

## APPENDIX G FORMS

Forms included:

Application Forms 1, 2A, 2B, 2C, 2D, 2E, 2F, 2S;

Construction General Permit NOI, NOT;

Pesticide General Permit NOI, NOT, PDEW, Adverse Incident, Annual Report;

Multi Sector General Permit NOI, NOT, DMR, Annual Report, No Exposure Certification Form;

Vessel General Permit NOI, NOT, PARI, Annual Report;

Small Vessel General Permit PARI, Annual Noncompliance, and Uniform Federal Transportation/Utility System Application Form

# Disclaimer

This is an updated PDF document that allows you to type your information directly into the form, print it, and save the completed form.

Note: This form can be viewed and saved only using Adobe Acrobat Reader version 7.0 or higher, or if you have the full Adobe Professional version.

**Instructions:**

1. Type in your information
2. Save file (if desired)
3. Print the completed form
4. Sign and date the printed copy
5. Mail it to the directed contact.



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Permits Division

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# Application Form 1 – General Information

## Consolidated Permits Program

This form must be completed by all persons applying for a permit under EPA's Consolidated Permits Program. See the general instructions to Form 1 to determine which other application forms you will need.

DESCRIPTION OF CONSOLIDATED PERMIT APPLICATION FORMS	FORM 1 PACKAGE TABLE OF CONTENTS
<p>The Consolidated Permit Application Forms are:</p> <p>Form 1 – General Information (<i>included in this part</i>);</p> <p>Form 2 – Discharges to Surface Water (<i>NPDES Permits</i>):</p> <p>2A. Publicly owned Treatment Works (<i>Reserved - not included in this package</i>),</p> <p>2B. Concentrated Animal Feeding Operations and Aquatic Animal Production Facilities (not included in this package),</p> <p>2C. Existing Manufacturing, Commercial, Mining, and Silvicultural Operations (<i>not included in this package</i>), and</p> <p>2D. New Manufacturing, Commercial, Mining, and Silvicultural Operations (<i>Reserved - not included in this package</i>);</p> <p>Form 3 – Hazardous Waste Application Form (<i>RCRA Permits - not included in this package</i>);</p> <p>Form 4 – Underground Injection of Fluids (<i>UIC Permits - Reserved - not included in this package</i>); and</p> <p>Form 5 – Air Emissions in Attainment Areas (<i>PSD Permits - Reserved - not included in this package</i>).</p>	<p>Section A. General Instructions</p> <p>Section B. Instructions for Form 1</p> <p>Section C. Activities Which Do Not Require Permits</p> <p>Section D. Glossary</p> <p>Form 1 (<i>two copies</i>)</p>

## SECTION A – GENERAL INSTRUCTIONS

### Who Must Apply

With the exceptions described in Section C of these instructions, Federal laws prohibit you from conducting any of the following activities without a permit.

**NPDES** (*National Pollutant Discharge Elimination System Under the Clean Water Act, 33 U.S.C. 1251*). Discharge of pollutants into the waters of the United States.

**RCRA** (*Resource Conservation and Recovery Act, 42 U.S.C. 6901*). Treatment, storage, or disposal of hazardous wastes.

**UIC** (*Underground Injection Control Under the Safe Drinking Water Act, 42 U.S.C. 300f*). Injection of fluids underground by gravity flow or pumping.

**PSD** (*Prevention of Significant Deterioration Under the Clean Air Act, 72 U.S.C. 7401*). Emission of an air pollutant by a new or modified facility in or near an area which has attained the National Ambient Air Quality Standards for that pollutant.

Each of the above permit programs is operated in any particular State by either the United States Environmental Protection Agency (EPA) or by an approved State agency. You must use this application form to apply for a permit for those programs administered by EPA. For those programs administered by approved states, contact the State environmental agency for the proper forms.

If you have any questions about whether you need a permit under any of the above programs, or if you need information as to whether a particular program is administered by EPA or a State agency, or if you need to obtain application forms, contact your EPA Regional office (*listed in Table 1*).

Upon your request, and based upon information supplied by you, EPA will determine whether you are required to obtain a permit for a particular facility. Be sure to contact EPA if you have a question, because Federal laws provide that you may be heavily penalized if you do not apply for a permit when a permit is required.

Form 1 of the EPA consolidated application forms collects general information applying to all programs. You must fill out Form 1 regardless of which permit you are applying for. In addition, you must fill out one of the supplementary forms (*Forms 2 – 5*) for each permit

needed under each of the above programs. Item II of Form 1 will guide you to the appropriate supplementary forms.

You should note that there are certain exclusions to the permit requirements listed above. The exclusions are described in detail in Section C of these instructions. If your activities are excluded from permit requirements then you do not need to complete and return any forms.

**NOTE:** Certain activities not listed above also are subject to EPA administered environmental permit requirements. These include permits for ocean dumping, dredged or fill material discharging, and certain types of air emissions. Contact your EPA Regional office for further information.

### Table 1. Addresses of EPA Regional Contacts and States Within the Regional Office Jurisdictions

#### REGION 1

Permit Contact, Environmental and Economic Impact Office, U.S. Environmental Protection Agency, 1 Congress St., Suite 1100, Boston, MA 02114-2023, Phone: (617) 918-1111, Fax: (617) 918-1809, Toll free within Region 1: (888) 372-7341, <http://www.epa.gov/region01/>.  
Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont.

#### REGION 2

Permit Contact, Permits Administration Branch, U.S. Environmental Protection Agency, 290 Broadway, New York, NY 10007-1866, Phone: (212) 637-3000, Fax: (212) 637-3526, <http://www.epa.gov/region02/>.  
New Jersey, New York, Virgin Islands, and Puerto Rico.

#### REGION 3

Permit Contact (3 EN 23), U.S. Environmental Protection Agency, 1650 Arch Street, Philadelphia, PA 19103-2029, Phone: (215) 814-5000, Fax: (215) 814-5103, Toll free: (800) 438-2474, <http://www.epa.gov/region03/>.  
Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia.

## SECTION A – GENERAL INSTRUCTIONS

### REGION 4

Permit Contact, Permits Section, U.S. Environmental Protection Agency, Atlanta Federal Center, 61 Forsyth Street, SW, Atlanta, GA 30303-3104, Phone: (404) 562-9900, Fax: (404) 562-8174, Toll free: (800) 241-1754, <http://www.epa.gov/region04/>.  
Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee.

### REGION 5

Permit Contact (5EP), U.S. Environmental Protection Agency, 77 West Jackson Boulevard, Chicago, IL 60604-3507, Phone: (312) 353-2000, Fax: (312) 353-4135, Toll free within Region 5: (800) 621-8431, <http://www.epa.gov/region5/>.  
Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin.

### REGION 6

Permit Contact (6AEP), U.S. Environmental Protection Agency, Fountain Place 12th Floor, Suite 1200, 1445 Ross Avenue, Dallas, TX 75202-2733, Phone: (214) 665-2200, Fax: (214) 665-7113, Toll free within Region 6: (800) 887-6063, <http://www.epa.gov/region06/>.  
Arkansas, Louisiana, New Mexico, Oklahoma, and Texas.

### REGION 7

Permit Contact, Permits Branch, U.S. Environmental Protection Agency, 901 North 5th Street, Kansas City, KS 66101, Phone: (913) 551-7003, Toll free: (800) 223-0425, <http://www.epa.gov/region07/>.  
Iowa, Kansas, Missouri, and Nebraska.

### REGION 8

Permit Contact (8E-WE), U.S. Environmental Protection Agency, 999 18th Street, Suite 500, Denver, CO 80202-2466, Phone: (303) 312-6312, Fax: (303) 312-6339, Toll free: (800) 227-8917, <http://www.epa.gov/region08/>.  
Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming.

