**Application For A**

**Land Application System (LAS) Permit**

This form is to be used solely for issuance, reissuance or modification of an individual municipal or industrial LAS permit (i.e., no-discharge permit). Refer to the instructions on EPD website for more information and help with this form.

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| **Section I**  |
| **1.** | **This is an application to:** |
|[ ]  Apply for a new LAS permit  |  |
|  | (A permit number will be assigned by EPD) |
|[ ]  Apply for reissuance of an existing permit – Specify LAS Permit No.:  |  |
|[ ]  Modify an existing permit – Specify LAS Permit No.: |  |
|  |  |
| **2.** | **Type of land application:** |
|  | The LAS permit is to cover (or currently covers): | (Check all that apply) |
|[ ]  Land application of treated wastewater onto a dedicated site. |
|[ ]  Distribution of reuse water to customers.  |
| **3.** | **Other environmental permits:** |
|  | Does the treatment facility hold any other environmental permits? |
| [ ]  | No |
| [ ]  | Yes – Provide a list below: |
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| **Section II – Permittee (Applicant) Identification:** |
| **1.** | Name of business, company, municipality, etc. requesting the permit: |
|  |  |
| **2.** | Street address/P.O. Box: |  |
| **3.** | City: |  | **4.** | State: |  | **5.** | Zip: |  | **6.** | County: |  |
| **7.** | Contact person: |  |
| **8.**  | Title: |  |
| **9.** | Phone Number: |  |
| **10.** | Email: |  |

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| **Section III – Treatment Facility Location & Contact Information:** |
| **1.** | **Treatment facility physical location:**  |  |
| **a.** | Facility name: |  |
| **b.** | Street address: |  | **c** | County: |  |
| **d.** | City: |  | **e.** | State: |  | **f.** | Zip: |  |
| **g.** | Latitude-Longitude(in decimal degrees): |  |  |
| **2.** | **Treatment facility contact & mailing address:** |[ ]  Same as in Section II above |
| **a.** | Contact person: |  |
| **b.** | Title: |  |
| **c.** | Organization: |  |
| **d.** | Phone number: |  |
| **e.** | Email: |  |
| **f.** | Street address/P.O. Box: |  |
| **g.** | City: |  | **h.** | State: |  | **i.** | Zip: |  |
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| **Section IV – Wastewater Characteristics:** |
| Answer questions 1 or 2 below, as applicable. |
| **1.** | **Municipal facilities:** |[ ]  Not Applicable |
| **a.** | Collection system:  |[ ]  Separate (sanitary sewer only) |
|  |  |[ ]  Combined (sanitary sewer & storm water) |
|  |  |[ ]  Both separate and combined |
| **b.** | Does your facility accept septage? |  |
|  |[ ]  No |
|  |[ ]  Yes – Provide average monthly daily volume (gal/day): |  |
| **c.** | Is the facility receiving process wastewater from industrial customers? |
|  |[ ]  No – Skip questions 1.d & 1.e below and go to Section V |
|  |[ ]  Yes – Provide information for the industrial customers:  |  |
|  | ***i.*** | Name: |  |
|  |  | SIC code(s): |  |
|  |  | SIC Description: |  |
|  |  | Flow: | Average: |  | gal/day, | Peak: |  | gal/day |
|  | ***ii.*** | Name: |  |
|  |  | SIC code(s): |  |
|  |  | SIC Description: |  |
|  |  | Flow: | Average: |  | gal/day, | Peak: |  | gal/day |
|  | ***iii.*** | Name: |  |
|  |  | SIC code(s): |  |
|  |  | SIC Description: |  |
|  |  | Flow: | Average: |  | gal/day, | Peak: |  | gal/day |

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| **Section IV – Wastewater Characteristics:** | **(Continued)** |
| **d.** | Do(es) the industrial customer(s) listed above have a pretreatment permit issued by the State?  |
|  |[ ]  No |
|  |[ ]  Yes – Provide pretreatment permit number(s): |
|  | ***i.*** |  |
|  | ***ii.*** |  |
|  | ***iii.*** |  |
| **e.** | If the industrial facility(ies) listed above do(es) not have a pretreatment permit, do you have an approved industrial pretreatment program?  |
|  |[ ]  No |
|  |[ ]  Yes – Provide approval date:  |  |
