



State of Georgia
Department of Natural Resources
Environmental Protection Division

NOTICE OF INTENT
NOI Version 2015

For Coverage Under NPDES General Permit GAG640000
General Permit To Discharge Filter Backwash
Associated With Water Treatment Plant with Sludge Handling Capability

NOI for: [] Reissuance [] New [] Change of Information

For EPD Use Only
Assigned Permit No. _____

I. Owner Information _____

OWNER/ORGANIZATION NAME: _____ PHONE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ County: _____

CONTACT NAME & TITLE: _____

Owner Contact
Phone & Email: _____

II. Facility Information

Name of facility producing filter backwash discharge _____

A. Mailing Address:

Street Address: _____ City: _____

State: _____ Zip Code _____ County: _____ Phone: _____

B. Site Location:

Address: _____ City: _____

State: _____ Zip Code _____ County: _____ Phone: _____

Facility Contact: Name: _____ Phone: _____

Title: _____ Email: _____

III. Description of facility and activity information:

A. Provide description of water treatment process and how filter backwash is produced (attach a process flow chart if available):

NOI General Permit No. GAG640000

B. Frequency of Filter Backwashing : _____

Volume of water used during backwashing: _____

Frequency of basin washdown: _____

Volume of water user during washdown: _____

Volume of the sludge handling facility: _____

Method of Sludge handling treatment:

Provide a description of how sludge is disposed of:

Is sludge disposal area located in floodplain or subject to flooding? YES NO

Comments: _____

C. Design Flow of Facility (average daily flow): _____ MGD

Anticipated design effluent TSS and pH: TSS _____ pH _____

Percent TSS removed (actual): _____

Population served: a. ___1-199 b. ___200-499 c. ___500-999
d. ___1,000-4,999 e. ___5,000-9,999 f. ___10,000 or more

Number of separate discharge points _____

Provide a latitude and longitude for each discharge point:

D. Additional Information

How much does your facility discharge per operating day? (flow MGD):

a. Average: _____ b. Maximum: _____

How much volume is treated before discharging? (percent): _____

Is any sludge ultimately returned to a waterway? Yes _____ No _____

Comments: _____

Name of receiving water(s): _____

III. 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 gathered and evaluated the information submitted. Based upon 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.

Printed Name: _____ Date: _____

Signature: _____ Title: _____

Completed NOI forms must be sent to the following address:
Georgia Environmental Protection Division
Wastewater Regulatory Program
2 Martin Luther King Jr. Drive, Suite 1152 East
Atlanta, Georgia 30334