### REGION 9

Permit Contact, Permits Branch (E-4), U.S. Environmental Protection Agency, 75 Hawthorne Street, San Francisco, CA 94105, Phone: (415) 947-8000, Fax: (415) 947-3553, Toll free within Region 9: (866) EPA-WEST, <http://www.epa.gov/region09/>.  
Arizona, California, Hawaii, Nevada, Guam, American Samoa, and Trust Territories.

### REGION 10

Permit Contact (M/S 521), U.S. Environmental Protection Agency, 1200 Sixth Avenue, Seattle, WA 98101, Phone: (206) 553-1200, Fax: (206) 553-2955, Toll free: (800) 424-4372, <http://www.epa.gov/region10/>.  
Alaska, Idaho, Oregon, and Washington.

### Where to File

The application forms should be mailed to the EPA Regional office whose Region includes the State in which the facility is located (see *Table 1*).

If the State in which the facility is located administers a Federal permit program under which you need a permit, you should contact the appropriate State agency for the correct forms. Your EPA Regional office (*Table 1*) can tell you to whom to apply and can provide the appropriate address and phone number.

### When to File

Because of statutory requirements, the deadlines for filing applications vary according to the type of facility you operate and the type of permit you need. These deadlines are as follows:<sup>1</sup>

**Table 2. Filing Dates for Permits**

FORM (permit)	WHEN TO FILE
2A (NPDES) . . . . .	180 days before your present NPDES permit expires.
2B (NPDES) . . . . .	180 days before your present NPDES permit expires <sup>2</sup> , or 180 days prior to startup if you are a new facility.
2C (NPDES) . . . . .	180 days before your present NPDES permit expires <sup>2</sup> .
2D (NPDES) . . . . .	180 days prior to startup.
3 (Hazardous Waste) . . . . .	Existing facility: Six months following publication of regulations listing hazardous wastes. New facility: 180 days before commencing physical construction.
4 (UIC) . . . . .	A reasonable time prior to construction for new wells; as directed by the Director for existing wells.
5 (PSD) . . . . .	Prior to commencement of construction.

<sup>1</sup> Please note that some of these forms are not yet available for use and are listed as "Reserved" at the beginning of these instructions. Contact your EPA Regional office for information on current application requirements and forms.

<sup>2</sup> If your present permit expires on or before November 30, 1980, the filing date is the date on which your permit expires. If your permit expires during the period December 1, 1980–May 31, 1981, the filing date is 90 days before your permit expires.

Federal regulations provide that you may not begin to construct a new source in the NPDES program, a new hazardous waste management facility, a new injection well, or a facility covered by the PSD program before the issuance of a permit under the applicable program. Please note that if you are required to obtain a permit before beginning construction, as described above, you may need to submit your permit application well in advance of an applicable deadline listed in *Table 2*.

### Fees

The U.S. EPA does not require a fee for applying for any permit under the consolidated permit programs. (*However, some States which administer one or more of these programs require fees for the permits which they issue.*)

### Availability of Information to Public

Information contained in these application forms will, upon request, be made available to the public for inspection and copying. However, you may request confidential treatment for certain information which you submit on certain supplementary forms. The specific instructions for each supplementary form state what information on the form, if any, may be claimed as confidential and what procedures govern the claim. No information on Forms 1 and 2A through 2D may be claimed as confidential.

### Completion of Forms

Unless otherwise specified in instructions to the forms, each item in each form must be answered. To indicate that each item has been considered, enter "NA," for not applicable, if a particular item does not fit the circumstances or characteristics of your facility or activity.

If you have previously submitted information to EPA or to an approved State agency which answers a question, you may either repeat the information in the space provided or attach a copy of the previous submission. Some items in the form require narrative explanation. If more space is necessary to answer a question, attach a separate sheet entitled "Additional Information."

### Financial Assistance for Pollution Control

There are a number of direct loans, loan guarantees, and grants available to firms and communities for pollution control expenditures. These are provided by the Small Business Administration, the Economic Development Administration, the Farmers Home Administration, and the Department of Housing and Urban Development. Each EPA Regional office (*Table 1*) has an economic assistance coordinator who can provide you with additional information.

EPA's construction grants program under Title II of the Clean Water Act is an additional source of assistance to publicly owned treatment works. Contact your EPA Regional office for details.

## SECTION B – FORM 1 LINE BY LINE INSTRUCTIONS

This form must be completed by all applicants.

### Completing This Form

Please type or print in the unshaded areas only. Some items have small graduation marks in the fill-in spaces. These marks indicate the number of characters that may be entered into our data system. The marks are spaced at 1/6" intervals which accommodate elite type (12 characters per inch). If you use another type you may ignore the marks. If you print, place each character between the marks. Abbreviate if necessary to stay within the number of characters allowed for each item. Use one space for breaks between words, but not for punctuation marks unless they are needed to clarify your response.

#### Item I

Space is provided at the upper right hand corner of Form 1 for insertion of your EPA Identification Number. If you have an existing facility, enter your Identification Number. If you don't know your EPA Identification Number, please contact your EPA Regional office (Table 1), which will provide you with your number. If your facility is new (*not yet constructed*), leave this item blank.

#### Item II

Answer each question to determine which supplementary forms you need to fill out. Be sure to check the glossary in Section D of these instructions for the legal definitions of the **bold faced words**. Check Section C of these instructions to determine whether your activity is excluded from permit requirements.

If you answer "no" to every question, then you do not need a permit, and you do not need to complete and return any of these forms.

If you answer "yes" to any question, then you must complete and file the supplementary form by the deadline listed in Table 2 along with this form. (*The applicable form number follows each question and is enclosed in parentheses.*) You need not submit a supplementary form if you already have a permit under the appropriate Federal program, unless your permit is due to expire and you wish to renew your permit.

Questions (I) and (J) of Item II refer to major new or modified sources subject to Prevention of Significant Deterioration (PSD) requirements under the Clean Air Act. For the purpose of the PSD program, major sources are defined as: (A) Sources listed in Table 3 which have the potential to emit 100 tons or more per year emissions; and (B) All other sources with the potential to emit 250 tons or more per year. See Section C of these instructions for discussion of exclusions of certain modified sources.

### Table 3. 28 Industrial Categories Listed In Section 169(1) of the Clean Air Act of 1977

Fossil fuel-fired steam generators of more than 250 million BTU per hour heat input;  
Coal cleaning plants (*with thermal dryers*);  
Kraft pulp mills;  
Portland cement plants;  
Primary zinc smelters;  
Iron and steel mill plants;  
Primary aluminum ore reduction plants;  
Primary copper smelters;  
Municipal incinerators capable of charging more than 250 tons of refuse per day;  
Hydrofluoric acid plants;  
Nitric acid plants;  
Sulfuric acid plants;  
Petroleum refineries;  
Lime plants;  
Phosphate rock processing plants;  
Coke oven batteries;  
Sulfur recovery plants;  
Carbon black plants (*furnace process*);  
Primary lead smelters;  
Fuel conversion plants;  
Sintering plants;  
Secondary metal production plants;  
Chemical process plants;  
Fossil fuel boilers (*or combination thereof*) totaling more than 250 million BTU per hour heat input;

### Table 3 (continued)

Petroleum storage and transfer units with a total storage capacity exceeding 300,000 barrels;  
Taconite ore processing plants;  
Glass fiber processing plants; and  
Charcoal production plants.

#### Item III

Enter the facility's official or legal name. Do not use a colloquial name.

#### Item IV

Give the name, title, and work telephone number of a person who is thoroughly familiar with the operation of the facility and with the facts reported in this application and who can be contacted by reviewing offices if necessary.

#### Item V

Give the complete mailing address of the office where correspondence should be sent. This often is not the address used to designate the location of the facility or activity.

