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. US EPA I.D. NUMBER** OH0151691

LABEL ITEMS		
I. US EPA I.D. NUMBER	**Submitted Through eBusiness Center** **Applicant Name: Christopher Gilcher** **Title: Operations Director** **Electronically submitted by cgilcher on 04/11/2025** **Revenue ID: 1620071 Amount Due: $0.00**	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.
III. FACILITY NAME		
III. FACILITY MAILING ADDRESS		
VI. FACILITY LOCATION		

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	MARK 'X' NO	MARK 'X' FORM ATTACHED	SPECIFIC QUESTIONS	MARK 'X' YES	MARK 'X' NO	MARK 'X' FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge to waters of the U.S.?** (FORM 2A)	X		X	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)		X	
C. Is this a facility which currently results in **discharges to waters of the U.S.** other than those described in A or B above? (FORM 2C)		X		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)		X	
E. Is this a facility which does not discharge process **wastewater?.** (FORM 2E)		X		F. Is this a facility which discharges stormwater associated with industrial activity? (FORM 2F)		X	
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)	X		X				

III. NAME OF FACILITY

Raccoon Creek Wastewater Treatment Center

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, title)*	B. PHONE *(area code & no.)*	C. EMAIL
Gilcher, Christopher, Operations Director	(740) 927-0410	cgilcher@lickingregionalwater.gov

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

P.O. Box 215

B. CITY OR TOWN	C. STATE	D. ZIP CODE	
Etna	OH	43018	

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

Outville Road and General Griffin Road

B. COUNTY NAME	TOWNSHIP		
C. CITY OR TOWN	**D. STATE**	**E. ZIP CODE**	**F. COUNTY CODE** *(if known)*
St. Albans Township	OH	43001	45

Please type. Do not complete by hand.

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

A. FIRST		B. SECOND	
4952	*(specify)* Sewerage Systems		*(specify)*
C. THIRD		**D. FOURTH**	
	(specify)		*(specify)*

VIII.NAICS CODES *(4-digit, in order of priority)*

A. FIRST		B. SECOND	
221320	*(specify)* Sewage Treatment Facilities		*(specify)*
C. THIRD		**D. FOURTH**	
	(specify)		*(specify)*

IX. Facility Water Cooling

Does your facility use cooling water?	YES	X NO

Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(m)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.)

Fundamentally different factors (CWA Section 301(n))

Water quality related effluent limitations (CWA Section 302(b)(2))

Non-conventional pollutants (CWA Section 301(c) and (g))

Thermal discharges (CWA Section 316(a))

X Not applicable

X. OPERATOR INFORMATION

A. NAME	B. Is the name listed in Item VIII-A also the owner?
N/A, NA	X 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	Public	*(specify)*	(740) 927-0410

E. STREET OR P.O. BOX

P.O. Box 215

F. CITY OR TOWN	G. STATE	H. ZIP CODE	IX. INDIAN LAND
Etna	OH	43018	Is this facility located on Indian lands? NO

OPERATOR EMAIL

customerservice@lickingregionalwater.gov

ADDITIONAL INFORMATION

Please add any additional comments or attachments below.

Please see attached file "2025.04.08 Raccoon Creek Anti-Deg Responses and Attachments - Final.pdf" for the District's response to the Ohio EPA request for additional information.

Additional Information attachment(s): Drawing 2 - Wet Stream Process Flow Diagram - Phase 1A.pdf, NPDES Permit Letter 3-3-24.pdf, Drawing 2 - Wet Stream Process Flow Diagram.pdf, Appendix A - Raccooon Creek WWTC Staging Plan.pdf, Drawing 1 - Site Layout - Phase 1A and 1B.pdf, 0 - OEPA Review Responses.pdf, 2024-02-16_Updated Planning Area.pdf, 2025.04.08 LRWD Raccoon Creek Anti-Deg Responses and Attachments - Final.pdf

XI. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to surface water)*	D. PSD *(Air emissions from proposed sources)*	
B. UIC *(Discharges to surface water)*	E. OTHER *(specify)*	
		(specify)
C.RCRA *(Hazardous waste)*	F. OTHER *(specify)*	
		(specify)

