(2) Average Daily Value (last year) (include units)		(3) Number of Measurements Taken (last year)	(or) (4) Source of Estimate (if new discharger)
	Mass	Concentration	Mass	Concentration		
Biochemical Oxygen Demand (BOD)	28,900	mg/L	13,210	mg/L	12	3
Total Suspended Solids (TSS)	Not Measured	NA	NA	NA	NA	NA
Fecal Coliform *(if believed present or if sanitary waste is discharged)*	524,468	MPN/g	149,055	MPN/g	12	3
Total Residual Chlorine *(if chlorine is used)*	NA	NA	NA	NA	NA	NA
Oil and Grease	6,540	mg/L	4,371	mg/L	12	3
*Chemical oxygen demand (COD)	NA	NA	NA	NA	NA	NA
*Total organic carbon (TOC)	NA	NA	NA	NA	NA	NA
Ammonia *(as N)*	6,690	mg/L	5,662	mg/L	12	3
Discharge Flow	Value NA		NA		NA	NA
pH *(give range)*	Value 7.73 - 8.39		8.08		12	3
Temperature *(Winter)*	Not Measured ºC		Not Measured ºC		NA	NA
Temperature *(Summer)*	Not Measured ºC		Not Measured ºC		NA	NA

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? If yes, briefly describe the frequency of flow and duration.

☒ Yes ☐ No

Land application of effluent will occur, weather permitting, intermittently throughout the year. Most of the land application events will take place between March 15 and December 15, although some application may occur during the winter months.

VI. TREATMENT SYSTEM (Describe briefly any treatment systems(s) used or to be used)

No on-site treatment will occur. This facility will be a earthen lined storage pond for storage of anaerobically digested biosolids from multiple NPDES permitted facilities and approximately 300,000 gallons of hog manure annually from the land owner's hog farm.

VII. OTHER INFORMATION *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

VIII. CERTIFICATION

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.

A. Name & Official Title	B. Phone No. *(area code & no.)*
Mel Kurtz, President	
C. Signature	D. Date Signed
Mel Kurtz	12-28-17

For Agency Use	Facility Name:	Date Received (yy/mm/dd)
	Ohio EPA Permit Number:	Application Number:

OhioEPA

DEC 28 2017

Form 2S
NPDES Application for Sewage Sludge Use or Disposal

I. General Information

A. Treatment System Description

1. List all treatment units used for collecting, dewatering, storing, or treating sewage sludge:

Treatment Code	Treatment Type	Manufacturer
A2	Sludge Lagoons	
C4	Land Spreading	

2. Provide a line drawing that identifies all sewage sludge treatment processes that will be employed during the term of the permit.
   Note: This is a storage only facility. No on-site treatment will occur. All material received will be previously treated via anaerobic digestion at another NPDES permitted facility. In addition, approximately 300,000 gallons of hog manure annually will be received from the neighboring hog farm.

3. Is this facility a Class I sludge management facility? Class I facilities include POTWs required to have an approved pretreatment program.

   ☐ Yes ☒ No

4. Process design capacity of the sewage sludge treatment system (gallons of sludge/yr x 8.34 lb/gal x tons/2000 lb x percent solids): 2,000 dry tons/yr

5. Date of the sewage sludge treatment system construction or last major modification: NA – New Facility

B. Amount Generated On Site

1. Total sewage sludge generated at your facility for the most recent year: NA – New Facility

2. Do you receive sewage sludge from other generators? ☒ Yes ☐ No

   If yes, total received from other generators for the most recent year: NA – New Facility dry tons

3. Do you receive domestic septage? ☐ Yes ☒ No

   If yes, total amount of domestic septage received for the most recent year: _____ gallons

C. Pollutant Information. Using the table below, provide data on the pollutant concentrations in sewage sludge from your facility during the previous year.

Laboratory Name: NA – New Facility

Pollutant Name	CAS #	No. of Analyses	Average Concentration (mg/kg)	Maximum Monthly Average Concentration (mg/kg)	Range of Data (Min. – Max.) (mg/kg)	Minimum Detection Level
Arsenic	7440-38-2					
Cadmium	7440-43-9					
Copper	7440-50-8					
Lead	7439-92-1					
Mercury	7439-97-6					
Molybdenum	7439-98-7					
Nickel	7440-02-0					
Selenium	7782-49-2					
Zinc	7440-66-6					

D. Sewage sludge treatment and disposal characteristics. Complete the following to determine the applicability of your facility's sewage sludge use or disposal practices. If you answer yes to any question, you must complete the applicable section. Complete all sections that apply to your facility.

☐	Is sewage sludge from your facility hauled to another facility that provides treatment or blending? This section does not apply to sewage sludge hauled to land application or surface disposal sites. **(Section II: Shipment Off Site for Treatment)**
☒	Is sewage sludge from your facility applied to the land? This section includes exceptional quality sewage sludge (EQS) and sewage sludge applied to land reclamation sites. **(Section III: Land Application of Bulk Sewage Sludge)**
☐	Is sewage sludge from your facility placed on a surface disposal site? **(Section IV: Surface Disposal)**
☐	Is sewage sludge from your facility fired in a sewage sludge incinerator? **(Section V: Incineration)**
☐	Is sewage sludge from your facility placed on a municipal solid waste landfill? **(Section VI: Disposal In a Municipal Solid Waste Landfill)**

II. Shipment Off Site for Treatment or Blending

A. Total sewage sludge hauled to all receiving facilities for the most recent year: _____ dry tons

B. Information on off site treatment or blending. Complete this section for each receiving facility *(Attach additional pages as necessary)*

1. Name of facility: _____
2. Facility contact: Name: _____

   Title: _____ Phone: _____
3. Facility location: Street: _ _

   City: _____ State: _____ Zip: _____
4. Total sewage sludge provided to this receiving facility for the most recent year: _____ dry tons

III. Land Application of Bulk Sewage Sludge

A. Land Application Generation Information

1. Total sewage sludge from your facility applied to all land application sites for the most recent year: NA – New Facility
2. Total number of land application sites currently assigned an Ohio EPA site identification number: NA – New Facility
3. Total acreage of land application sites currently assigned an Ohio EPA site identification number: NA – New Facility
4. List all counties that you currently (or you expect during the life of the permit to) land apply sewage sludge.

   Wayne, Holmes, Medina, Ashland, Stark

5. Are any land application sites located in states other than Ohio? ☐ Yes ☒ No

   If yes, describe how you notify the permitting authority for the States where the land application sites are located.