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| **Section IV – Wastewater Characteristics:** | **(Continued)** |
| **2.** | **Industrial facilities:** |[ ]  Not Applicable |
| **a.** | If your facility employs or will be employing processes in any of the industrial categories listed below (regardless of whether they generate wastewater, waste sludge, or hazardous waste), check the category and enter the applicable subpart(s) that apply. |
|  | (Check all that apply) |
|  |  | Industrial Categories | Code of Federal Regulations Reference No. | Subpart that Applies to Applicant’s Facility |  |
|  |[ ]  Aluminum Forming 467 | 467 |  |  |
|  |[ ]  Asbestos Manufacturing | 427 |  |  |
|  |[ ]  Battery Manufacturing | 461 |  |  |
|  |[ ]  Canned and Preserved Fruits and Vegetables Processing | 407 |  |  |
|  |[ ]  Canned and Preserved Seafood Processing | 408 |  |  |
|  |[ ]  Carbon Black Manufacturing | 458 |  |  |
|  |[ ]  Cement Manufacturing | 411 |  |  |
|  |[ ]  Centralized Waste Treatment | 437 |  |  |
|  |[ ]  Coal Mining | 434 |  |  |
|  |[ ]  Coil Coating | 465 |  |  |
|  |[ ]  Concentrated Aquatic Animal Production | 451 |  |  |
|  |[ ]  Construction and Development | 450 |  |  |
|  |[ ]  Copper Forming | 468 |  |  |
|  |[ ]  Dairy Products Processing | 405 |  |  |
|  |[ ]  Electrical and Electronic Components Manufacturing | 469 |  |  |
|  |[ ]  Electroplating | 413 |  |  |
|  |[ ]  Explosives Manufacturing | 457 |  |  |
|  |[ ]  Feedlots | 412 |  |  |
|  |[ ]  Ferroalloy Manufacturing | 424 |  |  |
|  |[ ]  Fertilizer Manufacturing | 418 |  |  |
|  |[ ]  Glass Manufacturing | 426 |  |  |
|  |[ ]  Grain Mills | 406 |  |  |
|  |[ ]  Gum and Wood Chemicals Manufacturing | 454 |  |  |
|  |[ ]  Hospital | 460 |  |  |
|  |[ ]  Ink Formulating | 447 |  |  |
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| **Section IV – Wastewater Characteristics:** | **(Continued)** |
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|  |  | Industrial Categories | Code of Federal Regulations Reference No. | Subpart that Applies to Applicant’s Facility |  |
|  |[ ]  Inorganic Chemicals Manufacturing | 415 |  |  |
|  |[ ]  Iron and Steel Manufacturing | 420 |  |  |
|  |[ ]  Landfills | 445 |  |  |
|  |[ ]  Leather Tanning and Finishing | 425 |  |  |
|  |[ ]  Meat Products | 432 |  |  |
|  |[ ]  Metal Finishing | 433 |  |  |
|  |[ ]  Metal Molding and Casting | 464 |  |  |
|  |[ ]  Metal Products and Machinery | 438 |  |  |
|  |[ ]  Mineral Mining and Processing | 436 |  |  |
|  |[ ]  Nonferrous Metals Forming Metal Powders | 471 |  |  |
|  |[ ]  Nonferrous Metals Manufacturing | 421 |  |  |
|  |[ ]  Oil and Gas Extraction | 435 |  |  |
|  |[ ]  Ore Mining and Dressing | 440 |  |  |
|  |[ ]  Organic Chemicals Plastic and Synthetic Fibers | 414 |  |  |
|  |[ ]  Paint Formulating | 446 |  |  |
|  |[ ]  Paving and Roofing Materials | 443 |  |  |
|  |[ ]  Pesticides Chemicals | 455 |  |  |
|  |[ ]  Petroleum Refining | 419 |  |  |
|  |[ ]  Pharmaceutical Manufacturing | 439 |  |  |
|  |[ ]  Phosphate Manufacturing | 422 |  |  |
|  |[ ]  Photographic | 459 |  |  |
|  |[ ]  Plastics Molding and Forming | 463 |  |  |
|  |[ ]  Porcelain Enameling | 466 |  |  |
|  |[ ]  Pulp, Paper, and Paperboard | 430 |  |  |
|  |[ ]  Rubber Manufacturing | 428 |  |  |
|  |[ ]  Soap and Detergent Manufacturing | 417 |  |  |
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| **Section IV – Wastewater Characteristics:** | **(Continued)** |
|  |  |
|  |  | Industrial Categories | Code of Federal Regulations Reference No. | Subpart that Applies to Applicant’s Facility |  |
|  |[ ]  Steam Electric Power Generating | 423 |  |  |
|  |[ ]  Sugar Processing | 409 |  |  |
|  |[ ]  Textile Mills | 410 |  |  |
|  |[ ]  Timber Products Processing | 429 |  |  |
|  |[ ]  Transportation Equipment Cleaning | 442 |  |  |
|  |[ ]  Waste Combustor | 444 |  |  |
|  |  |
