



**Massachusetts Department of Environmental Protection**  
 Bureau of – Resource Protection – Residuals Management Program

**BRP WP 93 Approval of Suitability (AOS)**  
**Application for Renewal of a Type I Approval of Suitability (AOS) for Beneficial Use under 310 CMR 32.13(11)**

**Please do not mail.**  
**Submit through ePlace.**  
**See instructions.**

**A. General Information**

**Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Date of Application: \_\_\_\_\_ Date of application

1. Application for the classification of:  sludge  compost  other:  
 \_\_\_\_\_  
 if other, please specify

2. Type of sludge generated:  Domestic only  Water Treatment  
 Industrial  other:  
 \_\_\_\_\_  
 if other, please describe

3. Facility address:  
 \_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Operator's name or contact person:  
 \_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Telephone number \_\_\_\_\_ FAX number \_\_\_\_\_

5. Owner's name and address:  
 \_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

6. NPDES Permit or Groundwater Discharge Permit Number:  
 \_\_\_\_\_

7. Type of treatment provided:  primary  secondary  
 advanced  other:  
 \_\_\_\_\_  
 if other, please specify

8. Issuance date of prior approval of suitability (provide copy of approval): \_\_\_\_\_ Date

**B. Sludge**

1. Average daily flow of wastewater or water: \_\_\_\_\_ gallons/day

2. Average daily quantity of sludge: \_\_\_\_\_ dry tons/day

3. Average daily quantity of septage treated: \_\_\_\_\_ gallons/day



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**B. Sludge (cont.)**

4. List of industrial discharges to generator or if the sludge is non-domestic a list of all chemicals used in the process:

a. Municipal – Does your facility have an approved pretreatment program? (If yes, please provide a copy of U.S. EPA approval letter.)  Yes  No

If you do not have an approved pretreatment program please provide a list of all known industrial discharges to the system.

Name of Discharger	Type of (Business)*	Quantity (gals/day)	Quality (Constituents in discharge)

b. Other – List of all chemicals used in your process. (Attach separate sheet if necessary)

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5. Description of stabilization process employed and explanation of how it complies with 310 CMR 32.12: pathogen and volatile solids reduction. (Please attach documentation to demonstrate compliance with the technical criteria in 310 CMR 32.80 and 32.81, i.e. temperature records from a compost operation, etc.):

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6. Proposed use:  Fertilizer  
 Soil Amendment

\* Type of Business should indicate that process or those processes which could be of concern relative to the quality of the discharge (i.e. plating operation).



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Transmittal Number \_\_\_\_\_

Facility ID# (if known) \_\_\_\_\_

### B. Sludge (cont.)

7. Proposed user and amount (if known):

- General Public \_\_\_\_\_  
Amount
- Commercial Establishment \_\_\_\_\_  
Amount
- Government \_\_\_\_\_  
Amount
- Private Individual \_\_\_\_\_  
Amount

### C. Sampling and Analysis Plan

1. Prior to analytical work being conducted the applicant must submit for Department review and approval **parts A through D** of the "Format for Reporting Sludge Analysis Plans Pursuant to the Application for Approval of Suitability".

Date of Department approval of the sampling and analysis plan: \_\_\_\_\_  
Date

Please note that failure to provide all information as required in part E will be cause for Department denial of an Approval of Suitability (AOS) or Land Application Certificate (LAC).

### D. Report of Sludge Analysis

1. Specify the date(s) on which the stabilization of the sludge, which was sampled and analyzed, was completed: (records must be submitted with this section which documents compliance with the technical criteria for pathogen reduction pursuant to 310 CMR 32.80 and/or 32.81 i.e. for composting temperature records must be submitted as part of this application):

\_\_\_\_\_  
Date(s)

2. Date(s) of sample(s) collection (report in column 5 of tables 1 and 2):

\_\_\_\_\_  
Date(s)

3. Date(s) that sample(s) were received by the laboratory:

\_\_\_\_\_  
Date(s)

4. Include with this report a copy of a completed Chain of Custody form documenting sample collection, transportation, and receipt by the laboratory.