#### Item VI

Give the address or location of the facility identified in Item III of this form. If the facility lacks a street name or route number, give the most accurate alternative geographic information (*e.g., section number or quarter section number from county records or at intersection of Rts. 425 and 22*).

#### Item VII

List, in descending order of significance, the four 4-digit standard industrial classification (SIC) codes which best describe your facility in terms of the principal products or services you produce or provide. Also, specify each classification in words. These classifications may differ from the SIC codes describing the operation generating the discharge, air emissions, or hazardous wastes.

SIC code numbers are descriptions which may be found in the "Standard Industrial Classification Manual" prepared by the Executive Office of the President, Office of Management and Budget, which is available from the Government Printing Office, Washington, D.C. Use the current edition of the manual. If you have any questions concerning the appropriate SIC code for your facility, contact your EPA Regional office (*see Table 1*).

#### Item VIII-A

Give the name, as it is legally referred to, of the person, firm, public organization, or any other entity which operates the facility described in this application. This may or may not be the same name as the facility. The operator of the facility is the legal entity which controls the facility's operation rather than the plant or site manager. Do not use a colloquial name.

#### Item VIII-B

Indicate whether the entity which operates the facility also owns it by marking the appropriate box.

#### Item VIII-C

Enter the appropriate letter to indicate the legal status of the operator of the facility. Indicate "public" for a facility solely owned by local government(s) such as a city, town, county, parish, etc.

#### Items VIII-D-H

Enter the telephone number and address of the operator identified in Item VIII-A.

#### Item IX

Indicate whether the facility is located on Indian Lands.

#### Item X

Give the number of each presently effective permit issued to the facility for each program or, if you have previously filed an application but have not yet received a permit, give the number of the application, if any. Fill in the unshaded area only. If you have more than one currently effective permit for your facility under a particular permit program, you may list additional permit numbers on a separate sheet of paper. List any relevant environmental Federal (*e.g., permits*

**SECTION B – FORM 1 LINE BY LINE INSTRUCTIONS**

under the Ocean Dumping Act, Section 404 of the Clean Water Act or the Surface Mining Control and Reclamation Act), State (e.g., State permits for new air emission sources in nonattainment areas under Part D of the Clean Air Act or State permits under Section 404 of the Clean Water Act), or local permits or applications under "other."

**Item XI**

Provide a topographic map or maps of the area extending at least to one mile beyond the property boundaries of the facility which clearly show the following:

- The legal boundaries of the facility;
- The location and serial number of each of your existing and proposed intake and discharge structures;
- All hazardous waste management facilities;
- Each well where you inject fluids underground; and
- All springs and surface water bodies in the area, plus all drinking water wells within 1/4 mile of the facility which are identified in the public record or otherwise known to you.

If an intake or discharge structure, hazardous waste disposal site, or injection well associated with the facility is located more than one mile from the plant, include it on the map, if possible. If not, attach additional sheets describing the location of the structure, disposal site, or well, and identify the U.S. Geological Survey (or other) map corresponding to the location.

On each map, include the map scale, a meridian arrow showing north, and latitude and longitude at the nearest whole second. On all maps of rivers, show the direction of the current, and in tidal waters, show the directions of the ebb and flow tides. Use a 7-1/2 minute series map published by the U.S. Geological Survey, which may be obtained through the U.S. Geological Survey Offices listed below. If a 7-1/2 minute series map has not been published for your facility site, then you may use a 15 minute series map from the U.S. Geological Survey. If neither a 7-1/2 nor 15 minute series map has been published for your facility site, use a plat map or other appropriate map, including all the requested information; in this case, briefly describe land uses in the map area (e.g., residential, commercial).

You may trace your map from a geological survey chart, or other map meeting the above specifications. If you do, your map should bear a note showing the number or title of the map or chart it was traced from. Include the names of nearby towns, water bodies, and other prominent points. An example of an acceptable location map is shown in Figure 1-1 of these instructions. (NOTE: Figure 1-1 is provided for purposes of illustration only, and does not represent any actual facility.)

U.S.G.S. OFFICES	AREA SERVED
Eastern Mapping Center National Cartographic Information Center U.S.G.S. 536 National Center Reston, VA 22092 Phone No. (703) 860-6336	Ala., Conn., Del., D.C., Fla., Ga., Ind., Ky., Maine, Md., Mass., N.H., N.J., N.Y., N.C., S.C., Ohio, Pa., Puerto Rico, R.I., Tenn., Vt., Va., W. Va., and Virgin Islands
Mid Continent Mapping Center National Cartographic Information Center U.S.G.S. 1400 Independence Road Rolla, MO 65401 Phone No. (314) 341-0851	Ark., Ill., Iowa, Kans., La., Mich., Minn., Miss., Mo., N. Dak., Nebr., Okla., S. Dak., and Wis.
Rocky Mountain Mapping Center National Cartographic Information Center U.S.G.S. Stop 504, Box 25046 Federal Center Denver, CO 80225 Phone No. (303) 234-2326	Alaska, Colo., Mont., N. Mex., Tex., Utah, and Wyo.
Western Mapping Center National Cartographic Information Center U.S.G.S. 345 Middlefield Road Menlo Park, CA 94025 Phone No. (415) 323-8111	Ariz., Calif., Hawaii, Idaho, Nev., Oreg., Wash., American Samoa, Guam, and Trust Territories

**Item XII**

Briefly describe the nature of your business (e.g., products produced or services provided).

**Item XIII**

Federal statutes provide for severe penalties for submitting false information on this application form.

18 U.S.C. Section 1001 provides that "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes or uses any false writing or document knowing some to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

Section 309(c)(2) of the Clean Water Act and Section 113(c)(2) of the Clean Air Act each provide that "Any person who knowingly makes any false statement, representation, or certification in any application, . . . shall upon conviction, be punished by a fine of no more than \$10,000 or by imprisonment for not more than six months, or both."

In addition, Section 3008(d)(3) of the Resource Conservation and Recovery Act provides for a fine up to \$25,000 per day or imprisonment up to one year, or both, for a first conviction for making a false statement in any application under the Act, and for double these penalties upon subsequent convictions.

**FEDERAL REGULATIONS REQUIRE THIS APPLICATION TO BE SIGNED AS FOLLOWS:**

- A. For a corporation, by a principal executive officer of at least the level of vice president. However, if the only activity in Item II which is marked "yes" is Question G, the officer may authorize a person having responsibility for the overall operations of the well or well field to sign the certification. In that case, the authorization must be written and submitted to the permitting authority.
- B. For partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
- C. For a municipality, State, Federal, or other public facility, by either a principal executive officer or ranking elected official.

## SECTION C – ACTIVITIES WHICH DO NOT REQUIRE PERMITS

**1. National Pollutant Discharge Elimination System Permits Under the Clean Water Act.** You are not required to obtain an NPDES permit if your discharge is in one of the following categories, as provided by the Clean Water Act (CWA) and by the NPDES regulations (40 CFR Parts 122-125). However, under Section 510 of CWA a discharge exempted from the federal NPDES requirements may still be regulated by a State authority; contact your State environmental agency to determine whether you need a State permit.

**A. DISCHARGES FROM VESSELS.** Discharges of sewage from vessels, effluent from properly functioning marine engines, laundry, shower, and galley sink wastes, and any other discharge incidental to the normal operation of a vessel do not require NPDES permits. However, discharges of rubbish, trash, garbage, or other such materials discharged overboard require permits, and so do other discharges when the vessel is operating in a capacity other than as a means of transportation, such as when the vessel is being used as an energy or mining facility, a storage facility, or a seafood processing facility, or is secured to the bed of the ocean, contiguous zone, or waters of the United States for the purpose of mineral or oil exploration or development.