XII. 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

Upload File Name for Topographical Map: USGS Topo Map.pdf

Additional supplementary attachment(s):

Upload File Name(s): Drawing 2 - Wet Stream Process Flow Diagram - Phase 1A.pdf, NPDES Permit Letter 3-3-24.pdf, Drawing 2 - Wet Stream Process Flow Diagram.pdf, Appendix A - Raccooon Creek WWTC Staging Plan.pdf, Drawing 1 - Site Layout - Phase 1A and 1B.pdf, 0 - OEPA Review Responses.pdf, 2024-02-16_Updated Planning Area.pdf, 2025.04.08 LRWD Raccoon Creek Anti-Deg Responses and Attachments - Final.pdf

XIII. NATURE OF BUSINESS
(provide a brief description)

The proposed Raccoon Creek WWTC would collect and treat separated municipal wastewater for a portion of Licking County, OH, anticipating future growth from the planned Intel manufacturing plant, the New Albany Tech Park, and other development.

XIV. CERTIFICATION *(see instructions)*

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.

Applicant Name:	**Title:**
Christopher Gilcher	Operations Director
Signature:	**Date:**
Electronically submitted by cgilcher	Electronically submitted on 04/11/2025

COMMENTS FOR OFFICIAL USE ONLY

Division of Surface Water
Antidegradation Addendum

In accordance with Ohio Administrative Code 3745-1-05 (Antidegradation), additional information may be required to complete your application for a permit to install or NPDES permit. For any application that may result in an increase in the level of pollutants being discharged (NPDES and/or PTI)or for which there might be 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 procedures pertaining to the levels of review necessary. The levels of review necessary depend on the degradation being considered/requested. The rule also outlines exclusions from portions of the applicati on and review requirements and waivers that the Director may grant as specified in Section 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. **Applicant:** Christopher Gilcher

Facility Owner: Licking Regional Water District

Facility Location (city and county): , , County: Licking

Application or Plans Prepared By:

Project Name:

NPDES Permit Number (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 3745-1-05(B)1, i.e., on-site disposal, extensions of s anitary sewers, spray irrigation, indirect discharger 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, Do not complete Sections C or D).

X PTI and NPDES application for a new wastewater treatment works that will discharge to a surface water. (Complete Sections C and E)

_ An expansion/modification of an existing wastewater treatment works discharging to a surface water that will result in any of the following (PTI and NPDES) (Complete Sections C and E).
- addition of any pollutant not 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.

_ PTI 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 e valuation addendum (i.e., number of stream crossings, fill placement, etc.) (Complete Section E)

_ Initial NPDES permit for an existing treatment works with a wastewater discharge prio r to October 1, 1996. (Complete Sections D and E)

_ Renewal NPDES permit or modification to an effective NPDES permit that will result in any of the following: (Complete Sections C and E)
- 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 exemption as outlined by OAC 3745-1-05(B)(2) of the Antidegradation rule?

   ☐ Yes (Provide exemption(s) and justification for each exemption)

   ☒ No

   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 cons truction work, fill or other structures 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?

   ☐ Yes

   ☒ No

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 below of all treatment/disposal alternatives evaluated for this application and their respective operational and maintenance needs. (If additional space is needed please attach additional sheets to the end of this addendum).

   Alternative Evaluation Report:

   Upload File Name(s): SWLC Anti-Deg Report 2023 Rev 1_Moots Run.pdf

   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. A description of 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 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 2C form.

b. For entities discharging wastewater of domestic origin attach the results of at 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.

Is a permit to install or plan approval application required for construction of WWTP as per OAC 3745-42?

☒ Yes

☐ No

Anticipated date of PTI Application Submission: 12/31/2025

E. Based on my inquiry of the person or persons who manage the system of those persons directly responsible for gathering the information, the information is, to the best of my knowledge and beliefv, 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 CFR 122.22.