6. Does sewage sludge from your facility meet the ceiling concentration limits in Table 1 of 40 CFR 503.13 and the pollutant concentrations in Table 3 of 40 CFR 503.13? ☐ Yes ☐ No ☒ NA – New Facility

   If yes, provide total percentage from Section III A.1 that met the ceiling and pollutant concentrations for the most recent year that was land applied: _____

7. Does sewage sludge from your facility meet the ceiling concentrations in Table 1 of 40 CFR 503.13 but does not meet the pollutant concentrations in Table 3 of CFR 503.13? ☐ Yes ☐ No ☒ NA – New Facility

   If yes, provide total percentage from Section III A.1 that met the ceiling concentrations but not the pollution concentrations for the most recent year that was land applied: _____

8. What percentage of sewage sludge from Section III A.1 (in dry tons per year) is achieved for each pathogen reduction class? _____ Class A _____ Class B ☒ NA – New Facility

9. Which Pathogen Reduction Alternative is used to achieve the class? *(Choose all that apply)*

	Class A		Class B
☐	Thermally Treated Biosolids	☐	Monitoring of Indicator Organisms
☐	Biosolids Treated in a High pH- Temp.	☐	PSRP, Aerobic Digestion
☐	Biosolids Treated in Other Processes	☐	PSRP, Air Drying
☐	Biosolids Treated in Unknown Processes	☒	PSRP, Anaerobic Digestion
☐	PFRP, Composting	☐	PSRP, Composting
☐	PFRP, Heat Drying	☐	PSRP, Lime Stabilization
☐	PFRP, Thermophilic Aerobic Digestion	☐	Biosolids Treated in a PSRP Equivalent
☐	PFRP, Beta Ray Irradiation		
☐	PFRP, Gamma Ray Irradiation		
☐	PFRP, Pasteurization		
☐	PFRP, Heat Treatment		
☐	Biosolids Treated in a PFRP Equivalent		

10. Which Vector Attraction Reduction option is met for the sewage sludge at your facility? *(Choose all that apply)*

	VAR Option
☒	Option 1 (Minimum 38 percent reduction in volatile solids)
☐	Option 2 (Anaerobic process, with bench-scale demo)
☐	Option 3 (Aerobic process, with bench-scale demo)
☐	Option 4 (Specific oxygen uptake rate for aerobic digested sludge)
☐	Option 5 (Aerobic process plus raised temperature)
☐	Option 6 (Raise pH to 12 and retain at 11.5)
☐	Option 7 (75 percent solids with no unstabilized solids)
☐	Option 8 (90 percent solids with unstabilized solids)
☐	Option 9 (Injection below land surface)
☐	Option 10 (incorporation into soil within 24 hours)
☐	Option 11 (Cover sludge placed on a surface disposal)
☐	Option 12 (Domestic septage pH adjustment)

B. Spill Contingency Plan. All facilities that land apply sewage sludge are required to have a spill contingency plan.

1. Date spill contingency plan was submitted to Ohio EPA: 12/27/17
2. Have there been any substantial modifications to the spill contingency plan since it was submitted to Ohio EPA?
   ☐ Yes ☐ No ☒ NA – New Facility
   If yes, please submit a copy of the modified spill contingency plan to the appropriate district office.

IV. Surface Disposal

A. Total sewage sludge from your facility placed on all surface disposal sites for the most recent year: _____ dry tons

B. Information on Active Sewage Sludge Units. Complete this section for each active sewage sludge unit. *(Attach additional pages as necessary)*

1. Name of facility: _____
2. Facility contact: Name: _____
   Title: _____ Phone: _____
3. Facility location: Street: _____
   City: _____ State: _____ Zip: _____
4. Total sewage sludge placed on the active sewage sludge unit for the most recent year: _____ dry tons

V. Incineration

A. Total sewage sludge from your facility fired in all sewage sludge incinerators for the most recent year: dry tons

B. Information on Sewage Sludge Incinerators. Complete this section for each incinerator. *(Attach additional pages as necessary)*

1. Name of facility: _____
2. Incinerator air permit number: _____
3. Facility contact: Name: _____

   Title: _____ Phone: _____
4. Facility location: Street: _____

   City: _____ State: _____ Zip: _____
5. Total sewage sludge from your facility fired in this sewage sludge incinerator for the most recent year: _____ dry tons

VI. Disposal in a Municipal Solid Waste Landfill

A. Total sewage sludge from your facility placed in all municipal solid waste landfills for the most recent year:

_____ dry tons

B. Information on municipal solid waste landfills. Complete this section for each municipal solid waste landfill. *(Attach additional pages as necessary)*

1. Name of facility: _____
2. Facility contact: Name: _____

   Title: _____ Phone: _____
3. Facility location: Street: _____

   City: _____ State: _____ Zip: _____
4. Total sewage sludge from your facility fired in this sewage sludge incinerator for the most recent year: _____ dry tons

VII. Certification

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 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.

A. NAME AND OFFICIAL TITLE (type or print)	B. PHONE NO. (area code & no.)
Mel Kurtz, President	(216) 986-9999
C. SIGNATURE 	D. DATE SIGNED 12/27/17

Antidegradation Addendum
Division of Surface Water

DEC 28 2017

In accordance with Ohio Administrative Code (OAC) 3745-1-05 Antidegradation, additional information may be required to complete your application for a permit to install (PTI) or National Pollutant Discharge Elimination System (NPDES) permit. For any application that may result in an increase in the level of pollutant being discharged (NPDES and/or PTI) or for which there might be an activity taking place within a stream bed, the processing of the permit(s) may be required to go through procedures as outlined in the antidegradation rule. The rule outlines procedures for public notification and participation as well as the procedures pertaining to the levels of review necessary. The levels of review necessary depend on the degradation being considered/requested. The rule also outlines exclusion from portions of the application and review requirements and waivers that the Director may grant as specified in Section OAC 3745-1-05(D) of the rule. Please complete the following questions. The answers provided will allow the Ohio EPA to determine if additional information is needed. **All projects that require both an NPDES and PTI should submit both applications simultaneously to avoid going through the antidegradation process separately for each permit.**

A. General Information

Applicant:	Pleasant Home Farm, LLC
Facility Owner:	Pleasant Home Farm, LLC
Facility Location *(city & county)*:	Canaan Township, Wayne County
Application or Plans Prepared by:	quasar energy group, LLC
Project Name:	Wiles Storage Pond
NPDES Permit No. *(if applicable)*:	

B. Antidegradation Applicability

Is the application for? *(check as many as apply)*

☒	Application with no direct surface water discharge *(Projects that do not meet the applicability section of OAC 3745-1-05(B)(1))*. Examples include on-site disposal, extensions of sanitary sewers, spray irrigation, indirect discharge to POTW, etc. **Complete Section E.**
☐	Renewal NPDES application or PTI application with no requested increase in loading of currently permitted pollutants. **Complete Section E.**
☐	PTI and NPDES application for a new wastewater treatment works that will discharge to a surface water. **Complete Sections C & E.**
☐	PTI and/or NPDES application for an expansion/modification of an existing wastewater treatment works discharging to a surface water that will result in any of the following: • Addition of any pollutant no currently in the discharge; or • An increase in mass or concentration of any pollutant currently in the discharge; or • An increase in any current pollutant limitation in terms of mass or concentration. **Complete Sections C & E.**
☐	PTI application that involves placement of fill or installation of any portion of a sewerage system (i.e., sanitary sewers, pump stations, WWTP, etc.) within 150 feet of a stream bed. **Please provide information requested on the stream evaluation addendum and complete Section E.**
☐	Initial NPDES application for an existing treatment works with a wastewater discharge prior to October 1, 1996. **Complete Sections D & E.**
☐	Renewal NPDES application or modification to an effective NPDES permit that will result in any of the following: • A new permit limitation for a pollutant that previously had no limitation; or • An increase in any mass or concentration limitation of any pollutant that currently has a limitation.

C. Antidegradation Information

1. Does the PTI and/or NPDES permit application meet an exclusion as outlined by OAC 3745-1-05(D)(1) of the Antidegradation rule?

☐ Yes. **Complete Question C.2.**

☐ No. **Complete Questions C.3 and C.4.**

2. For projects that would be eligible for exclusions provide the following information:

a. Provide justification for the exclusion.
b. Identify the substances to be discharged, including the amount of regulated pollutants to be discharged in terms of mass and concentration.
c. A description of any construction work, fill or other substances to occur or be placed in or near a stream bed.

