**Instructions to Complete the**

**Once-Through Noncontact Cooling Water with No Chemical Additives**

**to be Covered Under the NPDES General Permit No. GAG200000**

1. **Who Must File A Notice of Intent (NOI) Form:**

Title 40 Code of Federal Regulations Part 122 prohibits point source discharges of pollutants to water body(ies) of the U.S. without a National Pollutant Discharge Elimination System (NPDES) permit. A discharger of once-through noncontact cooling water with no chemical additives may submit an NOI to obtain coverage under the NPDES cooling water General Permit. Coverage under this General Permit is applicable only to dischargers of once through non-contact cooling water with no chemical additives. The General Permit is not applicable to discharges of process generated wastewater or blowdown from recirculating systems. In addition, no discharge shall be allowed to Wild and Scenic Rivers. If you have questions about whether you should seek coverage under the non-contact cooling water NPDES General Permit, contact the Wastewater Regulatory Program at (404) 463-1511.

1. **Mail the completed NOI form and supporting documentation to:**

Georgia Environmental Protection Division

Wastewater Regulatory Program

Industrial Permitting Unit

2 Martin Luther King Jr. Drive, Suite 1152

Atlanta, Georgia 30334-9000

1. **Include the following attachments with the completed and signed NOI:**
2. Process flow line diagram. Please include: a) water balance volumes, b) sampling locations, c) outfall discharge locations, and d) any internal discharges.
3. If applicable, please include Anti-Degradation Analysis Report.
4. **Instructions to complete NOI form:**
5. **Section I & II: Facility Information**

Give the legal name of the person, firm, organization, or any other entity that discharges the cooling water, rather than the landowner, if other than landowner. Enter the complete address, email address, and telephone number of the owner. Enter the facility’s mailing address, and site location address if different. Address should include: street address or locations, city, county, and zip code. Where an exact street address is not available, narrative terms should be used to describe location of the dredge discharge and sediment pond. The latitude and longitude coordinates shall be included in this section.

1. **Section III: Facility Description**

Give a brief description of the cooling water system used at your facility. Attach a process flow chart for illustrative visual information to clarify your process. Enter the frequency of discharges; the volume of water discharged, and the name of the receiving waters. Also, identify where the water comes from that you are using as cooling water. The discharged water shall not be commingled with any other water before or during discharging.

1. **Section IV. Effluent Limits and Conditions**

Provide any effluent limit, standard, guideline, or categorical pretreatment standard established for the discharge. Include the title of the guideline with the applicable federal location (Example: Iron and Steel Manufacturing; 40 CFR 420) and appropriate subpart.

1. **Section V. Outfall Identification & Water Quality**

Provide identify each outfall that will be discharging. Include the average and maximum flows, coordinate location, and receiving waterbody and basin for each outall. Indicate whether each discharge will be entering an impaired waterway that has been identified on the State of GA’s 303(d) list, as well as information regarding a TMDL, if applicable.

1. **Section v. Certification**

Federal and state statutes provide for severe penalties for submitting false information on this application form. The application should be signed as follows:

This application must be signed by a principal executive officer, elected official, or other authorized representative of the facility. The operator in charge of operating the facility is allowed to sign the application, provided that the authority to sign documents has been assigned or delegated in accordance with facility procedures.



For EPD Use Only Assigned Permit No.

**Notice of Intent (NOI)**

**For Once-Through**

**Noncontact Cooling Water with No Chemical Additives**

**to be Covered Under the**

**NPDES General Permit No. GAG200000**

**Please check all of the applicable box(s) and enter the associated information:**

New Permit  Existing Permit  Change of Information

Existing Permit No.

***NOTE: If the Clean Water Act 316(b) Cooling Water Intake Structure Rules referenced in* 40 CFR Parts 122 and *125 (Subparts I, J, and N) are applicable to your facility; then you are not eligible to be covered under this General Permit. Please submit an individual NPDES permit application.***

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| **Section I. FAcility Information** | | | |
| Permittee Organization Formal Name: | | | |
| Permittee Mailing Address: | | | |
| Permittee City: | Permittee State: | Permittee Zip Code: | Permittee County: |
| 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* | | Facility Site tribal land indicator: | |
| Facility Site Latitude/Longitude (ex. 34.543, -84.804): | | | |
| **If there are any NPDES Permits that are associated with this facility provide the corresponding NPDES Permit No. and check the applicable box(s).** | | | |
| Associated NPDES ID Number(s): | | Associated NPDES ID Number Reason:  Effluent Trade Partner (ETP)  Associated Permit Record (APR)  Switched To An Individual Permit (SIP)  Switched To A General Permit (SGP) | |
| EPA Major (check one):  *yes*  *no*  *unknown* | | 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: | |
| Total Design Flow (mgd): | | Total Average Flow (mgd): | |

