Notice of Intent Supplemental Information

Filter Backwash and Basin Wash-Down Water Under the NPDES General Permit No. GAG640000

**Note: Complete and include this form as an attachment to your Notice of Intent (NOI).**

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| Answer all questions unless otherwise instructed.  |
| **1.** | ***General Facility Information*** |
| **1.a** | **What is the facility’s source water type?** |
| [ ]  Surface Water[ ]  Groundwater[ ]  Other, please describe:  |
| **1.b** | **What category of coagulant/treatment does the facility utilize?** (check all that apply) |
| [ ]  Aluminum Based Coagulants [ ]  Manganese Based Treatment[ ]  Polymer Based Coagulants [ ]  Phosphorus Based Treatment[ ]  Iron Based Coagulants [ ]  Lime Softening Treatment |
| [ ]  Other, please describe:  |
| **2.** | ***Filter Backwash & Basin Wash-Down Water*** |
| **2.a** | **Does the filter backwash water and basin wash-down water comingle with other waste streams** (i.e. thickener supernatant, liquids from dewatering process, etc.)? | [ ]  Yes [ ]  No  |
| Describe:  |
| **2.b** | **Does the facility recycle the filter backwash water and basin wash-down water to the head of the plant?** * If Yes, which waste streams are recycled?
 | [ ]  Yes [ ]  No  |
| Describe:  |
| **2.c** | **Does the facility perform any pretreatment of the filter backwash?**  | [ ]  Yes [ ]  No  |
|  | * If Yes, describe treatment process (i.e. flow equalization, settling basin/tank, lagoon, dechlorination, etc.)

Describe:  |
| **2.d** | **Does the facility perform any pretreatment of the basin wash-down water?**  | [ ]  Yes [ ]  No [ ]  Not applicable  |
|  | * If Yes, describe treatment process (i.e. flow equalization, settling basin/tank, lagoon, dechlorination, etc.)

Describe:  |

|  |  |
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| **3.** | ***Sludge Generation and Management*** |
| **3.a** | **Provide a narrative description and a process flow diagram of the solids treatment process.** (Include all treatment units used to collect, store, stabilize, dewater, etc. solids before ultimate disposal. If solids just settle at the bottom of a basin, please explain how basin will be dredged and solids disposed of when needed) |
| Describe:  |
| **3.b** | **Amount of alum sludge generated at your facility from filter backwashing activities in the last 12 calendar months (in dry tons):** |  |
| **3.c** | **Alum Sludge disposal method:** (Check all that apply) |
| [ ]  Permitted landfill [ ]  Send offsite for further treatment and ultimate disposal[ ]  Land application[ ]  Other, please describe:  |
| **4.** | ***Facility Receiving Alum Sludge***  | (Copy page if more than one facility is used) |[ ]  Not Applicable |
| **a.** | Facility name:  |  |
| **b.** | Street address:  |  |  **c.** | County:  |
| **d.** | City: |   | **e.** | State:  |  | **f.** | Zip code:  |
| **g.** | Contact person:  |  |
| **h.** | Title:  |  |
| **i.** | Phone:  |  |
| **j.** | Email:  |  |
| **k.** | Provide names and permit number(s) for all State permit(s), Soil Amendment Registrations or licenses regulating the facility that receives the Alum sludge: |
|  | ***i.*** |   |  |  |
|  | ***ii.*** |   |  |  |
|  | ***iii.*** |   |  |  |

**Wastewater Regulatory Program**

**Certification Statement**

***\*\*If you submit the Supplemental Information form for NPDES permit No. GAG640000 through the GEOS portal, you do not need to complete the certification statement below\*\****

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| **SECTION I. APPLICANT & FACILITY INFORMATION** |
| Permit No.:  | GEOS Submittal ID:  |
| Applicant Organization/Legal Name:  |
| Applicant Mailing Address:  |
| City:  | State:  | Zip Code:  | County:  |
|  |
| Facility Name:  |
| Facility Address:  |
| City:  |  State: **GA** | Zip Code:  | County:  |
| **SECTION II. LIST OF ATTACHMENTS** |
| Provide a list of the required application attachments being transmitted via U.S. mail or otherwise submitted (i.e. electronic mail) for a permit application |
| 1. GAG640000 – NOI ADDENDUM
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| **SECTION III. CERTIFICATION STATEMENT**  |
| 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. |
| **Print Name:**   | **Title:**   |
| **Signature of Applicant**:  | **Date:**   |