5. Provide the name(s) of the person(s) who performed the sampling and his/her qualifications (if different from that listed in section C #5 f.):

\_\_\_\_\_  
\_\_\_\_\_



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### D. Report of Sludge Analysis (cont.)

6. Provide the names and addresses of all contracted laboratories (if different from those listed in section D #1.):

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7. Provide the date of analysis of each analyte in column 7 of tables 1 and 2, and include date(s) of sample extraction for PCB's and pesticides in column 6 of tables 1 and 2.
8. Provide in column 8 of tables 1 and 2 the analytical method actually used for each parameter stating specific reference source and method number. Include similar information for digestion/extraction procedures utilized that are not described in the analytical methods. Explain any deviations taken from methods cited in the Sampling and Analysis Plan.
9. Provide in column 9 of tables 1 and 2 the detection limits for each parameter. (Note: in the event a parameter is reported as none detected, the detection limit must be equal to or less than the criteria listed in 310 CMR 32.12(2) for the classification requested. Detection limits greater than these values will be cause for a Department denial of an Approval of Suitability or Land Application Certificate).
10. Complete the information requested in columns 2, 3, and 4 of tables 1 and 2.
11. Provide certified copy(ies) of the lab(s) report(s) to the applicant for Approval of Suitability, including statement that lab has adhered to the requirements of its quality control/ quality assurance plan.

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### E. Sampling Results

Sampling results: Upon Department issuance of an Approval of Suitability (AOS) results of an on-going analysis performed in conformance with the Department approved Sampling and Analysis Plan must be sent to the Department immediately after completion of analysis; the owner or operator is also responsible for sending copies of the results to the Board of Health where the operator or owner is located.

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### F. Labeling

Each container in which Type I, II and III sludge is sold, distributed, or transported or offered for use, sale, or distribution shall itself prominently display or, if such display is not practicable, shall be accompanied by a shipping paper which shall prominently display the items listed in 310 CMR 32.51 for Type I sludge and the items listed in 310 CMR 32.52 (5) for Type II or Type III sludge.

Sludge containing molybdenum shall be accompanied by a written label or bill of lading according to the requirements of 310 CMR 32.40 (4). This requirement is for Type I sludge per 310 CMR 32.51 (d) and for Type II and III sludge per 310 CMR 32.52 (8). See Additional information regarding biosolids containing molybdenum can be found at [Labeling Requirement and Additional Information Regarding Biosolids Containing Molybdenum](#).



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**G. Certification**

“I certify that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete.”

Signed under the pains and penalties of perjury.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Affiliation

**For DEP Use Only**

Date received: \_\_\_\_\_  
Date

Reviewed by: \_\_\_\_\_  
Name of reviewer

Date of final disposition: \_\_\_\_\_  
Date

- Disposition:
- a.  Approved as submitted
  - b.  Approved with modifications:
  - c.  Denied

\_\_\_\_\_  
Description of modifications or reasons for denial

\_\_\_\_\_  
\_\_\_\_\_

1. Sampling and analysis plan review:

\* Acceptable means a laboratory which has been fully certified for analysis of specific parameters required in sludge analysis.

a. Is the laboratory acceptable?\*  Yes  No

b. Is the plan acceptable?  Yes  No

c. Disposition:  Approval  Rejection, and reasons:

\_\_\_\_\_  
Reasons for rejection

\_\_\_\_\_

2. Are there additional constituents required to be analyzed for?  Yes  No



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**For DEP Use Only** (cont'd)

3. Department approved changes to analysis requirements:

a. frequency: \_\_\_\_\_  
New frequency requirement

b. constituents: \_\_\_\_\_  
New constituents requirement

c. reason for change, and date: \_\_\_\_\_  
1) Date

\_\_\_\_\_  
2) Reason

d. Date of Board of Health notification: \_\_\_\_\_  
Date

4. Analysis reports should be dated by receipt and attached to this application form.