| **b.** | Provide a brief description of each of the operations that generate the wastewater at this facility including primary products or services (includes principal raw materials, catalysts, and intermediates used in the process). |
|  |  |
| **c.** | List the daily average and daily maximum wastewater flows for each of the applicable waste streams in the table. At a minimum, use at least the last consecutive 12 months of monitoring data. New facilities must estimate the future flow. |
|  |  |
|  | Type | Daily Average (gal/day) | Daily Maximum (gal/day) |  |
|  | Contact cooling water |  |  |  |
|  | Non-contact cooling water |  |  |  |
|  | Boiler blow down |  |  |  |
|  | Process wastewater |  |  |  |
|  | Sanitary wastewater |  |  |  |
|  | Air pollution control wastewater |  |  |  |
|  | Plant & equipment wash down wastewater |  |  |  |
|  | Other (specify):  |  |  |  |  |
|  | Other (specify):  |  |  |  |  |
|  | Other (specify):  |  |  |  |  |
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| **Section IV – Wastewater Characteristics:** | **(Continued)** |
| **d.** | Is the wastewater discharged as a batch discharge (new facilities must estimate)?  |
|  |[ ]  No – Go to Section V |  |  |  |
|  |[ ]  Yes – Provide the following information: |  |  |  |
|  | **i.** | Number of batch discharges per day: |  |
|  | **ii.** | Average gallons per batch: |  |
|  | **iii.** | Time(s) of batch discharges: |  |
|  | **iv.** | Days of week of batch discharges:  |  |
|  | **v.** | Total daily flow discharged (gal/day): |  |
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| **Section V – Description of the Treatment Facility:** |
| All questions must be answered unless otherwise instructed. |
| **1.** | **Flow:** |
| **a.** | Design flow: |  | MGD |
| **b.** | Is the application for a phased permit? (i.e., will the facility be expanding in the future?) |
|  |[ ]  No - Skip question 1.c. |
|  |[x]  Yes - Answer question 1.c below |
| **c.** | Provide design flow(s) for the future expansion(s): |
|  | ***i.*** |  | MGD | ***iv.*** |  | MGD |
|  | ***ii.*** |  | MGD | ***v.*** |  | MGD |
|  | ***iii.*** |  | MGD | ***vi.*** |  | MGD |
| **2.**  | **Treatment process:** |
| **a.** | Provide a plant flow diagram or schematic and a narrative description identifying: |
|  |  (If applying for a phased permit, provide information for all phases) |
|  | * All treatment units
 |
|  | * Location(s) of flow monitoring device(s)
 |
|  | * Location(s) of influent/effluent sampling
 |
| **b.** | Have any of the treatment units undergone any modifications since the last permit reissuance? |
|  |[ ]  Not applicable (first permit issuance) |
|  |[ ]  No |
|  |[ ]  Yes – Explain below: |
|  |  |
| **c.** | Original DDR concurrence date: |  |
| **d.** | DDR Amendment concurrence date(s): |  |
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| **Section V – Description of the Treatment Facility:** | **(Continued)** |
| All questions must be answered unless otherwise instructed. |
| **3.** | **Storage capacity:** |[ ]  Not Applicable |
|  | Provide volume for each storage pond or storage tank: |
|  | **a.** |  | gal | **d.** |  | gal |
|  | **b.** |  | gal | **e.** |  | gal |
|  | **c.** |  | gal | **f.** |  | gal |
| **4.** | **Is the treated wastewater land applied on a dedicated site?**  |
|  |[ ]  No – Go to Section VI. |
|  |[ ]  Yes – Answer questions below. |
| **5.** | **Irrigation system:** |[ ]  Not Applicable |
| **a** | Provide a map or drawing showing:  |
|  | (If applying for a phased permit, provide information for all phases) |
|  | * Locations of all land application sites. Include ID and surface area for each irrigation zone or field.
 |
|  | * Locations of all groundwater monitoring wells. Groundwater monitoring wells should be identified by the following symbols: Upgradient wells U1, U2, U3, etc.; Midfield wells M1, M2, M3, etc.; Downgradient wells D1, D2, D3, etc.
 |
|  | * Any surface waters adjacent to or traversing the land application site. Identify the monitoring location(s), if any.
