

# **BIOSOLIDS APPLICATION FORM**

## APPLICATION FOR A BIOSOLIDS USE PERMIT

**For Department Use Only**

Commonwealth of Virginia  
Department of Environmental Quality  
DEQ Regional Office

Identification No.: \_\_\_\_\_  
Date Received: \_\_\_\_\_

Type of System or Works:     NEW                     UPGRADE                     MODIFICATIONS

**Owner:**

Name:                   **NUTRI-BLEND, INC.**                  

Street or Mailing Address:                   **P.O. BOX 38060**                  

City           **Richmond**                                      State           **Virginia**                  

Zip Code           **23231**                      Phone No.:           ( 804 ) 222-7514                  

**Authorized Representative:**

Name:           **Mr. John J. Simons**                  

Street or Mailing Address:                   **P.O. BOX 38060**                  

City           **Richmond**                                      State           **Virginia**                  

Zip Code           **23231**                      Phone No.:           ( 804 ) 222-7514                  

**Consulting Engineer:**

Name of Firm: \_\_\_\_\_

Project Engineer: \_\_\_\_\_

Street or Mailing Address: \_\_\_\_\_

Phone No.: ( \_\_\_\_\_ ) \_\_\_\_\_

**Project Description:**

Permit No.: \_\_\_\_\_

INTERIM       FINAL

DATE ISSUED: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

System     Works    Biosolids Source(s) \_\_\_\_\_

**Location of Project/Discharge:**

City: N/A      Counties: Campbell (See Attachment A)  
(Attach listing of Sites if Applicable)

Total acreage involved: 3586.7 \_\_\_\_\_

Total annual amount of Biosolids from each source: See Attachment B \_\_\_\_\_

Type of treatment for pathogen control for each source (if applicable) See Attachment B \_\_\_\_\_

Process Description including supernatant management N/A Land Application \_\_\_\_\_

**Treatment Certification:**

Owner of Receiving Sewage Collection System/Treatment Works: \_\_\_\_\_

Phone #: \_\_\_\_\_

Street or Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

┆ Yes ┆ No A statement indicating that a proper class of Biosolids treatment will be provided for this project has been issued by the owner(s) of the Biosolids Source/Treatment Works and is attached.

\_\_\_\_\_  
(Name, Title and Signature of Official Representative)