3. Are you requesting a waiver as outlined by OAC 3745-1-05(D)(2-7) of the Antidegradation rule? ☐ No ☐ Yes
If you wish to pursue one of the waivers, please identify the waiver and submit the necessary information to support the request. Depending on the waiver requested, the information required under question C.4. may be required to complete the application.

4. For all projects that do not qualify for an exclusion, a report must accompany this application evaluating the preferred design alternative, non-degradation alternatives, minimal degradation alternatives, and mitigative techniques/measures for the design and operation of the activity. The information outlined below should be addressed in this report. If a waiver is requested, this section is still required.

a. Describe the availability, cost effectiveness and technical feasibility of connecting to existing central or regional sewage collection and treatment facilities, including long range plans for sewer service outlined in state or local water quality management planning documents and applicable facility planning documents.

b. List and describe all government and/or privately sponsored conservation projects that may have been or will be specifically targeted to improve water quality or enhance recreational opportunities on the affected water resource.

c. Provide a brief description of all treatment/disposal alternatives (preferred, non-degradation, minimal degradation and mitigative technique/measure) evaluated for this application and their respective operational and maintenance needs.

At a minimum, the following information must be included in the report for each alternative evaluated.

d. Outline of the treatment/disposal system evaluated, including the costs associated with the equipment, installation, and continued operation and maintenance.

e. Identify the substances to be discharged, including the amount of regulated pollutants to be discharged in terms of mass and concentration.

f. Describe the reliability of the treatment/disposal system, including but not limited to the possibility of recurring operation and maintenance difficulties that would lead to increased degradation.

g. Describe any impacts to human health and the overall quality and value of the water resource.

h. Describe and provide an estimate of the important social and economic benefits to be realized through this proposed project. Include the number and types of jobs created and tax revenues generated.

i. Describe environmental benefits to be realized through this proposed project.

j. Describe and provide an estimate of the social and economic benefits that may be lost as a result of this project. Include the impacts on commercial and recreational use of the water resource.

k. Describe the environmental benefits lost as a result of this project. Include the impact on the aquatic life, wildlife, threatened or endangered species.

l. Describe any construction work, fill or other structures to occur or be placed in or near a stream bed.

m. Provide any other information that may be useful in evaluating this application.

D. Discharge Information	
1. For treatment/disposal systems constructed pursuant to a previously issued Ohio EPA PTI, provide the following information:	
PTI Number:	
PTI Issuance Date:	
Initial Date of Discharge:	

2. Has the appropriate NPDES permit application form been submitted including representative effluent data?

☐ Yes **Go to Section E.** ☐ No **See below.**

If no, submit the information as applicable under a or b as follows:

a. For entities discharging process wastewater, attach a completed NPDES 2C form.

b. For entities discharging wastewater of domestic origin, attach the results of a least one chemical analysis of the wastestream for all pollutants for which authorization to discharge is being requested and a measurement of the daily volume (gallons per day) of wastewaters being discharged.

E. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to be best of my knowledge and belief, true, accurate and complete.

This section must be signed by the same responsible person who signed the accompanying permit application or certification as per 40 C.F.R. 122.22.

Signature:	Mel Kurtz
Date:	12-28-17

quasar energy group

DEC 2 8 2017

Prevention /Contingency Plan for Spills at Wiles Storage Pond

In the unlikely event of a spill during transportation to, within, or from (to land application) the Storage Pond, management staff will take the following immediate actions:

1. PREVENT SPILLS THROUGH REGULAR INSPECTIONS, MAINTAINENCE, AND PROACTIVE MANAGEMENT. Perform the O & M per plans for all equipment. When managing equate effluent in the field locate operations and storage per OAC 3745-40 and prudently avoid areas where a spill would result in release of equate off of the OEPA approved fields.

2. HALT THE SOURCE OF THE SPILL. For temporary bags form a protective earthen berm or compost sock secondary containment to contain possible leaks.

3. CONTAIN SPILL; as appropriate, use straw bales or compost socks to form a barrier.

4. CLEAN UP; Employ vacuum truck cleaning up large quantities of spilled sludge.

5. FINAL CLEAN UP; As appropriate, flush roadways with water immediately after sludge is removed from the spill site, or sweep as necessary to clean. In the event a spill occurs on private property, the owner will be contacted immediately and final cleanup will be completed to the satisfaction of the owner.

6. MANAGEMENT OF CLEAN UP EFFORTS; management staff shall take immediate charge and initiate clean-up activities. Labor shall be secured as needed. The Environmental Specialist shall also be on hand to communicate with the public or media on the scene, answering questions and advising of clean up activities.

7. NOTIFICATION:
   - ❑ Dispatch Manager to notify Operations Managers with exact location, time of occurrence, and conditions of spill.
   - ❑ **IMMEDIATE NOTIFICATION** will be given by Operations in the following order:
     - ❑ Site Operator to notify Effluent Manager, Dispatch, and Environmental Specialist about spill and needed equipment for clean-up. If press is involved then Marketing is to be notified by Site Operator so that they can manage PR.
     - ❑ Site Operator to notify Effluent Manager if vacuum truck and/or personnel assistance is required.
     - ❑ Dispatch to obtain necessary information about spill such as police report and to follow-up as necessary to bill other parties for insurance claims.

8. SPILL PREVENTION; management staff shall take the following steps:
   - ❑ Ensure truck drivers/operators watch truck while loading at storage pond.
   - ❑ Ensure that tailgate seals and/or lids are in place on trucks. If not, they will be replaced or repaired as necessary.
   - ❑ Inspect trucks daily and replace or repair as necessary.
   - ❑ Ensure unloading operations in the field are conducted so as to minimize any spillage.
   - ❑ Instruct truck drivers of assured safe distances to follow traffic so as to prevent sudden stops.
   - ❑ Temporary storage tanks or bags will be located at least 33' from ditches, swales, roads, fence lines, or wooded areas.

CE 100217

quasar energy group

Prevention /Contingency Plan for Spills at Wiles Storage Pond

In the unlikely event of a spill during transportation to, within, or from (to land application) the Storage Pond, management staff will take the following immediate actions:

1. PREVENT SPILLS THROUGH REGULAR INSPECTIONS, MAINTAINENCE, AND PROACTIVE MANAGEMENT. Perform the O & M per plans for all equipment. When managing equate effluent in the field locate operations and storage per OAC 3745-40 and prudently avoid areas where a spill would result in release of equate off of the OEPA approved fields.

2. HALT THE SOURCE OF THE SPILL. For temporary bags form a protective earthen berm or compost sock secondary containment to contain possible leaks.

3. CONTAIN SPILL; as appropriate, use straw bales or compost socks to form a barrier.

4. CLEAN UP; Employ vacuum truck cleaning up large quantities of spilled sludge.

5. FINAL CLEAN UP; As appropriate, flush roadways with water immediately after sludge is removed from the spill site, or sweep as necessary to clean. In the event a spill occurs on private property, the owner will be contacted immediately and final cleanup will be completed to the satisfaction of the owner.

6. MANAGEMENT OF CLEAN UP EFFORTS; management staff shall take immediate charge and initiate clean-up activities. Labor shall be secured as needed. The Environmental Specialist shall also be on hand to communicate with the public or media on the scene, answering questions and advising of clean up activities.