 |
| **b.** | Type of system:  | (Check all that apply)  |
|  | ***i.*** |[ ]  Sprayfield |[ ]  Sprinklers |
|  |  |  |[ ]  Center pivot(s) |
|  | ***ii.*** |[ ]  Dripfields |[ ]  Above-ground emitters |
|  |  |  |[ ]  Subsurface emitters |
|  | ***iii.*** |[ ]  Drainfields |[ ]  Infiltration chambers |
|  |  |  |  |[ ]  Perforated pipes with gravel bed |
|  |  |  |  |[ ]  Other – Specify: |
|  |  |
|  | ***iv.*** |[ ]  Rapid infiltration basins |
|  | ***v.*** |[ ]  Other system – Specify: |
|  |  |
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| **Section V – Description of the Treatment Facility:** | **(Continued)** |
| Complete questions 6 to 7 below based on type of irrigation system selected in Section V.5.b above: |
| **6.**  | **Sprayfield/Dripfield information:**  |[ ]  Not Applicable |
| **a.** | Total irrigation (wetted) area: |  | acres |
| **b.** | Number of irrigated fields or zones: |  | fields or zones |
| **c.** | Crop on each field:  |  |
|  | If the hydraulic loading rate and instantaneous application rate are the same for all fields, please provide values below: |
| **d.** | Hydraulic loading rate: |  | in/week |
| **e.** | Instantaneous application rate: |  | in/hour  |
| **f.** | If the hydraulic loading rate and instantaneous application rate are not the same for each fields/soil series or vary seasonally, please provide description & values below: |
|  |  |
|  |  |
| **g.** | Is the irrigation area equipped with an underdrain system? |
|  |[ ]  No |
|  |[ ]  Yes – Explain below where effluent from the underdrain is directed: |
|  |  |  |
| **7.** | **Drainfield information:** |[ ]  Not Applicable |
| **a.** | Infiltration area (trench bottom only): |  | ft2 |
| **b.** | Number of irrigated fields or zones: |  | fields or zones |
| **c.** | Crop: |  |
|  | If the hydraulic loading rate is the same for all zones, please provide value below: |
| **d.** | Hydraulic loading rate (trench bottom): |  | gal/ft2.day |
| **e.** | If the hydraulic loading rate and instantaneous application rate are not the same for each fields/soil series or vary seasonally, please provide description & values below: |
|  |  |
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| **Section V – Description of the Treatment Facility:** | **(Continued)** |
| Complete questions 8 to 9 below based on type of irrigation system selected in Section V.5.b above: |
| **8.** | **Rapid Infiltration Basins:** |[ ]  Not Applicable |
| **a.** | Total wetted area: |  | Acres (bottom of the basins) |
| **b.** | Number of basins: |  | basins |
| **9.** | **Other System:** |[ ]  Not Applicable |
|  | Provide a description of the irrigation system: |
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| **Section VI – Reuse Customers** |  |  |
| All questions must be answered unless otherwise instructed. |
| **1.** | **Is (will) the treated effluent (be) distributed to reuse customers?** |
|  |[ ]  No – Go to Section VII |
|  |[ ]  Yes – Answer questions below |
| **2.** | **Has the facility been designed to meet EPD reuse standards?** |
|  | (5 mg/L BOD, 5 mg/L TSS, 23 #/100mL FCB, and 3.0 NTU Turbidity) |
|  |[ ]  Yes  |
|  |[ ]  No – Provide design effluent concentrations below: |
|  |  |
| **3.** | **Is the reuse facility equipped with the following?** |
|  |[ ]  Automatic diversion of reclaimed water that does not meet the turbidity criteria and automatic diversion of the reclaimed water should any component of the disinfection system fail, but no electronic monitoring and alarm system |
|  |[ ]  Automatic diversion of reclaimed water that does not meet the turbidity criteria and automatic diversion of the reclaimed water should any component of the disinfection system fail, and electronic monitoring and alarm system |
|  |[ ]  None of the above |
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| **Section VII - Operational Data**  | (for reissuance of existing permits only) |[ ]  Not Applicable |
| **1.** | **All municipal and industrial facilities:** |
| **a.** | Effluent data: |
| Provide the last 12 months of effluent monitoring results (monthly average) in the table below. |
| * Flow, BOD, TSS: Provide data for the discharge from the treatment process.
* TKN, Nitrate, Total Phosphorus: Provide data for the discharge to the land application sites (dripfield, sprayfield, drainfield, etc.)
* If your permit does not require monitoring for one (or more) of the parameters listed above, write NA.