Applicant Name (printed or typed): Christopher Gilcher (Electronically submitted by cgilcher)

Electronically submitted on: 04/11/2025

FOR AGENCY USE	Facility Name: Raccoon Creek Wastewater Treatment Center	Date Submitted: 04/11/2025
	Ohio EPA Permit Number:	Application Number: OH0151691

Form 2A
U.S. ENVIRONMENTAL PROTECTION AGENCY
GENERAL INFORMATION

Facility Contact

Email Address of Facility Contact: customerservice@lickingregionalwater.gov

Applicant Email Address: cgilcher@lickingregionalwater.gov

I. Outfall Information

(All treatment works must complete Part I)

A. Description of Outfall. List all effluent outfalls through which sanitary wastewater is discharged. Do not include information on combined sewer overflows (CSO) or collection system / treatment works bypass points.

Outfall Number	Latitude Deg.	Longitude Deg.	Discharge Point Location	Receiving Water
001	40.071618	-82.594965	Moots Run,u/s of Raccoon Ck and Lobdell connection	Moots Run

B. Intermittent Discharges. Except for storm runoff, leaks, or spills are any of the discharges described in Item A intermittent or seasonal?

☐ Yes *(Complete the following table)* ☒ No

Outfall Number	Period of Discharge	Frequency	Duration

II. Treatment Works Information

(All treatment works must complete Part II. The treatment works includes the collection system and treatment plant.)

A. Population. List the municipalities or areas served *(municipalities and unincorporated service areas).* Also, list their populations or total population served. *(Attach additional pages as needed)*

Municipality or Area	Population Served
SR 161 Corridor in Licking County	25200
Total Population Served:	**25200**

B. Collection System

1. Indicate the type(s) of collection system(s) tributary to this treatment plant; check all that apply. Also estimate the percent contribution (by miles) of each.

Separate Sanitary Sewer 100.0 %

0

Combined Storm and Sanitary Sewer 0.00 %

2. Are you responsible for maintenance of the entire collection system tributary to the treatment plant?

☒ Yes ☐ No *(List entities who are responsible for the collection system below)*

3. Total number of lift stations in your collection system.

Separate Sanitary 4

Combined Storm and Sanitary 0

4. Does your collection system have bypasses or overflows? *(Do not include CS0s)*

☐ Yes ☒ No

If yes, are the overflows or bypasses:

☐ a. at locations specifically constructed to provide hydraulic relief to the collection system

☐ b. unintentional and beyond the reasonable control of the operator

For the overflows or bypasses that are "specifically constructed", complete the following table.

Station Number	Discharge Point Description	Latitude Deg.	Longitude Deg.	Receiving Water	Treatment Description
No records found					

5. List source(s) of water supply that services the entire collection system. (Attach additional pages as needed)

Source Type	Source Location	Owner
Municipal Water Supply	York Road Well Field	Licking Regional Water District
Municipal Water Supply	National Road Well Field	Licking Regional Water District

C. Inflow and Infiltration

1. Estimate the current average inflow and infiltration flow rate in gallons per day (gpd) for the sewerage system: 0 gpd

2. Briefly explain any steps underway or planned to minimize inflow and infiltration. *(Attach additional pages as needed)*

Briefly explanation: New collection system, not applicable.

D. Flow. Indicate the design influent flow rate of your treatment plant. Also provide the annual average daily flow rate for each of the last three years (mgd to three decimal places).

1. Design daily influent flow rate: 3.000000 mgd

	Two Years Ago	Last Year	This Year
2. Annual average daily flow rate:	0.000000 mgd	0.000000 mgd	0.000000 mgd

3. How was flow rate determined? Other

(Methods List: Parshall Flume, Weir, Venturi, Electromagnetic, Sonic, Estimate, and Other)

4. Location where flow rate was measured: N/A

5. Are there current or expected plans to expand the existing treatment plant capacity during the life of the permit?

☐ Yes *(Provide details)* ☒ No

Details: See attached Antidegradation Report for information on Phase 2 (10-20 year) and Phase 3 (20+ year) expansion plans.