7. NOTIFICATION:
   - ❑ Dispatch Manager to notify Operations Managers with exact location, time of occurrence, and conditions of spill.
   - ❑ **IMMEDIATE NOTIFICATION** will be given by Operations in the following order:
     - ❑ Site Operator to notify Effluent Manager, Dispatch, and Environmental Specialist about spill and needed equipment for clean-up. If press is involved then Marketing is to be notified by Site Operator so that they can manage PR.
     - ❑ Site Operator to notify Effluent Manager if vacuum truck and/or personnel assistance is required.
     - ❑ Dispatch to obtain necessary information about spill such as police report and to follow-up as necessary to bill other parties for insurance claims.

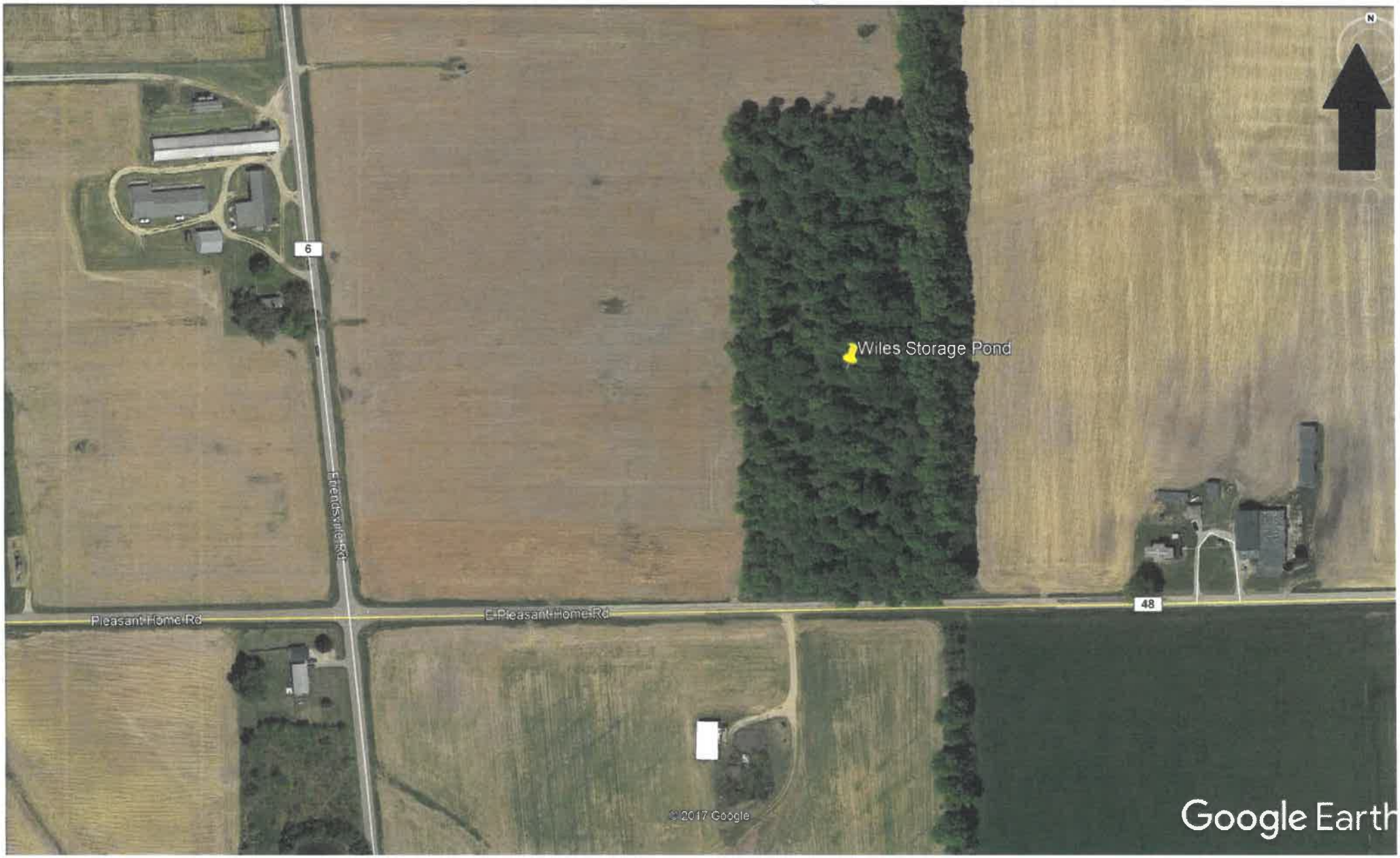
8. SPILL PREVENTION; management staff shall take the following steps:
   - ❑ Ensure truck drivers/operators watch truck while loading at storage pond.
   - ❑ Ensure that tailgate seals and/or lids are in place on trucks. If not, they will be replaced or repaired as necessary.
   - ❑ Inspect trucks daily and replace or repair as necessary.
   - ❑ Ensure unloading operations in the field are conducted so as to minimize any spillage.
   - ❑ Instruct truck drivers of assured safe distances to follow traffic so as to prevent sudden stops.
   - ❑ Temporary storage tanks or bags will be located at least 33' from ditches, swales, roads, fence lines, or wooded areas.

CE 100217

DEC 28 2017


51
Canaan
Easten Rd
604
N
Wiles Storage Pond
E Pleasant Home Rd
48
63
Burbank Rd
3
27
Fulton Rd
Cleveland Rd
© 2017 Google
Google Earth

DEC 2 8 2017


Wiles Storage Pond
6
Friendsville Rd
Pleasant Home Rd
E Pleasant Home Rd
48
© 2017 Google
Google Earth

Wiles Storage Pond
Canaan Township, Wayne County Ohio

DEC 2 8 2017

Please type. Do not complete by hand.

FORM 1 GENERAL	EPA	U.S. ENVIRONMENTAL PROTECTION AGENCY **GENERAL INFORMATION** *Consolidated Permits Program* *(Read the "General Instructions" before starting)*	I. EPA I.D. NUMBER

LABEL ITEMS		
II. EPA I.D. NUMBER III. FACILITY NAME VI. FACILITY MAILING ADDRESS VI. FACILITY LOCATION	Ohio EPA does not provide labels. Enter this information in items I, III, V and VI.	If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through G to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms.**

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.?** (FORM 2A)	☐	☒	☐	B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.?** (FORM 2B)	☐	☒	☐
C. Is this a facility which currently results in to **discharges waters of the U.S.** other than those described in A or B above? (FORM 2C)	☐	☒	☐	D. Is this a proposed facility (*other than those described in A or B above*) which will result in a **discharge** to **waters of the U.S.?** (FORM 2D)	☐	☒	☐
E. Is this a facility which does not discharge process **wastewater?** (FORM 2E)	☐	☒	☐	F. Is this a facility which discharges stormwater associated with industrial activity? (FORM 2F)	☐	☒	☐
G. Do you generate **sewage sludge** that is ultimately regulated by Part 503? Do you generate **sewage sludge** that is sent to another **facility** for treatment or blending? Do you process or derive material from **sewage sludge** that is disposed in a manner subject to Part 503? (FORM 2S)	☒	☐	☐				

III. NAME OF FACILITY

Wiles Storage Pond

IV. FACILITY CONTACT

A. NAME & TTILE *(last, first, title)*	B. PHONE *(area code & no.)*
Caroline Henry, VP of Communications	(216) 986 - 9999 x 113