 |  |
|  |  |  |  |  |  |
|  |  | Date | Flow | BOD5 | TSS | TKN | Nitrate | Total Phosphorus |  |
|  |  | (MM/YY) | (MGD) | (mg/L) | (mg/L) | (mg/L) | (mg/L) | (mg/L) |  |
|  | 1 |  |  |  |  |  |  |  |  |
|  | 2 |  |  |  |  |  |  |  |  |
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| **Section VII - Operational Data** | (for reissuance of existing permits only) | **(Continued)** |
| **b.** | Groundwater data  |
| Identify all the wells below and provide the last 12 months of groundwater monitoring results for each of them. The monitoring results should include all parameters required by your current permit and should be presented as shown in the table below. |
|  | * Upgradient wells ID:
 |  |
|  | * Midfield wells ID:
 |  |
|  | * Downgradient wells ID:
 |  |
|  |  |
|  |  | Monitoring well ID: |  |  |
|  |  | Date | Parameter A | Parameter B | Parameter C | Parameter D | etc. |  |
|  |  | (MM/YY) | (units) | (units) | (units) | (units) | (units) |  |
|  | 1 |  |  |  |  |  |  |  |
|  | 2 |  |  |  |  |  |  |  |
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|  | 11 |  |  |  |  |  |  |  |
|  | 12 |  |  |  |  |  |  |  |
|  |
| **c.** | Were all the wells installed in accordance with EPA Region IV guidance document *Design and Installation of Monitoring Wells, January 2013* (or latest edition)?  |
|  |[ ]  Yes |  |
|  |[ ]  No – Give a description of the monitoring wells: |
|  |  |  |

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| **Section VII - Operational Data**  |  | **(Continued)** |
| **2.** | **Industrial facilities only:**  |
| **a.** | The table below lists the significant industrial categories and the types of pollutants that must be analyzed and submitted in Section VII.2.b of this application. |
|  |  |
|  | **Industrial Category** | **Volatile** | **Acid Compounds** | **Base / Neutral Compounds** | **Pesticide** |  |
|  | Adhesives and Sealants | x | x | x | - |  |
|  | Aluminum Forming | x | x | x | - |  |
|  | Auto and other laundries | x | x | x | x |  |
|  | Battery Manufacturing | x | x | x | - |  |
|  | Coal Mining | x | x | x | x |  |
|  | Coil Coating | x | x | x | - |  |
|  | Copper Forming | x | x | x | - |  |
|  | Electric and Electronic Compounds | x | x | x | x |  |
|  | Electroplating | x | x | x | - |  |
|  | Explosives Manufacturing | - | x | x | - |  |
|  | Foundries | x | x | x | - |  |
|  | Gum and Wood Chemicals | x | x | x | x |  |
|  | Inorganic Chemicals Manufacturing | x | x | x | - |  |
|  | Iron and Steel Manufacturing | x | x | x | - |  |
|  | Leather Tanning and Finishing | x | x | x | x |  |
|  | Mechanical Products Manufacturing | x | x | x | - |  |
|  | Metal Finishing  | x | x | x | - |  |
|  | Nonferrous Metals Manufacturing | x | x | x | x |  |
|  | Ore Mining and Dressing | x | x | x | x |  |
|  | Organic Chemicals Plastic and Synthetic Fibers | x | x | x | x |  |
|  | Paint and Ink Formulating | x | x | x | x |  |
|  | Pesticides Chemicals | x | x | x | x |  |
|  | Petroleum Refining | x | x | x | x |  |
|  | Pharmaceutical Manufacturing | x | x | x | - |  |
|  | Photographic Equipment and Supplies | x | x | x | x |  |
|  | Plastics and Synthetic Materials Manufacturing  | x | x | x | x |  |
|  | Plastic Processing  | x | - | - | - |  |
|  | Pulp, Paper, and Paperboard | x | x | x | - |  |
|  | Rubber Manufacturing | x | x | x | - |  |
|  | Porcelain Enameling | x | - | x | x |  |
|  | Printing and Publishing | x | x | x | x |  |
|  | Soap and Detergent Manufacturing | x | x | x | - |  |
|  | Steam Electric Power Generating | x | x | x | - |  |
|  | Textile Mills | x | x | x | x |  |
|  | Timber Products Processing | x | x | x | x |  |
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| **Section VII - Operational Data**  |  | **(Continued)** |
| **b.** | **All industrial applicants** must provide analytical wastewater effluent data in the following table. Data must be representative of the effluent waste stream and analyzed using a sufficiently sensitive test method in accordance with 40 CFR Part 136. The table below is not an all-encompassing list. It is the responsibility of the applicant to ensure the effluent discharge has been adequately characterized and the applicable information is reported to EPD.  |
|  | ***i.*** | **All Applicants.** If you believe a pollutant listed below may be present in your effluent discharge, place an “X” in the Believed Present box and provide the corresponding analytical data.  |