E. Treatment System Description. *(Attach additional pages as needed)*

1. Give the approximate year of the treatment plant construction: 2028

2. Give the approximate year of the treatment plant last major modification: 2028

3. List all treatment units at the treatment plant. Do not include units for treating sewage sludge.

Treatment Code *(See Instructions)*	Treatment Description	Manufacturer *(if known)*
01	Influent pumping	N/A
02	Bar screen	N/A
03	Grit removal	N/A
D7	Sequencing batch reactor	N/A
28	Oxygen ditch	N/A
30	Combined biological nitrification - BOD reduction	N/A
31	Biological denitrification	N/A
32	Biological phosphorus removal	N/A
62	Ferric-chloride addition-tertiary	
71	Post aeration	N/A
39	Secondary clarification	N/A

77	Ultraviolet	N/A

4. Does this treatment plant have provisions for bypassing untreated or partially-treated wastewater?

☐ Yes *(Complete the following table)* ☒ No

Bypass Location	Station Number *(if applicable)*	Bypass Type	Number of times used in last year
No records found			

5. Does your treatment plant have backup generators or other provision(s) to allow operation and/or treatment to continue during power outages?

☒ Yes ☐ No

6. Provide a line drawing showing the wastewater flow through the treatment plant, including all bypass piping.

Date Drawing Updated: 08/01/2023

Upload File Name(s) for Line Drawing: Drawing 2 - Wet Stream Process Flow Diagram.pdf

F. Treatment Operations

1. Number of employees at the treatment works

1	Collection system	8	hr/day	5 days/wk
3	Treatment plant	8	hr/day	5 days/wk

2. Name and certification of person in responsible charge of the treatment works.

Name: Josh Holton Certification: 118898

Operator Email: jholton@lickingregionalwater.gov

3. Name and certification of person in responsible charge of each collection system tributary to the treatment plant *(if known). (Attach additional pages as needed)*

Name and Certification: N/A

4. Does the treatment works (collection system and/or treatment plant) have an Operations and Maintenance Manual?

☐ Yes*(Complete the following table. Attach additional pages as needed.)* ☒ No

Type	Developed By	Date Developed	Date of Last Modification
No records found			

G. Improvements

1. Are you required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions administrative orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

☐ Yes*(Complete the following table. Attach additional pages as needed.)* ☒ No

Identification of Condition	Outfall Number	Description of Project	Final Compliance Date

2. Optional: You may provide information describing any additional water pollution control programs (or other environmental projects which may affect your discharge) that are currently in progress or planned. Indicate the implementation schedule for the programs.

H. Priority Pollutant Monitoring. Does your treatment plant have an average daily design flow of one million gallons per day or more?

☒ Yes ☐ No

If *yes,* does your treatment plant have an approved pretreatment program?

☐ Yes ☒ No

III. Combined Sewers System Information *(Attach additional pages as needed)*

A. Does the treatment works have CSOs in the collection system?

☐ Yes *(Complete the following table for each CSO)*

☒ No

Outfall Number.	Description	Latitude Deg.	Longitude Deg.	Receiving Water
No records found				

B. System Evaluation. List below studies that have been performed of the combined sewer collection system since the last permit application. Include modeling studies, hydraulic studies, past monitoring efforts, facility plans, etc.

☐ Yes *(Complete the following table for each CSO)*

☒ No

Date	Title/Description	Author
No records found		

C. Public Notification Plan. Is the collection system with CSOs located within the Lake Erie Basin?

☐ Yes

☒ No *(Provide the web address to the Public Notification Plan)*

Web Address+:

IV. Industrial Users Information

A. Number of Industrial Users. Provide the number of each of the following types of industrial users that discharge to this treatment works.

1. Number of Industrial Users: 0
2. Number of non-categorical significant industrial users (SIU): 0
3. Number of categorical industrial users: 0

B. Average Daily Flow from all Industrial Users. Estimate the total average daily wastewater flow from all industrial users.

1. All industrial users: 0.000 mgd
2. Non-categorical SIUs only: 0.000 mgd
3. Categorical industrial users only: 0.000 mgd

C. Pretreatment Program. Does this POTW have an approved pretreatment program?

☐ Yes

☒ No

If *no,* does this POTW have technically-based local limits?