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX			
8600 E. Pleasant Valley Rd.			
B. CITY OR TOWN	**C. STATE**	**D. ZIP CODE**	
Independence	OH	44131	

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
NE corner of E. Pleasant Home Rd. and Friendsville Rd.			
B. COUNTY NAME			
Wayne			
C. CITY OR TOWN	**D. STATE**	**E. ZIP CODE**	**F. COUNTY CODE (if known)**
Canaan Township	OH	44691	

VII. SIC CODES (4-digit, in order of priority)

A. FIRST		B. SECOND	
0762	(specify) Farm Management Services		(specify)
C. THIRD		**D. FOURTH**	
	(specify)		(specify)

VIII. OPERATOR INFORMATION

A. NAME	B. Is the name listed in Item VIII-A also the owner?
Buckeye Biogas, LLC	☒ YES ☐ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)			D. PHONE (area code & no.)
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE	P	(specify)	(216) 986-9999

E. STREET OR P.O. BOX			
8600 E. Pleasant Valley Rd.			
F. CITY OR TOWN	**G. STATE**	**H. ZIP CODE**	**IX. INDIAN LAND**
Independence	OH	44131	Is this facility located on Indian lands? ☐ YES ☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to surface water)	D. PSD (Air emissions from proposed sources)	
B. UIC (Underground injection of fluids)	E. OTHER (specify)	
		(specify)
C. RCRA (Hazardous waste)	F. OTHER (specify)	
	Stormwater Permit 3GC09671*AG	(specify)

XI. MAP

Attach to this application a topographical map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Earthen lined storage pond for storage of anaerobically digested biosolids from multiple NPDES permitted facilities. These biosolids will be beneficially used on OEPA approved sites at agronomic rates.

RECEIVED
OCT 30 2017
OHIO EPA NEDO

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. Name & Official Title	B. Signature	C. Date Signed
Caroline Henry, VP of Communications		10-25-17

COMMENTS FOR OFFICIAL USE ONLY

For Agency Use	Facility Name:	Date Received (yy/mm/dd)
	Ohio EPA Permit Number:	Application Number:

OhioEPA

RECEIVED
OCT 30 2017
OHIO EPA NEDO

Form 2S
NPDES Application for Sewage Sludge Use or Disposal

I. General Information

A. Treatment System Description

1. List all treatment units used for collecting, dewatering, storing, or treating sewage sludge:

Treatment Code	Treatment Type	Manufacturer
A2	Sludge Lagoons	
C4	Land Spreading	

2. Provide a line drawing that identifies all sewage sludge treatment processes that will be employed during the term of the permit.
   Note: This is a storage only facility. No on-site treatment will occur. All material Received will be previously treated via anaerobic digestion at another NPDES permitted facility.

3. Is this facility a Class I sludge management facility? Class I facilities include POTWs required to have an approved pretreatment program.

   ☐ Yes ☒ No

4. Process design capacity of the sewage sludge treatment system (gallons of sludge/yr x 8.34 lb/gal x tons/2000 lb x percent solids): 2,000 dry tons/yr

5. Date of the sewage sludge treatment system construction or last major modification: NA – New Facility

B. Amount Generated On Site

1. Total sewage sludge generated at your facility for the most recent year: NA – New Facility

2. Do you receive sewage sludge from other generators? ☒ Yes ☐ No

   If yes, total received from other generators for the most recent year: _____ dry tons

3. Do you receive domestic septage? ☐ Yes ☒ No

   If yes, total amount of domestic septage received for the most recent year: _____ gallons

C. **Pollutant Information.** Using the table below, provide data on the pollutant concentrations in sewage sludge from your facility during the previous year.

Laboratory Name: NA – New Facility

Pollutant Name	CAS #	No. of Analyses	Average Concentration (mg/kg)	Maximum Monthly Average Concentration (mg/kg)	Range of Data (Min. – Max.) (mg/kg)	Minimum Detection Level
Arsenic	7440-38-2					
Cadmium	7440-43-9					
Copper	7440-50-8					
Lead	7439-92-1					
Mercury	7439-97-6					
Molybdenum	7439-98-7					
Nickel	7440-02-0					
Selenium	7782-49-2					
Zinc	7440-66-6					

D. **Sewage sludge treatment and disposal characteristics.** Complete the following to determine the applicability of your facility's sewage sludge use or disposal practices. If you answer yes to any question, you must complete the applicable section. Complete all sections that apply to your facility.

☐	Is sewage sludge from your facility hauled to another facility that provides treatment or blending? This section does not apply to sewage sludge hauled to land application or surface disposal sites. **(Section II: Shipment Off Site for Treatment)**
☒	Is sewage sludge from your facility applied to the land? This section includes exceptional quality sewage sludge (EQS) and sewage sludge applied to land reclamation sites. **(Section III: Land Application of Bulk Sewage Sludge)**
☐	Is sewage sludge from your facility placed on a surface disposal site? **(Section IV: Surface Disposal)**
☐	Is sewage sludge from your facility fired in a sewage sludge incinerator? **(Section V: Incineration)**
☐	Is sewage sludge from your facility placed on a municipal solid waste landfill? **(Section VI: Disposal In a Municipal Solid Waste Landfill)**

II. Shipment Off Site for Treatment or Blending

A. Total sewage sludge hauled to all receiving facilities for the most recent year: _____ dry tons

B. **Information on off site treatment or blending.** Complete this section for each receiving facility *(Attach additional pages as necessary)*

1. Name of facility: _____
2. Facility contact: Name: _____
   Title: _____ Phone: _____
3. Facility location: Street: _ _
   City: _____ State: _____Zip: _____
4. Total sewage sludge provided to this receiving facility for the most recent year: _____ dry tons

III. Land Application of Bulk Sewage Sludge

A. Land Application Generation Information

1. Total sewage sludge from your facility applied to all land application sites for the most recent year: NA – New Facility
2. Total number of land application sites currently assigned an Ohio EPA site identification number: NA – New Facility
3. Total acreage of land application sites currently assigned an Ohio EPA site identification number: NA – New Facility
4. List all counties that you currently (or you expect during the life of the permit to) land apply sewage sludge.

   Wayne, Holmes, Medina, Ashland, Stark

5. Are any land application sites located in states other than Ohio? ☐ Yes ☒ No

   If yes, describe how you notify the permitting authority for the States where the land application sites are located.

