# State of Georgia Department of Natural Resources Environmental Protection Division

**NOTICE OF INTENT**

**For Coverage Under General LAS Permit GAG278000**

**For Subsurface Land Application System**

NOI for: New Permit Renew Modification

For EPD Use Only Assigned Permit No.

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| **Section I. Contact & FAcility Information** | | | | | | | | | | | |
| Facility Type of Ownership:  Corporation  County Government  District  Federal Facility (U.S. Government)  Mixed Ownership (Public/Private)  Municipality  Municipal or Water District  Non-Government  Privately-Owned Facility  School District  State Government  Tribal Government | | | | | | | | | | | |
| Permittee Organization Formal Name: | | | | | | | | | | | |
| If there are any Wastewater NPDES Permits that are associated with this facility, provide the corresponding NPDES Permit No. and check the applicable box: | | | | Associated NPDES ID Number Reason:   1. Effluent Trade Partner (ETP) 2. Associated Permit Record (APR) 3. Switched To An Individual Permit (SIP) 4. Switched To A General Permit (SGP) | | | | | | | |
| Facility Site Name: | | | | | | | | | | | |
| Facility Site Address: | | | | | | | | | | | |
| Facility Site City: | | Facility Site State: | Facility Site Zip Code: | | | | | | | Facility Site County: | |
| Is the facility located on Indian Lands?  *yes* or  *no* | | | | | If yes, what is tribal land indicator: | | | | | | |
| Facility Site Latitude/Longitude (ex. 34.543, -84.804): | | | | | | | | | | | |
| Facility Contact Affiliation Type:  Owner  Operator  Main Contact  Same as Responsible Official | | | | | | | | | | | |
| Facility Contact Name (first & last): | | | | | | | | | Facility Contact Title: | | |
| Facility Contact E-mail Address: | | | | | | Facility Contact Phone: | | | | | |
| Permittee Mailing Address: | | | | | | | | | | | |
| Permittee City: | | Permittee State: | | Permittee Zip Code: | | | | | | | Permittee County: |
| EPA Major (check one):  *yes* or  *no* | | | | | | | Primary Industry (check one):  *yes* or  *no* | | | | |
| SIC Code(s) (4-digit in order of priority)  1st:      2nd:       3rd:       4th | | | | | | | SIC Code Primary Indicator: | | | | |
| NAICS Codes: | | | | | | | NAICS Code Primary Indicator: | | | | |
| **Section II. Operator information** | | | | | | | | | | | |
| Facility Organization Formal Name: | | | | | | | | | | | |
| Is operator also the owner?:  *yes* or  *no* | | | | | | | | | | | |
| Status:  Federal  State  Private  Public  Other | | | | | | | | | | | |
| E-mail Address: | | | | | | | Phone: | | | | |

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| **SECTION III. FACILITY DESCRIPTION** | | | | | | | | |
| **Section III. Table No. 1 - Provide the name and permit nos. for all permits issued to this facility** | | | | | | | | |
| Name of Permit | | | | | Permit No. | | | |
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| 1. Does your facility require any additional permits not listed above?  Yes  No | | | | | 1.a. If yes, what are they and what is the timeframe to obtain them? | | | |
| 2. Provide description of pre-treatment process (attach a process flow chart): | | | | | | | | |
| 3. Provide description of the subsurface disposal system (attach site layout and site map): | | | | | | | | |
| 4. Type of Waste:    Sanitary Only    Other | | | | 5. Describe the solids (i.e. sludge and/or septage) treatment method and disposal method: | | | | |
| 6. Design Flow of Facility :  Average Daily (MGD):  Peak Daily (MGD):  Infiltration Area (Acres):  Reserve Area (Acres): | | | | 7. Is there any underdrain collection system proposed or installed to lower the groundwater table?  Yes  No | | | | |
| 8. Provide the estimated or actual volume and strength of treated sanitary wastes that will be injected in the subsurface fluid distribution system on an average daily and peak daily basis. | | | | | | | | |
| Item | | Flow (gpd) | BOD5 | | TSS | | O&G | NH3-N |
| Daily | |  |  | |  | |  |  |
| Peak | |  |  | |  | |  |  |
| 9.  **For permit renewal**: skip to SECTION IV  **For new permits only:** Is this NOI for a facility with an existing flow greater than 10,000 gal and currently covered under the local health department?  Yes (Answer Only Question 9.c)  No (Answer Only Question 9.a or 9.b, as applicable) | | | | | | | | |
| 9.a. For publicly owned systems, a copy of the following items must be attached as part of this NOI. Please check off each item to ensure it is attached. Do not submit this NOI application if you have not checked off each item.  Design Development Report (including soils investigation)  Maintenance and Operations Agreement (if contract operated)  Sewer Use Ordinance  Environmental Information Document  Large Community Subsurface System Engineering Submittal | | | | | | | | |
| 9.b For private and institutional developments, a copy of the following items must be attached as part of this NOI. Please check off each item to ensure it is attached. Do not submit this NOI application if you have not checked off each item.  Design Development Report (including soils investigation)  Maintenance and Operations Agreement (if contract operated)  Trust Indenture  Sewer Use Agreement  Large Community Subsurface System Engineering Submittal | | | | | | | | |
| 9.c. If answered YES to Question 9: A copy of the following items must be attached as part of this NOI. Please check off each item to ensure it is attached. Do not submit this NOI application if you have not checked off each item.  A copy of a Maintenance and Operations Agreement,  A copy of the construction permit (or other vehicle) for the existing system, showing the location of the existing system and the set-aside area for replacement. If such construction permit is not available, then the owner may submit a site plan showing the location of the preapplication treatment system, the subsurface fluid distribution system, the point of application, and the replacement area.  A copy of the Sewer Use Agreement to regulate discharges into the sewerage system.  A copy of the operations manual for the system that was approved by the original permitting agency is available at the plant, or if an approved operations manual is not available, attached a schedule for the development of an operations manual and understand that this schedule is subject to final approval from EPD and that a copy of the operations manual will be available at the plant after the final schedule date.  A copy of the Trust Indenture  Large Community Subsurface System Engineering Submittal | | | | | | | | |

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| **SECTION IV. CERTIFICATION** | |
| * 1. This section must be signed by the following:      1. For a corporation, by a responsible corporate officer. A corporate officer means:         1. a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy o or decision-making functions for the corporation; or         2. the manager of one or more manufacturing, production, or operating facilities, if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.      2. for a partnership or sole proprietorship, by a general partner or the proprietor; or      3. for a municipality, State, Federal, or other public facility, by either a principal executive officer or a ranking elected official.   2. I certify that the Construction Permit, Maintenance and Operations Agreement, Sewer Use Ordinance, (publicly owned systems), Sewer Use Agreement (privately owned systems) and the Trust Indenture (privately owned systems) or a schedule for obtaining a Trust Indenture are attached and complete.   3. I certify under penalty of law that this document and all attachments were prepared under 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. | |
| Printed Name of Applicant: | Date: |
| Signature of Applicant: | 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 E Atlanta, Georgia 30334