☐ Yes

☒ No

D. Effluent Characteristics.

Upload File Name for Effluent Characteristics Spreadsheet: N/A

D. Biosolid Program

Biosolid Transportation Organization Email: NA@NA.com

Biosolid Recieving Organization Email: NA@NA.com

V. Remediation Waste Clean Up Information

A. RCRA/CERCLA/BUSTR/VAP Wastes. Does the treatment works currently receive (or is it expected during the life of the permit to receive) RCRA hazardous waste, CERCLA (Superfund) site remediation waste, RCRA corrective action waste, BUSTR waste or VAP waste?

☐ Yes *(Complete the following table. Attach additional pages as needed.)* ☒ No

Type of Action	Waste Origin	Waste Description
No records found		

VI. Contract Laboratory Information

A. Contract Laboratory Analysis Information. Are any of the analyses used to obtain effluent quality information or toxicity test data performed by a contract laboratory or consulting firm?

☒ Yes *(Complete the following table. Attach additional pages as needed.)* ☐ No

Name	Address	Telephone Number	Pollutants Analyzed
Ream & Haager	179 West Broadway Street, Dover, OH 44622 USA	(330) 343-3711	Whole effluent toxicity

VII. Biological Toxicity Test Data

Based on the stated designed influent flow rate for the POTW subject to this application, whole effluent biological toxicity testing IS NOT required to be submitted with this application. However, you may submit such test data if you desire. Do you wish to submit whole effluent biological toxicity test data with this application?

☐ Yes ☒ No

VIII. CWA Variance

Do you intend to request or renew one or more of the variances authorized at 40 CFR 122.21(n)? (Check all that apply. Consult with your NPDES permitting authority to determine what information needs to be submitted and when.)

☐ Discharges into marine waters (CWA Section 301(h))

☐ Water quality related effluent limitation (CWA Section 302(b)(2))

☐ Not applicable

IX. 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.

Applicant Name: Christopher Gilcher	**Title:** Operations Director
Signature: Electronically submitted by cgilcher	**Date:** Electronically submitted on 04/11/2025

FOR AGENCY USE	Facility Name: Raccoon Creek Wastewater Treatment Center	Date Submitted: 04/11/2025
	Ohio EPA Permit Number:	Application Number: OH0151691

Form 2S
U.S. ENVIRONMENTAL PROTECTION AGENCY

Facility Contact

Email Address of Facility Contact: customerservice@lickingregionalwater.gov

Applicant Email Address: cgilcher@lickingregionalwater.gov

I. General Information

A. Sewage sludge treatment and disposal characteristics.

Complete the following to identify 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. [Note: A reporting requirement may still be included in NPDES permits for applicants that select "No".]"

X 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)**

X 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)**

X Is sewage sludge from your facility placed on a municipal solid waste landfill? **(Section VI: Disposal In a Municipal Solid Waste Landfill)**

B. Treatment System Description

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

Treatment Code	Treatment Type	Manufacturer
B1	Polymer, lime, ferric-chloride alum addition	N/A
C4	Land spreading	N/A
C3	Landfill/Trenching	N/A
92	Aerobic digestion-air	N/A
A5	Mechanical dewatering-filter press	N/A

2. Provide a line drawing that identifies all sewage sludge treatment processes that will be employed during the term of the permit.

   Upload File Name(s) for Line Drawing: Drawing 7 - Sludge Process Flow Diagram.pdf

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): 650.000 dry tons/yr

5. Year of the sewage sludge treatment system construction or last major modification: 2026

C. Amount Generated On Site

1. Total sewage sludge generated at your facility for the most recent year: 0.000 dry tons

2. Do you receive sewage sludge from other generators?

   ☐ Yes ☒ No

   If yes, total received from other generators for the most recent year: 0 dry tons

3. Do you receive domestic septage?

   ☒ Yes ☐ No

If yes, total amount of domestic septage received for the most recent year: 0 gallons