6. Does sewage sludge from your facility meet the ceiling concentration limits in Table 1 of 40 CFR 503.13 and the pollutant concentrations in Table 3 of 40 CFR 503.13? ☐ Yes ☐ No ☒ NA – New Facility

   If yes, provide total percentage from Section III A.1 that met the ceiling and pollutant concentrations for the most recent year that was land applied: _____

7. Does sewage sludge from your facility meet the ceiling concentrations in Table 1 of 40 CFR 503.13 but does not meet the pollutant concentrations in Table 3 of CFR 503.13? ☐ Yes ☐ No ☒ NA – New Facility

   If yes, provide total percentage from Section III A.1 that met the ceiling concentrations but not the pollution concentrations for the most recent year that was land applied: _____

8. What percentage of sewage sludge from Section III A.1 (in dry tons per year) is achieved for each pathogen reduction class? _____ Class A _____ Class B ☒ NA – New Facility

9. Which Pathogen Reduction Alternative is used to achieve the class? *(Choose all that apply)*

	Class A		Class B
☐	Thermally Treated Biosolids	☐	Monitoring of Indicator Organisms
☐	Biosolids Treated in a High pH- Temp.	☐	PSRP, Aerobic Digestion
☐	Biosolids Treated in Other Processes	☐	PSRP, Air Drying
☐	Biosolids Treated in Unknown Processes	☒	PSRP, Anaerobic Digestion
☐	PFRP, Composting	☐	PSRP, Composting
☐	PFRP, Heat Drying	☐	PSRP, Lime Stabilization
☐	PFRP, Thermophilic Aerobic Digestion	☐	Biosolids Treated in a PSRP Equivalent
☐	PFRP, Beta Ray Irradiation		
☐	PFRP, Gamma Ray Irradiation		
☐	PFRP, Pasteurization		
☐	PFRP, Heat Treatment		
☐	Biosolids Treated in a PFRP Equivalent		

10. Which Vector Attraction Reduction option is met for the sewage sludge at your facility? *(Choose all that apply)*

	VAR Option
☒	Option 1 (Minimum 38 percent reduction in volatile solids)
☐	Option 2 (Anaerobic process, with bench-scale demo)
☐	Option 3 (Aerobic process, with bench-scale demo)
☐	Option 4 (Specific oxygen uptake rate for aerobic digested sludge)
☐	Option 5 (Aerobic process plus raised temperature)
☐	Option 6 (Raise pH to 12 and retain at 11.5)
☐	Option 7 (75 percent solids with no unstabilized solids)
☐	Option 8 (90 percent solids with unstabilized solids)
☐	Option 9 (Injection below land surface)
☐	Option 10 (incorporation into soil within 24 hours)
☐	Option 11 (Cover sludge placed on a surface disposal)
☐	Option 12 (Domestic septage pH adjustment)

B. Spill Contingency Plan. All facilities that land apply sewage sludge are required to have a spill contingency plan.

1. Date spill contingency plan was submitted to Ohio EPA: 10/25/17
2. Have there been any substantial modifications to the spill contingency plan since it was submitted to Ohio EPA?
   ☐ Yes ☐ No ☒ NA – New Facility
   If yes, please submit a copy of the modified spill contingency plan to the appropriate district office.

IV. Surface Disposal

A. Total sewage sludge from your facility placed on all surface disposal sites for the most recent year: _____ dry tons

B. Information on Active Sewage Sludge Units. Complete this section for each active sewage sludge unit. *(Attach additional pages as necessary)*

1. Name of facility: _____
2. Facility contact: Name: _____
   Title: _____ Phone: _____
3. Facility location: Street: _____
   City: _____ State: _____ Zip: _____
4. Total sewage sludge placed on the active sewage sludge unit for the most recent year: _____ dry tons

V. Incineration

A. Total sewage sludge from your facility fired in all sewage sludge incinerators for the most recent year: dry tons

B. Information on Sewage Sludge Incinerators. Complete this section for each incinerator. *(Attach additional pages as necessary)*

1. Name of facility: _____
2. Incinerator air permit number: _____
3. Facility contact: Name: _____
   Title: _____ Phone: _____
4. Facility location: Street: _____
   City: _____ State: _____ Zip: _____
5. Total sewage sludge from your facility fired in this sewage sludge incinerator for the most recent year: _____ dry tons

VI. Disposal in a Municipal Solid Waste Landfill

A. Total sewage sludge from your facility placed in all municipal solid waste landfills for the most recent year:
_____ dry tons

B. Information on municipal solid waste landfills. Complete this section for each municipal solid waste landfill. *(Attach additional pages as necessary)*

1. Name of facility: _____
2. Facility contact: Name: _____
   Title: _____ Phone: _____
3. Facility location: Street: _____
   City: _____ State: _____ Zip: _____
4. Total sewage sludge from your facility fired in this sewage sludge incinerator for the most recent year:
   _____ dry tons

VII. Certification

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 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.

A. NAME AND OFFICIAL TITLE (type or print)	B. PHONE NO. (area code & no.)
Caroline Henry, V.P. Communications	216 986-9999 x113
C. SIGNATURE	D. DATE SIGNED
	10-25-17

Antidegradation Addendum
Division of Surface Water

In accordance with Ohio Administrative Code (OAC) 3745-1-05 Antidegradation, additional information may be required to complete your application for a permit to install (PTI) or National Pollutant Discharge Elimination System (NPDES) permit. For any application that may result in an increase in the level of pollutant being discharged (NPDES and/or PTI) or for which there might be an activity taking place within a stream bed, the processing of the permit(s) may be required to go through procedures as outlined in the antidegradation rule. The rule outlines procedures for public notification and participation as well as the procedures pertaining to the levels of review necessary. The levels of review necessary depend on the degradation being considered/requested. The rule also outlines exclusion from portions of the application and review requirements and waivers that the Director may grant as specified in Section OAC 3745-1-05(D) of the rule. Please complete the following questions. The answers provided will allow the Ohio EPA to determine if additional information is needed. **All projects that require both an NPDES and PTI should submit both applications simultaneously to avoid going through the antidegradation process separately for each permit.**

A. General Information

Applicant:	Buckeye Biogas, LLC
Facility Owner:	Buckeye Biogas, LLC
Facility Location *(city & county)*:	Canaan Township, Wayne County
Application or Plans Prepared by:	Buckeye Biogas, LLC
Project Name:	Wiles Storage Pond
NPDES Permit No. *(if applicable)*:	

B. Antidegradation Applicability

Is the application for? *(check as many as apply)*

☒	Application with no direct surface water discharge *(Projects that do not meet the applicability section of OAC 3745-1-05(B)(1))*. Examples include on-site disposal, extensions of sanitary sewers, spray irrigation, indirect discharge to POTW, etc. **Complete Section E.**
☐	Renewal NPDES application or PTI application with no requested increase in loading of currently permitted pollutants. **Complete Section E.**
☐	PTI and NPDES application for a new wastewater treatment works that will discharge to a surface water. **Complete Sections C & E.**
☐	PTI and/or NPDES application for an expansion/modification of an existing wastewater treatment works discharging to a surface water that will result in any of the following: • Addition of any pollutant no currently in the discharge; or • An increase in mass or concentration of any pollutant currently in the discharge; or • An increase in any current pollutant limitation in terms of mass or concentration. **Complete Sections C & E.**
☐	PTI application that involves placement of fill or installation of any portion of a sewerage system (i.e., sanitary sewers, pump stations, WWTP, etc.) within 150 feet of a stream bed. **Please provide information requested on the stream evaluation addendum and complete Section E.**
☐	Initial NPDES application for an existing treatment works with a wastewater discharge prior to October 1, 1996. **Complete Sections D & E.**
☐	Renewal NPDES application or modification to an effective NPDES permit that will result in any of the following: • A new permit limitation for a pollutant that previously had no limitation; or • An increase in any mass or concentration limitation of any pollutant that currently has a limitation.

C. Antidegradation Information

1. Does the PTI and/or NPDES permit application meet an exclusion as outlined by OAC 3745-1-05(D)(1) of the Antidegradation rule?

☐ Yes. **Complete Question C.2.**

☐ No. **Complete Questions C.3 and C.4.**

2. For projects that would be eligible for exclusions provide the following information:

a. Provide justification for the exclusion.
b. Identify the substances to be discharged, including the amount of regulated pollutants to be discharged in terms of mass and concentration.
c. A description of any construction work, fill or other substances to occur or be placed in or near a stream bed.