**B. DREDGED OR FILL MATERIAL.** Discharges of dredged or fill material into waters of the United States do not need NPDES permits if the dredging or filling is authorized by a permit issued by the U.S. Army Corps of Engineers or an EPA approved State under Section 404 of CWA.

**C. DISCHARGES INTO PUBLICLY OWNED TREATMENT WORKS (POTW).** The introduction of sewage, industrial wastes, or other pollutants into a POTW does not need an NPDES permit. You must comply with all applicable pretreatment standards promulgated under Section 307(b) of CWA, which may be included in the permit issued to the POTW. If you have a plan or an agreement to switch to a POTW in the future, this does not relieve you of the obligation to apply for and receive an NPDES permit until you have stopped discharging pollutants into waters of the United States.

*(NOTE: Dischargers into privately owned treatment works do not have to apply for or obtain NPDES permits except as otherwise required by the EPA Regional Administrator. The owner or operator of the treatment works itself, however, must apply for a permit and identify all users in its application. Users so identified will receive public notice of actions taken on the permit for the treatment works.)*

**D. DISCHARGES FROM AGRICULTURAL AND SILVICULTURAL ACTIVITIES.** Most discharges from agricultural and silvicultural activities to waters of the United States do not require NPDES permits. These include runoff from orchards, cultivated crops, pastures, range lands, and forest lands. However, the discharges listed below do require NPDES permits. Definitions of the terms listed below are contained in the Glossary section of these instructions.

1. Discharges from Concentrated Animal Feeding Operations. (See Glossary for definitions of "animal feeding operations" and "concentrated animal feeding operations." Only the latter require permits.)
2. Discharges from Concentrated Aquatic Animal Production Facilities. (See Glossary for size cutoffs.)
3. Discharges associated with approved Aquaculture Projects.
4. Discharges from Silvicultural Point Sources. (See Glossary for the definition of "silvicultural point source.") Nonpoint source silvicultural activities are excluded from NPDES permit requirements. However, some of these activities, such as stream crossings for roads, may involve point source discharges of dredged or fill material which may require a Section 404 permit. See 33 CFR 209.120.

**E. DISCHARGES IN COMPLIANCE WITH AN ON-SCENE COORDINATOR'S INSTRUCTIONS.**

**II. Hazardous Waste Permits Under the Resource Conservation and Recovery Act.** You may be excluded from the requirement to obtain a permit under this program if you fall into one of the following categories:

Generators who accumulate their own hazardous waste on-site for less than 90 days as provided in 40 CFR 262.34;

Farmers who dispose of hazardous waste pesticide from their own use as provided in 40 CFR 262.51;

Certain persons treating, storing, or disposing of small quantities of hazardous waste as provided in 40 CFR 261.4 or 261.5; and

Owners and operators of totally enclosed treatment facilities as defined in 40 CFR 260.10.

Check with your Regional office for details. Please note that even if you are excluded from permit requirements, you may be required by Federal regulations to handle your waste in a particular manner.

**III. Underground Injection Control Permits Under the Safe Drinking Water Act.** You are not required to obtain a permit under this program if you:

Inject into existing wells used to enhance recovery of oil and gas or to store hydrocarbons (*note, however, that these underground injections are regulated by Federal rules*); or

Inject into or above a stratum which contains, within 1/4 mile of the well bore, an underground source of drinking water (*unless your injection is the type identified in Item II-H, for which you do need a permit*). However, you must notify EPA of your injection and submit certain required information on forms supplied by the Agency, and your operation may be phased out if you are a generator of hazardous wastes or a hazardous waste management facility which uses wells or septic tanks to dispose of hazardous waste.

**IV. Prevention of Significant Deterioration Permits Under the Clean Air Act.** The PSD program applies to newly constructed or modified facilities (*both of which are referred to as "new sources"*) which increase air emissions. The Clean Air Act Amendments of 1977 exclude small new sources of air emissions from the PSD review program. Any new source in an industrial category listed in Table 3 of these instructions whose potential to emit is less than 100 tons per year is not required to get a PSD permit. In addition, any new source in an industrial category not listed in Table 3 whose potential to emit is less than 250 tons per year is exempted from the PSD requirements.

Modified sources which increase their net emissions (*the difference between the total emission increases and total emission decreases at the source*) less than the significant amount set forth in EPA regulations are also exempt from PSD requirements. Contact your EPA Regional office (*Table 1*) for further information.

## SECTION D – GLOSSARY

NOTE: This Glossary includes terms used in the instructions and in Forms 1, 2B, 2C, and 3. Additional terms will be included in the future when other forms are developed to reflect the requirements of other parts of the Consolidated Permits Program. If you have any questions concerning the meaning of any of these terms, please contact your EPA Regional office (*Table 1*)

ALiquot means a sample of specified volume used to make up a total composite sample.

ANIMAL FEEDING OPERATION means a lot or facility (*other than an aquatic animal production facility*) where the following conditions are met:

A. Animals (*other than aquatic animals*) have been, are, or will be stabled or confined and fed or maintained for a total of 45 days or more in any 12 month period; and

B. Crops, vegetation, forage growth, or post-harvest residues are not sustained in the normal growing season over any portion of the lot or facility.

Two or more animal feeding operations under common ownership are a single animal feeding operation if they adjoin each other or if they use a common area or system for the disposal of wastes.

ANIMAL UNIT means a unit of measurement for any animal feeding operation calculated by adding the following numbers: The number of slaughter and feeder cattle multiplied by 1.0; Plus the number of mature dairy cattle multiplied by 1.4; Plus the number of swine weighing over 25 kilograms (*approximately 55 pounds*) multiplied by 0.4; Plus the number of sheep multiplied by 0.1; Plus the number of horses multiplied by 2.0.

APPLICATION means the EPA standard national forms for applying for a permit, including any additions, revisions, or modifications to the forms; or forms approved by EPA for use in approved States, including any approved modifications or revisions. For RCRA, "application" also means "Application, Part B."

APPLICATION, PART A means that part of the Consolidated Permit Application forms which a RCRA permit applicant must complete to qualify for interim status under Section 3005(e) of RCRA and for consideration for a permit. Part A consists of Form 1 (*General Information*) and Form 3 (*Hazardous Waste Application Form*).

APPLICATION, PART B means that part of the application which a RCRA permit applicant must complete to be issued a permit. (*NOTE: EPA is not developing a specific form for Part B of the permit application, but an instruction booklet explaining what information must be supplied is available from the EPA Regional office.*)

APPROVED PROGRAM or APPROVED STATE means a State program which has been approved or authorized by EPA under 40 CFR Part 123.

AQUACULTURE PROJECT means a defined managed water area which uses discharges of pollutants into that designated area for the maintenance or production of harvestable freshwater, estuarine, or marine plants or animals. "Designated area" means the portions of the waters of the United States within which the applicant plans to confine the cultivated species, using a method of plan or operation (*including, but not limited to, physical confinement*) which, on the basis of reliable scientific evidence, is expected to ensure the specific individual organisms comprising an aquaculture crop will enjoy increased growth attributable to the discharge of pollutants and be harvested within a defined geographic area.

AQUIFER means a geological formation, group of formations, or part of a formation that is capable of yielding a significant amount of water to a well or spring.

AREA OF REVIEW means the area surrounding an injection which is described according to the criteria set forth in 40 CFR Section 146.06.

AREA PERMIT means a UIC permit applicable to all or certain wells within a geographic area, rather than to a specified well, under 40 CFR Section 122.37.

ATTAINMENT AREA means, for any air pollutant, an area which has been designated under Section 107 of the Clean Air Act as having ambient air quality levels better than any national primary or secondary ambient air quality standard for that pollutant. Standards have

been set for sulfur oxides, particulate matter, nitrogen dioxide, carbon monoxide, ozone, lead, and hydrocarbons. For purposes of the Glossary, "attainment area" also refers to "unclassifiable area," which means, for any pollutant, an area designated under Section 107 as unclassifiable with respect to that pollutant due to insufficient information.