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| **Section II. Contact Information** | | | | | | |
| 1. Facility Contact Affiliation Type:   Owner Contact  Contractor  Permit Contact  Engineer  Facility/Project Contact  Unknown | | | | | | |
| Facility Contact First Name | | Facility Contact Last Name: | | | | Facility Contact Title: |
| Facility Contact E-mail Address: | | | | Facility Contact Phone: | | |
| 1. Facility Contact Affiliation Type:   Owner Contact  Contractor  Permit Contact  Engineer  Facility/Project Contact  Unknown | | | | | | |
| Facility Contact First Name | Facility Contact Last Name: | | | | Facility Contact Title: | |
| Facility Contact E-mail Address: | | | | Facility Contact Phone: | | |
| 1. Facility Contact Affiliation Type:   Owner Contact  Contractor  Permit Contact  Engineer  Facility/Project Contact  Unknown | | | | | | |
| Facility Contact First Name | | Facility Contact Last Name: | | | | Facility Contact Title: |
| Facility Contact E-mail Address: | | | | Facility Contact Phone: | | |
| 1. Facility Contact Affiliation Type:   Owner Contact  Contractor  Permit Contact  Engineer  Facility/Project Contact  Unknown | | | | | | |
| Facility Contact First Name | | Facility Contact Last Name: | | | | Facility Contact Title: |
| Facility Contact E-mail Address: | | | | Facility Contact Phone: | | |
| **Section II. Operator information** | | | | | | |
| Facility Organization Formal Name: | | | | | | |
| Is operator also the owner?:  *yes* or  *no* | | | | | | |
| Status:  Federal  State  Private  Public  Other | | | | | | |
| Operator Contact E-mail Address: | | | Operator Contact 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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| 2. Does your facility require any additional permits not listed above?  Yes  No | 2a. If yes, what are they and what is the timeframe to obtain them? |
| 3. Brief description of the cooling water process (attach process flow chart): | |
| 1. Frequency of discharge: | |
| 1. Additional information: | |

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| **section IV. EFFLUENT LIMITS and conditions** | | |
| 1. Is there an effluent limit, standard, guideline, or categorical pretreatment standard established for this type of discharge in 40 CFR Part 400-471, as amended or elsewhere pursuant to 301, 306, 307, 316, 318, or 405 of the Clean Water Act?  Yes  No  If you answered “yes”, to question No. 1 above, please complete the following table below by providing the name of the discharge category and the specific citation to the regulation, if applicable, that establishes the limitation or condition.  If you answered “no” to question No. 1 above, please proceed to Section No. III. | | |
| **Section II, Table No. 1** | | |
| **Name of Discharge Category and Appropriate Citation From State of Federal Regulations.** | **Effluent Limitation or Condition:**  **(Yes or No)** | **Name of Subpart and Appropriate Subpart Citation** |
| ***Example:***  ***Iron and Steel Manufacturing; 40 CFR Part 420*** | ***Yes*** | ***Acid Pickling; 40 CFR part 420 subpart I*** |
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| **Section V. Outfall Identification and Water Quality** | | | | | | | | | | | |
| **Outfall**  **ID** | **Permitted Feature Identifier** | **Permitted Feature Type** | **Permitted Feature Actual (30 Day) Average Flow (MGD)** | **Permitted Feature Actual (30 Day) Maximum Flow (MGD** | **Permitted Feature Latitude/**  **Longitude**  **(ex. 34.5364, -84.8045)** | **Receiving Waterbody for Permitted Feature** | **River Basin** | **Is the Receiving Water:**  **1) Supporting the Designated Use,**  **2) Not Supporting the Designated Use, or**  **3) Assessment Pending** | **If the Receiving Water(s) is**  **Not Supporting the Designated Uses, What is it Listed For?** | **Discharge listed in a TMDL?**  **(Yes or No)** | **Name and Year of TMDL** |
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1 The designation of the receiving water(s) can be found in EPD’s most recently approved 305(b)/303(d) list located on EPD’s website at the following address: <https://epd.georgia.gov/georgia-305b303d-list-documents>

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| **Section VI. Certification** | |
| 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 of Applicant: | Date: |
| Signature of Applicant: | Title: |