3. Are you requesting a waiver as outlined by OAC 3745-1-05(D)(2-7) of the Antidegradation rule? ☐ No ☐ Yes
If you wish to pursue one of the waivers, please identify the waiver and submit the necessary information to support the request. Depending on the waiver requested, the information required under question C.4. may be required to complete the application.

4. For all projects that do not qualify for an exclusion, a report must accompany this application evaluating the preferred design alternative, non-degradation alternatives, minimal degradation alternatives, and mitigative techniques/measures for the design and operation of the activity. The information outlined below should be addressed in this report. If a waiver is requested, this section is still required.

a. Describe the availability, cost effectiveness and technical feasibility of connecting to existing central or regional sewage collection and treatment facilities, including long range plans for sewer service outlined in state or local water quality management planning documents and applicable facility planning documents.

b. List and describe all government and/or privately sponsored conservation projects that may have been or will be specifically targeted to improve water quality or enhance recreational opportunities on the affected water resource.

c. Provide a brief description of all treatment/disposal alternatives (preferred, non-degradation, minimal degradation and mitigative technique/measure) evaluated for this application and their respective operational and maintenance needs.

At a minimum, the following information must be included in the report for each alternative evaluated.

d. Outline of the treatment/disposal system evaluated, including the costs associated with the equipment, installation, and continued operation and maintenance.

e. Identify the substances to be discharged, including the amount of regulated pollutants to be discharged in terms of mass and concentration.

f. Describe the reliability of the treatment/disposal system, including but not limited to the possibility of recurring operation and maintenance difficulties that would lead to increased degradation.

g. Describe any impacts to human health and the overall quality and value of the water resource.

h. Describe and provide an estimate of the important social and economic benefits to be realized through this proposed project. Include the number and types of jobs created and tax revenues generated.

i. Describe environmental benefits to be realized through this proposed project.

j. Describe and provide an estimate of the social and economic benefits that may be lost as a result of this project. Include the impacts on commercial and recreational use of the water resource.

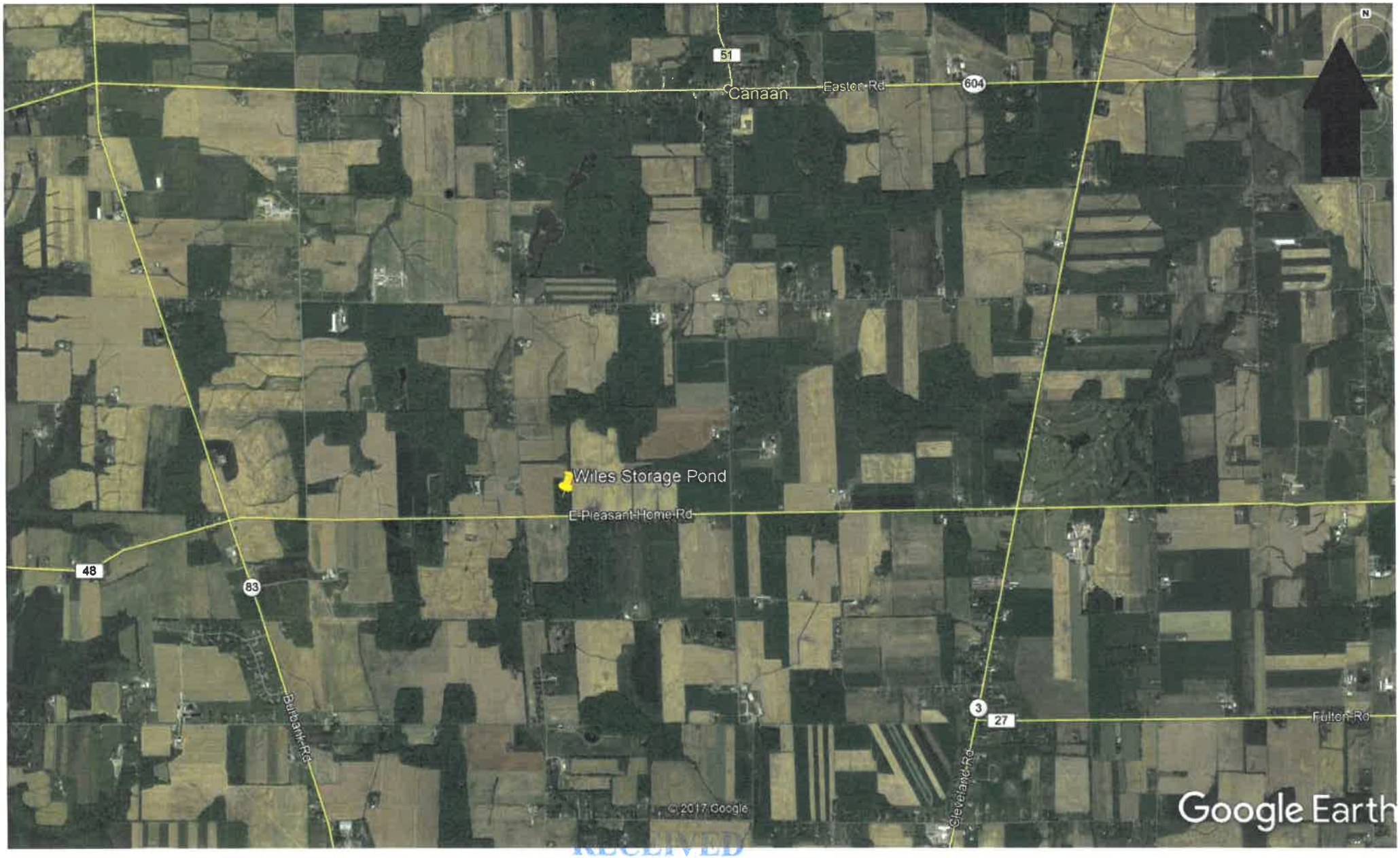
k. Describe the environmental benefits lost as a result of this project. Include the impact on the aquatic life, wildlife, threatened or endangered species.