BEST MANAGEMENT PRACTICES (*BMP*) means schedules of activities, prohibitions of practices, maintenance procedures, and other management practices to prevent or reduce the pollution of waters of the United States. *BMP's* include treatment requirements, operation procedures, and practices to control plant site runoff, spillage or leaks, sludge or waste disposal, or drainage from raw material storage.

BIOLOGICAL MONITORING TEST means any test which includes the use of aquatic algal, invertebrate, or vertebrate species to measure acute or chronic toxicity, and any biological or chemical measure of bioaccumulation.

BYPASS means the intentional diversion of wastes from any portion of a treatment facility.

CONCENTRATED ANIMAL FEEDING OPERATION means an animal feeding operation which meets the criteria set forth in either (A) or (B) below or which the Director designates as such on a case-by-case basis:

A. More than the numbers of animals specified in any of the following categories are confined:

- 1,000 slaughter or feeder cattle,
- 700 mature dairy cattle (*whether milked or dry cows*),
- 2,500 swine each weighing over 25 kilograms (*approximately 55 pounds*),
- 500 horses,
- 10,000 sheep or lambs,
- 55,000 turkeys,
- 100,000 laying hens or broilers (*if the facility has a continuous overflow watering*),
- 30,000 laying hens or broilers (*if the facility has a liquid manure handling system*),
- 5,000 ducks, or
- 1,000 animal units; or

B. More than the following numbers and types of animals are confined:

- 300 slaughter or feeder cattle,
- 200 mature dairy cattle (*whether milked or dry cows*),
- 750 swine each weighing over 25 kilograms (*approximately 55 pounds*),
- 150 horses,
- 3,000 sheep or lambs,
- 16,500 turkeys,
- 30,000 laying hens or broilers (*if the facility has continuous overflow watering*),
- 9,000 laying hens or broilers (*if the facility has a liquid manure handling system*),
- 1,500 ducks, or
- 300 animal units; AND

## SECTION D – GLOSSARY

Either one of the following conditions are met: Pollutants are discharged into waters of the United States through a manmade ditch, flushing system or other similar manmade device (*"man-made" means constructed by man and used for the purpose of transporting wastes*); or Pollutants are discharged directly into waters of the United States which originate outside of and pass over, across, or through the facility or otherwise come into direct contact with the animals confined in the operation.

Provided, however, that no animal feeding operation is a concentrated animal feeding operation as defined above if such animal feeding operation discharges only in the event of a 25 year, 24 hour storm event.

**CONCENTRATED AQUATIC ANIMAL PRODUCTION FACILITY** means a hatchery, fish farm, or other facility which contains, grows or holds aquatic animals in either of the following categories, or which the Director designates as such on a case-by-case basis:

A. Cold water fish species or other cold water aquatic animals including, but not limited to, the Salmonidae family of fish (e.g., *trout and salmon*) in ponds, raceways or other similar structures which discharge at least 30 days per year but does not include:

1. Facilities which produce less than 9,090 harvest weight kilograms (*approximately 20,000 pounds*) of aquatic animals per year; and
2. Facilities which feed less than 2,272 kilograms (*approximately 5,000 pounds*) of food during the calendar month of maximum feeding.

B. Warm water fish species or other warm water aquatic animals including, but not limited to, the Ameiuridae, Cetrarchidae, and Cyprinidae families of fish (e.g., *respectively, catfish, sunfish, and minnows*) in ponds, raceways, or other similar structures which discharge at least 30 days per year, but does not include;

1. Closed ponds which discharge only during periods of excess runoff; or
2. Facilities which produce less than 45,454 harvest weight kilograms (*approximately 100,000 pounds*) of aquatic animals per year.

**CONTACT COOLING WATER** means water used to reduce temperature which comes into contact with a raw material, intermediate product, waste product other than heat, or finished product.

**CONTAINER** means any portable device in which a material is stored, transported, treated, disposed of, or otherwise handled.

**CONTIGUOUS ZONE** means the entire zone established by the United States under article 24 of the convention of the Territorial Sea and the Contiguous Zone.

**CWA** means the Clean Water Act (*formerly referred to the Federal Water Pollution Control Act*) Pub. L. 92-500, as amended by Pub. L. 95-217 and Pub. L. 95-576, 33 U.S.C. 1251 *et seq.*

**DIKE** means any embankment or ridge of either natural or manmade materials used to prevent the movement of liquids, sludges, solids, or other materials.

**DIRECT DISCHARGE** means the discharge of a pollutant as defined below.

**DIRECTOR** means the EPA Regional Administrator or the State Director as the context requires.

**DISCHARGE (OF A POLLUTANT)** means:

- A. Any addition of any pollutant or combination of pollutants to waters of the United States from any point source; or
- B. Any addition of any pollutant or combination of pollutants to the waters of the contiguous zone or the ocean from any point source other than a vessel or other floating craft which is being used as a means of transportation.

This definition includes discharges into waters of the United States from: Surface runoff which is collected or channelled by man; Discharges through pipes, sewers, or other conveyances owned by a State, municipality, or other person which do not lead to POTW's;

and Discharges through pipes, sewers, or other conveyances, leading into privately owned treatment works. This term does not include an addition of pollutants by any indirect discharger.

**DISPOSAL (in the RCRA program)** means the discharge, deposit, injection, dumping, spilling, leaking, or placing of any hazardous waste into or on any land or water so that the hazardous waste or any constituent of it may enter the environment or be emitted into the air or discharged into any waters, including ground water.

**DISPOSAL FACILITY** means a facility or part of a facility at which hazardous waste is intentionally placed into or on land or water, and at which hazardous waste will remain after closure.

**EFFLUENT LIMITATION** means any restriction imposed by the Director on quantities, discharge rates, and concentrations of pollutants which are discharged from point sources into waters of the United States, the waters of the contiguous zone, or the ocean.

**EFFLUENT LIMITATION GUIDELINE** means a regulation published by the Administrator under Section 304(b) of the Clean Water Act to adopt or revise effluent limitations.

**ENVIRONMENTAL PROTECTION AGENCY (EPA)** means the United States Environmental Protection Agency.

**EPA IDENTIFICATION NUMBER** means the number assigned by EPA to each generator, transporter, and facility.

**EXEMPTED AQUIFER** means an aquifer or its portion that meets the criteria in the definition of USDW, but which has been exempted according to the procedures in 40 CFR Section 122.35(b).

**EXISTING HWM FACILITY** means a Hazardous Waste Management facility which was in operation, or for which construction had commenced, on or before October 21, 1976. Construction had commenced if (A) the owner or operator had obtained all necessary Federal, State, and local preconstruction approvals or permits, and either (B1) a continuous on-site, physical construction program had begun, or (B2) the owner or operator had entered into contractual obligations, which could not be cancelled or modified without substantial loss, for construction of the facility to be completed within a reasonable time.

*(NOTE: This definition reflects the literal language of the statute. However, EPA believes that amendments to RCRA now in conference will shortly be enacted and will change the date for determining when a facility is an "existing facility" to one no earlier than May of 1980; indications are the conferees are considering October 30, 1980. Accordingly, EPA encourages every owner or operator of a facility which was built or under construction as of the promulgation date of the RCRA program regulations to file Part A of its permit application so that it can be quickly processed for interim status when the change in the law takes effect. When those amendments are enacted, EPA will amend this definition.)*

**EXISTING SOURCE** or **EXISTING DISCHARGER (in the NPDES program)** means any source which is not a new source or a new discharger.

**EXISTING INJECTION WELL** means an injection well other than a new injection well.

**FACILITY** means any HWM facility, UIC underground injection well, NPDES point source, PSD stationary source, or any other facility or activity (*including land or appurtenances thereto*) that is subject to regulation under the RCRA, UIC, NPDES, or PSD programs.