D. Pollutant Information.

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

Laboratory Name: N/A

Pollutant Name	CAS Number	No. of Analyses	Avg Conc. (mg/kg)	Max. Monthly Avg Conc. (mg/kg)	Minimum Detection Level
Cadmium	7440-43-9	1	AA	AA	1.000
Copper	7440-50-8	1	AA	AA	1.000
Lead	7439-92-1	1	AA	AA	1.000
Mercury	7439-97-6	1	AA	AA	1.000
Molybdenum	7439-98-7	1	AA	AA	1.000
Nickel	7440-02-0	1	AA	AA	1.000
Selenium	7782-49-2	1	AA	AA	1.000
Zinc	7440-66-6	1	AA	AA	1.000
Arsenic	7440-38-2	1	AA	AA	1.000

II. Shipment Off Site for Treatment or Blending

A. Total sewage sludge hauled to all receiving facilities for the most recent year: 0.880 dry tons

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

Facility Name	Facility Location	Facility Contact	Total Sludge dry tons
Gale Road Environmental Control Facility	8720 Gale Road, Hebron, OH 43025	Name: Josh Holton Title: Wastewater Treatment Supervisor Phone: (740) 927-0410 Email: jholton@lickingregionalwater.gov	0.440
Wagram Wastewater Treatment Center	13057 National Road SW, Reynoldsburg, OH 43068	Name: Josh Holton Title: Wastewater Treatment Supervisor Phone: (740) 927-0410 Email: jholton@lickingregionalwater.gov	0.440

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: 0.000 dry tons
2. Total number of land application sites currently assigned an Ohio EPA site identification number: 0
3. Total acreage of land application sites currently assigned an Ohio EPA site identification number: 0.00
4. List all counties that you currently (or you expect during the life of the permit to) land apply sewage sludge.

   Licking, Fairfield
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

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: 100.00 %

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

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: 0 %

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: 0.00 % Class B: 100.00 %

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

	Class A
	Thermally Treated Biosolids
	Biosolids Treated in a High pH - Temp
	Biosolids Treated in Other Processes
	Biosolids Treated in Unknown Processes
	PFRP, Composting
	PFRP, Heat Drying
	PFRP, Thermophilic Aerobic Digestion
	PFRP, Beta Ray Irradiation
	PFRP, Gamma Ray Irradiation
	PFRP, Pasteurization
	PFRP, Heat Treatment
	Biosolids Treated in a PFRP Equivalent
	Class B
X	Monitoring of Indicator Organisms
X	PSRP, Aerobic Digestion
	PSRP, Air Drying
	PSRP, Anaerobic Digestion
	PSRP, Composting
	PSRP, Lime Stabilization
	Biosolids Treated in PSRP Equivalent
	Biosolids Treated in a High pH - Temp
	PFRP, Composting
	PFRP, Heat Drying
	PFRP, Thermophilic Aerobic Digestion
	PFRP, Beta Ray Irradiation
	PFRP, Gamma Ray Irradiation
	PFRP, Pasteurization
	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)
X	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)
X	Option 10 (incorporation into soil within 6 hours)
	Option 11(cover sludge placed on 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:
2. Have there been any substantial modifications to the spill contingency plan since it was submitted to Ohio EPA?

☐ Yes ☒ No

If yes, please submit a copy of the modified spill contingency plan to the appropriate district office.

Upload File Name(s) for Modified Spill Contingency Plan: N/A

IV. Surface Disposal

A. Total sewage sludge from your facility placed on all surface disposal sites for the most recent year: 0 dry tons

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

Facility Name	Facility Location	Facility Contact	Total Sludge dry tons
No records found			

V. Incineration

A. Total sewage sludge from your facility fired in all sewage sludge incinerators for the most recent year: 0 dry tons

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

Facility Name	Air Permit Number	Facility Location	Facility Contact	Total Sludge dry tons
No records found				

VI. Disposal in a Municipal Solid Waste Landfill

A. Total sewage sludge from your facility fired in all sewage sludge incinerators for the most recent year: 0.000 dry tons

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

Facility Name	Facility Location	Facility Contact	Total Sludge dry tons
Waste Management Suburban Landfill	3415 Township Road #447, Glenford, OH 43739	Name: NA NA Title: Phone: (000) 000-0000 Email: NA@NA.com	0.000

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.

Applicant Name: Christopher Gilcher	**Title:** Operations Director
Signature: Submitted by cgilcher	**Date:** Submitted on 04/11/2025