|  | ***ii.*** | **For Categorical Industrial Users Only.** Check the box “Believed Present” and analyze the discharge for the corresponding type of pollutants for your specific industrial category. Refer to Section IV.2.a for specific industrial category. |
|  |  |
|  | **Pollutant** | **Place “X” if Believed Present** | **Average Sample Result (mg/L)** | **Maximum Sample Result (mg/L)** | **Number****of****Analyses** | **EPA Test Method** |  |
|  | **Toxic Metals, Cyanides, & Phenols** |  |
|  | Antimony, Total |  |  |  |  |  |  |
|  | Arsenic, Total |  |  |  |  |  |  |
|  | Beryllium, Total |  |  |  |  |  |  |
|  | Copper, Total |  |  |  |  |  |  |
|  | Cadmium, Total |  |  |  |  |  |  |
|  | Chromium, Total |  |  |  |  |  |  |
|  | Cyanide, Total |  |  |  |  |  |  |
|  | Cyanide, Amenable |  |  |  |  |  |  |
|  | Chromium, Hexavalent |  |  |  |  |  |  |
|  | Lead, Total |  |  |  |  |  |  |
|  | Mercury, Total |  |  |  |  |  |  |
|  | Nickel, Total  |  |  |  |  |  |  |
|  | Phenols, Total |  |  |  |  |  |  |
|  | Thallium, Total |  |  |  |  |  |  |
|  | Selenium, Total |  |  |  |  |  |  |
|  | Silver, Total |  |  |  |  |  |  |
|  | Zinc, Total |  |  |  |  |  |  |
|  | **Volatiles** |  |
|  | Acrolein |  |  |  |  |  |  |
|  | Acrylonitrile |  |  |  |  |  |  |
|  | Benzene |  |  |  |  |  |  |
|  | Bromoform |  |  |  |  |  |  |
|  | Carbon Tetrachloride |  |  |  |  |  |  |
|  | Chlorobenzene |  |  |  |  |  |  |
|  | Chlorodibromomethane |  |  |  |  |  |  |
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| **Section VII - Operational Data**  | (for reissuance of existing permits only) | **(Continued)** |
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|  | **Pollutant** | **Place “X” if Believed Present** | **Average Sample Result (mg/L)** | **Maximum Sample Result (mg/L)** | **Number****of****Analyses** | **EPA Test Method** |  |
|  | Chloroethane |  |  |  |  |  |  |
|  | 2-Chloroethylvinyl Ether |  |  |  |  |  |  |
|  | Chloroform |  |  |  |  |  |  |
|  | Dichlorobromomethane |  |  |  |  |  |  |
|  | 1, 1-Dichloroethane |  |  |  |  |  |  |
|  | 1, 2-Dichloroethane |  |  |  |  |  |  |
|  | 1, 1-Dichloroethylene |  |  |  |  |  |  |
|  | 1, 2-Dichloropropane |  |  |  |  |  |  |
|  | 1, 3-Dichloroproplyene |  |  |  |  |  |  |
|  | Ethylbenzene |  |  |  |  |  |  |
|  | Methylbromide |  |  |  |  |  |  |
|  | Methylchloride |  |  |  |  |  |  |
|  | Methylene Chloride |  |  |  |  |  |  |
|  | 1,1,2,2- Tetrachloroethane |  |  |  |  |  |  |
|  | Tetrachloroethylene |  |  |  |  |  |  |
|  | Toluene |  |  |  |  |  |  |
|  | 1,2-Trans-Dichloroethylene |  |  |  |  |  |  |
|  | 1,1,1-Trichloroethane |  |  |  |  |  |  |
|  | 1,1,2-Trichloroethane |  |  |  |  |  |  |
|  | Trichloroethylene |  |  |  |  |  |  |
|  | Vinyl Chloride |  |  |  |  |  |  |
|  | **Acid Compounds** |  |
|  | 2-Chlorophenol |  |  |  |  |  |  |
|  | 2,4-Dichlorophenol |  |  |  |  |  |  |
|  | 2,4-Dimethylphenol |  |  |  |  |  |  |
|  | 4,6-Dinitro-O-Cresol |  |  |  |  |  |  |
|  | 2,4-Dinitrophenol |  |  |  |  |  |  |
|  | 2-Nitrophenol |  |  |  |  |  |  |
|  | 4-Nitrophenol |  |  |  |  |  |  |
|  | P-Chloro-M-Cresol |  |  |  |  |  |  |
|  | Pentachlorophenol |  |  |  |  |  |  |
|  | Phenol |  |  |  |  |  |  |
|  | 2,4,6-Trichlorophenol |  |  |  |  |  |  |
|  | **Base/Neutral Compounds** |  |
|  | Acenaphthene |  |  |  |  |  |  |
|  | Acenaphthylene |  |  |  |  |  |  |
|  | Anthracene |  |  |  |  |  |  |
|  | Benzidine |  |  |  |  |  |  |
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| **Section VII - Operational Data**  | (for reissuance of existing permits only) | **(Continued)** |
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|  | **Pollutant** | **Place “X” if Believed Present** | **Average Sample Result (mg/L)** | **Maximum Sample Result (mg/L)** | **Number****of****Analyses** | **EPA Test Method** |  |
|  | Benzo(a)anthracene |  |  |  |  |  |  |
|  | Benzo(a)pyrene |  |  |  |  |  |  |
|  | 3,4-Benzo-fluoranthene |  |  |  |  |  |  |
|  | Benzo(ghi)perylene |  |  |  |  |  |  |
|  | Benzo(k)fluoranthene |  |  |  |  |  |  |
|  | Bis(2-Chloroethoxy) Methane |  |  |  |  |  |  |
|  | Bis(2-Chloroethly) Ether |  |  |  |  |  |  |
|  | Bis(2-Chloroisopropyl) Ether |  |  |  |  |  |  |
|  | Bis(2-Ethylhexyl) Phthalate |  |  |  |  |  |  |
|  | 4-Bromophenylphenyl Ether |  |  |  |  |  |  |