**FLUID** means material or substance which flows or moves whether in a semisolid, liquid, sludge, gas, or any other form or state.

**GENERATOR** means any person by site, whose act or process produces hazardous waste identified or listed in 40 CFR Part 261.

**GROUNDWATER** means water below the land surface in a zone of saturation.

**HAZARDOUS SUBSTANCE** means any of the substances designated under 40 CFR Part 116 pursuant to Section 311 of CWA. *(NOTE: These substances are listed in Table 2c-4 of the instructions to Form 2C.)*

## SECTION D – GLOSSARY

**HAZARDOUS WASTE** means a hazardous waste as defined in 40 CFR Section 261.3 published May 19, 1980.

**HAZARDOUS WASTE MANAGEMENT FACILITY (HWM facility)** means all contiguous land, structures, appurtenances, and improvements on the land, used for treating, storing, or disposing of hazardous wastes. A facility may consist of several treatment, storage, or disposal operational units (for example, one or more landfills, surface impoundments, or combinations of them).

**IN OPERATION** means a facility which is treating, storing, or disposing of hazardous waste.

**INCINERATOR (in the RCRA program)** means an enclosed device using controlled flame combustion, the primary purpose of which is to thermally break down hazardous waste. Examples of incinerators are rotary kiln, fluidized bed, and liquid injection incinerators.

**INDIRECT DISCHARGER** means a nondomestic discharger introducing pollutants to a publicly owned treatment works.

**INJECTION WELL** means a well into which fluids are being injected.

**INTERIM AUTHORIZATION** means approval by EPA of a State hazardous waste program which has met the requirements of Section 3006(c) of RCRA and applicable requirements of 40 CFR Part 123, Subparts A, B, and F.

**LANDFILL** means a disposal facility or part of a facility where hazardous waste is placed in or on land and which is not a land treatment facility, a surface impoundment, or an injection well.

**LAND TREATMENT FACILITY (in the RCRA program)** means a facility or part of a facility at which hazardous waste is applied onto or incorporated into the soil surface; such facilities are disposal facilities if the waste will remain after closure.

**LISTED STATE** means a State listed by the Administrator under Section 1422 of SDWA as needing a State UIC program.

**MGD** means millions of gallons per day.

**MUNICIPALITY** means a city, village, town, borough, county, parish, district, association, or other public body created by or under State law and having jurisdiction over disposal of sewage, industrial wastes, or other wastes, or an Indian tribe or an authorized Indian tribal organization, or a designated and approved management agency under Section 208 of CWA.

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)** means the national program for issuing modifying, revoking and reissuing, terminating, monitoring, and enforcing permits and imposing and enforcing pretreatment requirements, under Sections 307, 318, 402, and 405 of CWA. The term includes an approved program.

**NEW DISCHARGER** means any building, structure, facility, or installation: (A) From which there is or may be a new or additional discharge of pollutants at a site at which on October 18, 1972, it had never discharged pollutants; (B) Which has never received a finally effective NPDES permit for discharges at that site; and (C) Which is not a "new source." This definition includes an indirect discharger which commences discharging into waters of the United States. It also includes any existing mobile point source, such as an offshore oil drilling rig, seafood processing vessel, or aggregate plant that begins discharging at a location for which it does not have an existing permit.

**NEW HWM FACILITY** means a Hazardous Waste Management facility which began operation or for which construction commenced after October 21, 1976.

**NEW INJECTION WELL** means a well which begins injection after a UIC program for the State in which the well is located is approved.

**NEW SOURCE (in the NPDES program)** means any building, structure, facility, or installation from which there is or may be a discharge of pollutants, the construction of which commenced:

A. After promulgation of standards of performance under Section 306 of CWA which are applicable to such source; or

B. After proposal of standards of performance in accordance with Section 306 of CWA which are applicable to such source, but only if the standards are promulgated in accordance with Section 306 within 120 days of their proposal.

**NON-CONTACT COOLING WATER** means water used to reduce temperature which does not come into direct contact with any raw material, intermediate product, waste product (*other than heat*), or finished product.

**OFF-SITE** means any site which is not "on-site".

**ON-SITE** means on the same or geographically contiguous property which may be divided by public or private right(s)-of-way, provided the entrance and exit between the properties is at a cross-roads intersection, and access is by crossing as opposed to going along, the right(s)-of-way. Non-contiguous properties owned by the same person, but connected by a right-of-way which the person controls and to which the public does not have access, is also considered on-site property.

**OPEN BURNING** means the combustion of any material without the following characteristics;

A. Control of combustion air to maintain adequate temperature for efficient combustion;

B. Containment of the combustion-reaction in an enclosed device to provide sufficient residence time and mixing for complete combustion; and

C. Control of emission of the gaseous combustion products.

(See also "incinerator" and "thermal treatment").

**OPERATOR** means the person responsible for the overall operation of a facility.

**OUTFALL** means a point source.

**OWNER** means the person who owns a facility or part of a facility.

**PERMIT** means an authorization, license, or equivalent control document issued by EPA or an approved State to implement the requirements of 40 CFR Parts 122, 123, and 124.

**PHYSICAL CONSTRUCTION (in the RCRA program)** means excavation, movement of earth, erection of forms or structures, or similar activity to prepare a HWM facility to accept hazardous waste.

**PILE** means any noncontainerized accumulation of solid, nonflowing hazardous waste that is used for treatment or storage.

**POINT SOURCE** means any discernible, confined, and discrete conveyance, including but not limited to any pipe, ditch, channel, tunnel, conduit, well, discrete fissure, container, rolling stock, concentrated animal feeding operation, vessel or other floating craft from which pollutants are or may be discharged. This term does not include return flows from irrigated agriculture.

**POLLUTANT** means dredged spoil, solid waste, incinerator residue, filter backwash, sewage, garbage, sewage sludge, munitions, chemical waste, biological materials, radioactive materials (*except those regulated under the Atomic Energy Act of 1954, as amended [42 U.S.C. Section 2011 et seq.]*), heat, wrecked or discarded equipment, rocks, sand, cellar dirt and Industrial, municipal, and agriculture waste discharged into water. It does not mean:

A. Sewage from vessels; or

B. Water, gas, or other material which is injected into a well to facilitate production of oil or gas, or water derived in association with oil and gas production and disposed of in a well, if the well used either to facilitate production or for disposal purposes is approved by authority of the State in which the well is located, and if the State determines that the injection or disposal will not result in the degradation of ground or surface water resources.

(NOTE: Radioactive materials covered by the Atomic Energy Act are those encompassed in its definition of source, byproduct, or special nuclear materials. Examples of materials not covered include radium and accelerator produced isotopes. See Train v. Colorado Public Interest Research Group, Inc., 426 U.S. 1 [1976].)

## SECTION D – GLOSSARY

PREVENTION OF SIGNIFICANT DETERIORATION (PSD) means the national permitting program under 40 CFR 52.21 to prevent emissions of certain pollutants regulated under the Clean Air Act from significantly deteriorating air quality in attainment areas.

PRIMARY INDUSTRY CATEGORY means any industry category listed in the NRDC Settlement Agreement (*Natural Resources Defense Council v. Train*, 8 ERC 2120 [D.D.C. 1976], modified 12 ERC 1833 [D.D.C. 1979]).

PRIVATELY OWNED TREATMENT WORKS means any device or system which is: (A) Used to treat wastes from any facility whose operator is not the operator of the treatment works; and (B) Not a POTW.

PROCESS WASTEWATER means any water which, during manufacturing or processing, comes into direct contact with or results from the production or use of any raw material, intermediate product, finished product, byproduct, or waste product.

