

**Instructions**  
**Notice Of Intent (NOI) For Filter Backwash Discharges**  
**Associated With Water Treatment Activity**  
**With Sludge Handling Capability**  
**To Be Covered Under The NPDES General Permit No. GAG640000**

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

Title 40 Code of Federal Regulations Part 122 prohibits point source discharges [filter backwash associated with water treatment plant activity] to water bodies of the U.S. without a National Pollutant Discharge Elimination System (NPDES) permit. The Georgia Rules and Regulations for Water Quality Control Chapter 391-3-6-.15 provides for the degree of waste treatment required and the uniform procedures and practices to be followed related to the application for issuance, modification, revocation and reissuance, and termination of general permits for the discharge of any pollutant into waters of the State.

General Permit No. GAG640000 covers point source discharges of filter backwash associated with water treatment activity. The operator of a water treatment plant that has such a filter backwash discharge must submit a NOI to obtain coverage under the NPDES water treatment plant General Permit or apply for an individual permit. Coverage under this General Permit is applicable only to filter backwash discharges from water treatment plant activities with sludge handling capabilities. The General Permit is not applicable to discharges of process wastewater; mixtures of process wastewater and domestic sewerage; or mixtures of filter backwash and other sources as defined in 391-3-6-.15. If you have questions about whether you need a water treatment plant activity NPDES General Permit for filter backwash discharges, contact the Wastewater Regulatory Program at (404) 463-1511.

NOIs 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

**Section I: Facility Owner Information**

Give the legal name of the person, firm, public organization, or any other entity that owns the facility or site described in this application. The responsible party is the legal entity that owns the facility or site, rather than the plant or site operator. Do not use a colloquial name. Enter the complete address and telephone number of the owner.

**Section II: Facility/Site Location Information**

Enter the facility 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, location in narrative terms should be used. Attach a map showing the location of the facility and discharge.

**Section III: Facility Description, Activity Information And Trust Indenture**

Give a brief description of the water treatment process used at your facility. Attach a process flow chart, for illustrative visual information to clarify your plant's treatment process. Enter the frequency or number of times in which your facility's filter backwash discharges; the volume of water used during filter backwashing; how often the basin is washed down and the volume of water used during this process.

Provide the method of sludge treatment and disposal which your facility utilizes, that complies with the regulations and any additional requirements established by the EPD pursuant to the Federal Act Section 405(d), the Resource Conservation and Recovery Act (RCRA), and 40 CFR 257 and 258.

Indicate whether or not the location of your sludge disposal site is in a flood plain or due to its proximity of a flood plain is subjected to flooding.

Give the following additional information:

How much flow (MGD) does your facility discharge per operating day? Give average and maximum amounts. Give the volume, in percentage that is treated before discharging. Indicate whether or not your sludge is ultimately returned to a waterway. Give the name of receiving water(s) to which your facility discharges.

#### **Section IV: Certification**

Chapter 391-3-6-.15 of the Georgia Rules provides for severe penalties for submitting false information on this application form. Federal regulations require this application to be signed as follows:

For Treatment and Distribution of Public Water Supply: This application must be signed by a duly sworn authorized official of the facility. The certified 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.

State of Georgia  
Department of Natural Resources  
Environmental Protection Division

NOTICE OF INTENT (NOI)  
General Permit To Discharge Filter Backwash  
Associated With Water Treatment Plant Activity with Sludge Handling Capability

New Facility \_\_\_\_\_ Existing Facility \_\_\_\_\_ Change in Information \_\_\_\_\_

I. Name of owner/organization \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code \_\_\_\_\_ County: \_\_\_\_\_ Phone: \_\_\_\_\_

II. 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: \_\_\_\_\_

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):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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): \_\_\_\_\_

IV. 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: \_\_\_\_\_