|  | Butylbenzyl Phthalate |  |  |  |  |  |  |
|  | 2-Chloronaphthalene |  |  |  |  |  |  |
|  | 4-Chlorophenylphenyl Ether |  |  |  |  |  |  |
|  | Chrysene |  |  |  |  |  |  |
|  | Dibenzo(a,H) anthracene |  |  |  |  |  |  |
|  | 1,2-Dichlorobenzene |  |  |  |  |  |  |
|  | 1,3-Dichlorobenzene |  |  |  |  |  |  |
|  | 1,4-Dichlorobenzene |  |  |  |  |  |  |
|  | 3,3-Dichlorobenzidine |  |  |  |  |  |  |
|  | Diethy phthalate |  |  |  |  |  |  |
|  | Dimethly phthalate |  |  |  |  |  |  |
|  | Di-n-butyl phthalate |  |  |  |  |  |  |
|  | 2,4-Dinitrotoluene |  |  |  |  |  |  |
|  | 2,6-Dinitrotoluene |  |  |  |  |  |  |
|  | Di-n-octyl phthalate |  |  |  |  |  |  |
|  | 1,2-Diphenylhydrazine (as Azobenzene) |  |  |  |  |  |  |
|  | Fluoranthene |  |  |  |  |  |  |
|  | Fluorene |  |  |  |  |  |  |
|  | Hexachlorobenzene |  |  |  |  |  |  |
|  | Hexachlorobutadiene |  |  |  |  |  |  |
|  | Hexachlorocyclopentadiene |  |  |  |  |  |  |
|  | Hexachloroethane |  |  |  |  |  |  |
|  | Indeno(1,2,3-cd) Pyrene |  |  |  |  |  |  |
|  | Isophorone |  |  |  |  |  |  |
|  | Naphthalene |  |  |  |  |  |  |
|  | Nitrobenzene |  |  |  |  |  |  |
|  | N-nitroso dimethylamine |  |  |  |  |  |  |
|  | N-Nitrosodi-n-Propylamine |  |  |  |  |  |  |
|  | N-Nitrosodiphenylamine |  |  |  |  |  |  |
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| **Section VII - Operational Data**  | (for reissuance of existing permits only) | **(Continued)** |
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|  | **Pollutant** | **Place “X” if Believed Present** | **Average Sample Result (mg/L)** | **Maximum Sample Result (mg/L)** | **Number****of****Analyses** | **EPA Test Method** |  |
|  | Phenanthrene |  |  |  |  |  |  |
|  | Pyrene |  |  |  |  |  |  |
|  | 1,24-Trichlorobenzene |  |  |  |  |  |  |
|  | **Pesticides** |  |
|  | Aldrin |  |  |  |  |  |  |
|  | Alpha-BHC |  |  |  |  |  |  |
|  | Beta-BHC |  |  |  |  |  |  |
|  | Gamma-BHC |  |  |  |  |  |  |
|  | Delta-BHC |  |  |  |  |  |  |
|  | Chlordane |  |  |  |  |  |  |
|  | 4,4-DDT |  |  |  |  |  |  |
|  | 4,4-DDE |  |  |  |  |  |  |
|  | 4,4-DDD |  |  |  |  |  |  |
|  | Dieldrin |  |  |  |  |  |  |
|  | Alpha-Endosulfan |  |  |  |  |  |  |
|  | Beta-Endosulfan |  |  |  |  |  |  |
|  | Endosulfan Sulfade |  |  |  |  |  |  |
|  | Endrin |  |  |  |  |  |  |
|  | Endrin Aldehyde |  |  |  |  |  |  |
|  | Heptachlor |  |  |  |  |  |  |
|  | Heptachlor Epoxide |  |  |  |  |  |  |
|  | PCB-1242 |  |  |  |  |  |  |
|  | PCB-1254 |  |  |  |  |  |  |
|  | PCB-1221 |  |  |  |  |  |  |
|  | PCB-1232 |  |  |  |  |  |  |
|  | PCB-1248 |  |  |  |  |  |  |
|  | PCB-1260 |  |  |  |  |  |  |
|  | PCB-1016 |  |  |  |  |  |  |
|  | Toxaphene |  |  |  |  |  |  |
|  | **Other Substances** |  |
|  | Bromide |  |  |  |  |  |  |
|  | Color |  |  |  |  |  |  |
|  | Fecal Coliform |  |  |  |  |  |  |
|  | Fluoride |  |  |  |  |  |  |
|  | Nitrogen, Total Organic |  |  |  |  |  |  |
|  | Radioactivity |  |  |  |  |  |  |
|  | Alpha, Total |  |  |  |  |  |  |
|  | Beta, Total |  |  |  |  |  |  |
|  | Radium, Total |  |  |  |  |  |  |
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| **Section VII - Operational Data**  | (for reissuance of existing permits only) | **(Continued)** |
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|  | **Pollutant** | **Place “X” if Believed Present** | **Average Sample Result (mg/L)** | **Maximum Sample Result (mg/L)** | **Number****of****Analyses** | **EPA Test Method** |  |
|  | Radium, 226 Total |  |  |  |  |  |  |
|  | Sulfate |  |  |  |  |  |  |
|  | Sulfide |  |  |  |  |  |  |
|  | Sulfite |  |  |  |  |  |  |
|  | Surfactants |  |  |  |  |  |  |
|  | Aluminum, Total |  |  |  |  |  |  |
|  | Barium, Total |  |  |  |  |  |  |
|  | Boron, Total |  |  |  |  |  |  |
|  | Cobalt, Total |  |  |  |  |  |  |
|  | Iron, Total |  |  |  |  |  |  |
|  | Magnesium, Total |  |  |  |  |  |  |
|  | Molybdenum, Total |  |  |  |  |  |  |
|  | Manganese, Total |  |  |  |  |  |  |
|  | Tin, Total |  |  |  |  |  |  |
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| **Section VIII – Sludge Treatment and Disposal** |
| Answer all questions unless otherwise instructed.  |
| **1.** | **Provide a narrative description and a process flow diagram of the solids treatment process.**  |
|  | * Include all treatment units used to collect, store, stabilize, digest, dewater, etc. solids before ultimate disposal.