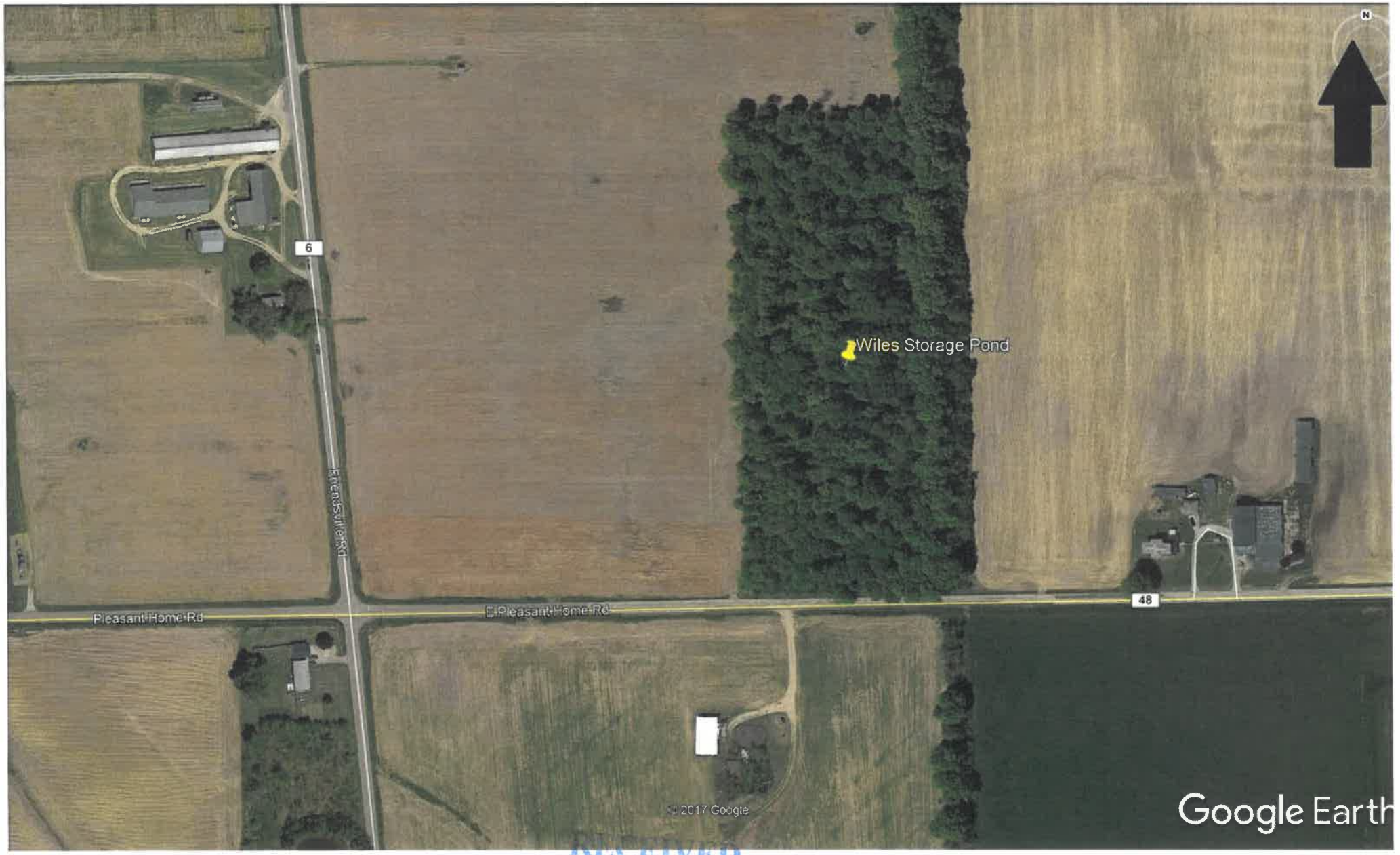
l. Describe any construction work, fill or other structures to occur or be placed in or near a stream bed.

m. Provide any other information that may be useful in evaluating this application.

D. Discharge Information	
1. For treatment/disposal systems constructed pursuant to a previously issued Ohio EPA PTI, provide the following information:	
PTI Number:	
PTI Issuance Date:	
Initial Date of Discharge:	
2. Has the appropriate NPDES permit application form been submitted including representative effluent data? ☐ Yes **Go to Section E.** ☐ No **See below.** **If no, submit the information as applicable under a or b as follows:** a. For entities discharging process wastewater, attach a completed NPDES 2C form. b. For entities discharging wastewater of domestic origin, attach the results of a least one chemical analysis of the wastestream for all pollutants for which authorization to discharge is being requested and a measurement of the daily volume (gallons per day) of wastewaters being discharged.	
E. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to be best of my knowledge and belief, true, accurate and complete. **This section must be signed by the same responsible person who signed the accompanying permit application or certification as per 40 C.F.R. 122.22.**	
Signature:	
Date:	10-25-17

RECEIVED
OCT 30 2017
OHIO EPA NEDO





Wiles Storage Pond
Canaan Township, Wayne County Ohio

BUCKEYE BIOGAS

October 25, 2017

Chris Moody
OEPA – NEDO
2110 E. Aurora Rd.
Twinsburg, OH 44087

Wiles Storage Pond NPDES Permit Application

Dear Mr. Chris Moody,

Enclosed you will find the NPDES permit application package for the Wiles Storage Pond. The number of each document enclosed is marked below.

__1__ NPDES Form 1

__1__ NPDES Form 2S

__1__ Antidegradation Addendum

__1__ Regional Location Map

__1__ Buffer Map

__1__ Spill Prevention/Contingency Plan

Regards,

Cassie Eblin

Cassie Eblin
Environmental Specialist

RECEIVED
OCT 30 2017
OHIO EPA NEDO

Buckeye Biogas, LLC
8600 E. Pleasant Valley Rd.
Independence, OH 44131

(216) 986-9999
www.buckeyebiogas.com

BUCKEYE BIOGAS

Prevention /Contingency Plan for Spills at Wiles Storage Pond or Temporary Storage Tanks/Bags

In the unlikely event of a spill during transportation to, within, or from (to land application) the Storage Pond, management staff will take the following immediate actions:

1. PREVENT SPILLS THROUGH REGULAR INSPECTIONS, MAINTAINENCE, AND PROACTIVE MANAGEMENT. Perform the O & M per plans for all equipment. When managing equate effluent in the field locate operations and storage per OAC 3745-40 and prudently avoid areas where a spill would result in release of equate off of the OEPA approved fields.

2. HALT THE SOURCE OF THE SPILL. For temporary bags form a protective earthen berm or compost sock secondary containment to contain possible leaks.

3. CONTAIN SPILL; as appropriate, use straw bales or compost socks to form a barrier.

4. CLEAN UP; Employ vacuum truck cleaning up large quantities of spilled sludge.

5. FINAL CLEAN UP; As appropriate, flush roadways with water immediately after sludge is removed from the spill site, or sweep as necessary to clean. In the event a spill occurs on private property, the owner will be contacted immediately and final cleanup will be completed to the satisfaction of the owner.

6. MANAGEMENT OF CLEAN UP EFFORTS; management staff shall take immediate charge and initiate clean-up activities. Labor shall be secured as needed. The Environmental Specialist shall also be on hand to communicate with the public or media on the scene, answering questions and advising of clean up activities.

7. NOTIFICATION:
   - ❑ Dispatch Manager to notify Operations Managers with exact location, time of occurrence, and conditions of spill.
   - ❑ **IMMEDIATE NOTIFICATION** will be given by Operations in the following order:
     - ❑ Site Operator to notify Effluent Manager, Dispatch, and Environmental Specialist about spill and needed equipment for clean-up. If press is involved then Marketing is to be notified by Site Operator so that they can manage PR.
     - ❑ Site Operator to notify Effluent Manager if vacuum truck and/or personnel assistance is required.
     - ❑ Dispatch to obtain necessary information about spill such as police report and to follow-up as necessary to bill other parties for insurance claims.

8. SPILL PREVENTION; management staff shall take the following steps:
   - ❑ Ensure truck drivers/operators watch truck while loading at storage pond.
   - ❑ Ensure that tailgate seals and/or lids are in place on trucks. If not, they will be replaced or repaired as necessary.
   - ❑ Inspect trucks daily and replace or repair as necessary.
   - ❑ Ensure unloading operations in the field are conducted so as to minimize any spillage.
   - ❑ Instruct truck drivers of assured safe distances to follow traffic so as to prevent sudden stops.
   - ❑ Temporary storage tanks or bags will be located at least 33' from ditches, swales, roads, fence lines, or wooded areas.

CE 100217

Buckeye Biogas, LLC
8600 E. Pleasant Valley Rd.
Independence, OH 44131

(216) 986-9999
www.buckeyebiogas.com