* If solids just settle and stabilize at the bottom of a basin (e.g., pond systems), please state so.
* If your treatment system does not generate sludge but septage (e.g., septic tanks), please state so and skip the remaining questions.
 |
| **2.** | **Sludge generation and management** |
| **a.** | Amount of sludge generated at your facility in the last 12 months: |  | dry tons |
| **b.** | Does your facility receive sludge from another facility on a routine basis for treatment and disposal? (Please note that septage is not considered sludge) |
|  |[ ]  No – Go to question 3 |
|  |[ ]  Yes – Answer questions below: |
| **c.** | Amount of sludge received from offsite facility(ies) in the last 12 months: |  | dry tons |
| **d.** | Provide the following information for each facility from which sludge is received: |
|  | Facility name:  |  |
|  | NPDES or LAS Permit No: |  |
|  | Street address: |  |
|  | City: |  | State: |  | Zip code: |  | County: |  |
|  | Contact person: |  |
|  | Title: |  |
|  | Phone number: |  |
|  | Email: |  |

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| **Section VIII – Sludge Treatment and Disposal** | **(Continued)** |
| Answer all questions unless otherwise instructed.  |
| **3.** | **Sludge disposal method:** | (Check all that apply) |
|  |[ ]  Permitted landfill  |
|  |[ ]  Send offsite for further treatment and ultimate disposal |
|  |[ ]  Land application |
|  |[ ]  Sell or given away in bag or other container |
|  |[ ]  Incineration |
|  |[ ]  Registered as soil amendment by Georgia Department of Agriculture |
|  |[ ]  Licensed as fertilizer by Georgia Department of Agriculture |
| **4.** | **If disposing of sludge by any method(s) other than co-disposal in a landfill, do you have an approved Sludge Management Plan?** |
|  |[ ]  No  |
|  |[ ]  Yes – Provide SMP approval date: |  |
| Complete questions 5 to 9 below based on the disposal method selected in Section VIII.3 above: |
| **5.** | **Sanitary landfill**  | (Use attachment if more than one landfill 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 number(s) for State permit(s) regulating the operation of the Solid Waste landfill: |
|  | ***i.*** |  |  |  |
|  | ***ii.*** |  |  |  |
|  | ***iii.*** |  |  |  |
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| **Section VIII – Sludge Treatment and Disposal** | **(Continued)** |
| Complete questions 5 to 9 below based on the disposal method selected above: |
| **6.** | **Sludge sent offsite for further treatment and ultimate disposal** |[ ]  Not Applicable |
|  | (Use attachment if more than one facility is used) |
| **a.** | Receiving facility name: |  |
| **b.** | Street address: |  | **c.** | County: |  |
| **d.** | City: |  | **e.** | State: |  | **f.** | Zip code: |  |
| **g.** | Contact person: |  |
| **h.** | Title: |  |
| **i.** | Phone: |  |
| **j.** | Email: |  |
| **7.** | **Land application of biosolids** |[ ]  Not Applicable |
| **a.** | Do the biosolids produced at the facility meet the following requirements?  |
|  |[ ]  Class B requirements |
|  |[ ]  Class A requirements |
|  |[ ]  None of the above |
| **b.** | Are the biosolids applied onto a site (or sites) not previously approved by the State? |
|  |[ ]  No  |
|  |[ ]  Yes  |
| **8.**  | **Biosolids sold or given away in bags or other containers** |[ ]  Not Applicable |
|  | Do the biosolids produced at the facility meet Class A requirements?  |
|  |[ ]  Yes |  |
|  |[ ]  No |  |
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| **Section IX – Permit Modification:** |[ ]  Not Applicable |
| **Explain/describe modification requested:**  |
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| **Section X – Certification:** |  |
| 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. |
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