PUBLICLY OWNED TREATMENT WORKS or POTW means any device or system used in the treatment (*including recycling and reclamation*) of municipal sewage or industrial wastes of a liquid nature which is owned by a State or municipality. This definition includes any sewers, pipes, or other conveyances only if they convey wastewater to a POTW providing treatment.

RENT means use of another's property in return for regular payment.

RCRA means the Solid Waste Disposal Act as amended by the Resource Conservation and Recovery Act of 1976 (*Pub. L. 94-580, as amended by Pub. L. 95-609, 42 U.S.C. Section 6901 et seq.*).

ROCK CRUSHING AND GRAVEL WASHING FACILITIES are facilities which process crushed and broken stone, gravel, and riprap (*see 40 CFR Part 436, Subpart B, and the effluent limitations guidelines for these facilities*).

SDWA means the Safe Drinking Water Act (*Pub. L. 95-523, as amended by Pub. L. 95-1900, 42 U.S.C. Section 300f et seq.*).

SECONDARY INDUSTRY CATEGORY means any industry category which is not a primary industry category.

SEWAGE FROM VESSELS means human body wastes and the wastes from toilets and other receptacles intended to receive or retain body wastes that are discharged from vessels and regulated under Section 312 of CWA, except that with respect to commercial vessels on the Great Lakes this term includes graywater. For the purposes of this definition, "graywater" means galley, bath, and shower water.

SEWAGE SLUDGE means the solids, residues, and precipitate separated from or created in sewage by the unit processes of a POTW. "Sewage" as used in this definition means any wastes, including wastes from humans, households, commercial establishments, industries, and storm water runoff, that are discharged to or otherwise enter a publicly owned treatment works.

SILVICULTURAL POINT SOURCE means any discernable, confined, and discrete conveyance related to rock crushing, gravel washing, log sorting, or log storage facilities which are operated in connection with silvicultural activities and from which pollutants are discharged into waters of the United States. This term does not include nonpoint source silvicultural activities such as nursery operations, site preparation, reforestation and subsequent cultural treatment, thinning, prescribed burning, pest and fire control, harvesting operations, surface drainage, or road construction and maintenance from which there is natural runoff. However, some of these activities (*such as stream crossing for roads*) may involve point source discharges of dredged or fill material which may require a CWA Section 404 permit. "Log sorting and log storage facilities" are facilities whose discharges result from the holding of unprocessed wood, e.g., logs or roundwood with bark or after removal of bark in self-contained bodies of water (*mill ponds or log ponds*) or stored on land where water is applied intentionally on the logs (*wet decking*). (*See 40 CFR Part 429, Subpart J, and the effluent limitations guidelines for these facilities.*)

STATE means any of the 50 States, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Virgin Islands, American Samoa, the Trust Territory of the Pacific Islands (*except in the case*

*of RCRA*), and the Commonwealth of the Northern Mariana Islands (*except in the case of CWA*).

STATIONARY SOURCE (*in the PSD program*) means any building, structure, facility, or installation which emits or may emit any air pollutant regulated under the Clean Air Act. "Building, structure, facility, or installation" means any grouping of pollutant-emitting activities which are located on one or more contiguous or adjacent properties and which are owned or operated by the same person (*or by persons under common control*).

STORAGE (*in the RCRA program*) means the holding of hazardous waste for a temporary period at the end of which the hazardous waste is treated, disposed, or stored elsewhere.

STORM WATER RUNOFF means water discharged as a result of rain, snow, or other precipitation.

SURFACE IMPOUNDMENT or IMPOUNDMENT means a facility or part of a facility which is a natural topographic depression, manmade excavation, or diked area formed primarily of earthen materials (*although it may be lined with manmade materials*), which is designed to hold an accumulation of liquid wastes or wastes containing free liquids, and which is not an injection well. Examples of surface impoundments are holding, storage, settling, and aeration pits, ponds, and lagoons.

TANK (*in the RCRA program*) means a stationary device, designed to contain an accumulation of hazardous waste which is constructed primarily of non-earthen materials (e.g., *wood, concrete, steel, plastic*) which provide structural support.

THERMAL TREATMENT (*in the RCRA program*) means the treatment of hazardous waste in a device which uses elevated temperature as the primary means to change the chemical, physical, or biological character or composition of the hazardous waste. Examples of thermal treatment processes are incineration, molten salt, pyrolysis, calcination, wet air oxidation, and microwave discharge. (*See also "incinerator" and "open burning"*).

TOTALLY ENCLOSED TREATMENT FACILITY (*in the RCRA program*) means a facility for the treatment of hazardous waste which is directly connected to an industrial production process and which is constructed and operated in a manner which prevents the release of any hazardous waste or any constituent thereof into the environment during treatment. An example is a pipe in which waste acid is neutralized.

TOXIC POLLUTANT means any pollutant listed as toxic under Section 307(a)(1) of CWA.

TRANSPORTER (*in the RCRA program*) means a person engaged in the off-site transportation of hazardous waste by air, rail, highway, or water.

TREATMENT (*in the RCRA program*) means any method, technique, or process, including neutralization, designed to change the physical, chemical, or biological character or composition of any hazardous waste so as to neutralize such waste, or so as to recover energy or material resources from the waste, or so as to render such waste non-hazardous, or less hazardous; safer to transport, store, or dispose of; or amenable for recovery, amenable for storage, or reduced in volume.

UNDERGROUND INJECTION means well injection.

UNDERGROUND SOURCE OF DRINKING WATER or USDW means an aquifer or its portion which is not an exempted aquifer and:

- A. Which supplies drinking water for human consumption; or
- B. In which the ground water contains fewer than 10,000 mg/l total dissolved solids.

UPSET means an exceptional incident in which there is unintentional and temporary noncompliance with technology-based permit effluent limitations because of factors beyond the reasonable control of the permittee. An upset does not include noncompliance to the extent caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, or careless or improper operation.

## SECTION D – GLOSSARY

WATERS OF THE UNITED STATES means:

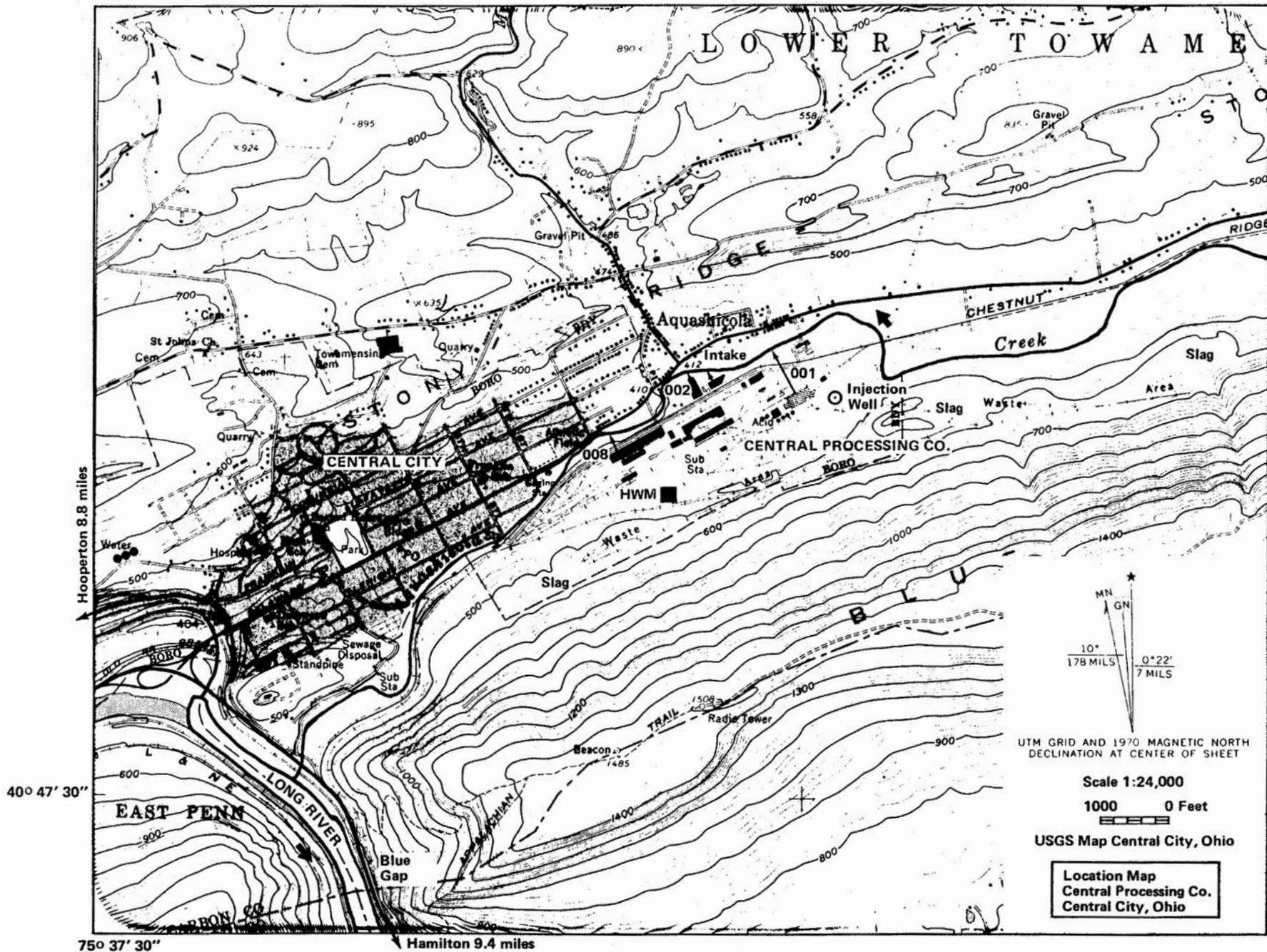
- A. All waters which are currently used, were used in the past, or may be susceptible to use in interstate or foreign commerce, including all waters which are subject to the ebb and flow of the tide;
- B. All interstate waters, including interstate wetlands;
- C. All other waters such as intrastate lakes, rivers, streams (*including intermittent streams*), mudflats, sandflats, wetlands, sloughs, prairie potholes, wet meadows, playa lakes, and natural ponds, the use, degradation, or destruction of which would or could affect interstate or foreign commerce including any such waters;
  - 1. Which are or could be used by interstate or foreign travelers for recreational or other purposes,
  - 2. From which fish or shellfish are or could be taken and sold in interstate or foreign commerce,
  - 3. Which are used or could be used for industrial purposes by industries in interstate commerce;
- D. All impoundments of waters otherwise defined as waters of the United States under this definition;
- E. Tributaries of waters identified in paragraphs (A) – (D) above;
- F. The territorial sea; and
- G. Wetlands adjacent to waters (*other than waters that are themselves wetlands*) identified in paragraphs (A) – (F) of this definition.

Waste treatment systems, including treatment ponds or lagoons designed to meet requirement of CWA (*other than cooling ponds as defined in 40 CFR Section 423.11(m) which also meet the criteria of this definition*) are not waters of the United States. This exclusion applies only to manmade bodies of water which neither were originally created in waters of the United States (*such as a disposal area in wetlands*) nor resulted from the impoundments of waters of the United States.

WELL INJECTION or UNDERGROUND INJECTION means the subsurface emplacement of fluids through a bored, drilled, or driven well; or through a dug well, where the depth of the dug well is greater than the largest surface dimension.

WETLANDS means those areas that are inundated or saturated by surface or groundwater at a frequency and duration sufficient to support, and that under normal circumstances do support, a prevalence of vegetation typically adapted for life in saturated soil conditions. Wetlands generally include swamps, marshes, bogs, and similar areas.

FIGURE 1-1



MN  
GN

10°  
178 MILS

0°22'  
7 MILS

UTM GRID AND 1970 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

Scale 1:24,000

1000 0 Feet

USGS Map Central City, Ohio

Location Map  
Central Processing Co.  
Central City, Ohio

FORM <b>1</b> GENERAL	U.S. ENVIRONMENTAL PROTECTION AGENCY <b>GENERAL INFORMATION</b> Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">S</td> <td style="width:85%;"></td> <td style="width:5%;">T/A</td> <td style="width:5%;">C</td> </tr> <tr> <td>F</td> <td></td> <td></td> <td>D</td> </tr> <tr> <td>1</td> <td>2</td> <td>13</td> <td>14 15</td> </tr> </table>	S		T/A	C	F			D	1	2	13	14 15
S		T/A	C											
F			D											
1	2	13	14 15											
LABEL ITEMS	PLEASE PLACE LABEL IN THIS SPACE	GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent ( <i>the area to the left of the label space lists the information that should appear</i> ), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI ( <i>except VI-B which must be completed regardless</i> ). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.												
I. EPA I.D. NUMBER														
III. FACILITY NAME														
V. FACILITY MAILING ADDRESS														
VI. FACILITY LOCATION														
II. POLLUTANT CHARACTERISTICS														
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of <b>bold-faced terms</b> .														
SPECIFIC QUESTIONS	Mark "X" YES    NO    FORM ATTACHED	Mark "X" YES    NO    FORM ATTACHED												
A. Is this facility a <b>publicly owned treatment works</b> which results in a <b>discharge to waters of the U.S.?</b> (FORM 2A)	16    17    18	B. Does or will this facility ( <i>either existing or proposed</i> ) include a <b>concentrated animal feeding operation or aquatic animal production facility</b> which results in a <b>discharge to waters of the U.S.?</b> (FORM 2B)												
C. Is this a facility which currently results in <b>discharges to waters of the U.S.</b> other than those described in A or B above? (FORM 2C)	22    23    24	D. Is this a proposed facility ( <i>other than those described in A or B above</i> ) which will result in a <b>discharge to waters of the U.S.?</b> (FORM 2D)												
E. Does or will this facility treat, store, or dispose of <b>hazardous wastes?</b> (FORM 3)	28    29    30	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)												
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	34    35    36	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)												
I. Is this facility a proposed <b>stationary source</b> which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	40    41    42	J. Is this facility a proposed <b>stationary source</b> which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an <b>attainment area?</b> (FORM 5)												
III. NAME OF FACILITY														
c	1    SKIP													
15	16 - 29	30												
IV. FACILITY CONTACT														
A. NAME & TITLE ( <i>last, first, &amp; title</i> )		B. PHONE ( <i>area code &amp; no.</i> )												
c	2													
15	16	45 46 48 49 51 52 55												
V. FACILITY MAILING ADDRESS														
A. STREET OR P.O. BOX														
c	3													
15	16	45												
B. CITY OR TOWN		C. STATE												
c	4													
15	16	40 41 42 47 51												
VI. FACILITY LOCATION														
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER														
c	5													
15	16	45												
B. COUNTY NAME														
46	70													
C. CITY OR TOWN		D. STATE												
c	6													
15	16	40 41 42 47 51 52 54												

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)			
A. FIRST		B. SECOND	
C	7	C	7
(specify)		(specify)	
15	16	15	16
C. THIRD		D. FOURTH	
C	7	C	7
(specify)		(specify)	
15	16	15	16

VIII. OPERATOR INFORMATION			
A. NAME			B. Is the name listed in Item VIII-A also the owner?
C	8	C	7
(specify)			<input type="checkbox"/> YES <input type="checkbox"/> NO
15	16	15	16
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)			D. PHONE (area code & no.)
F = FEDERAL	M = PUBLIC (other than federal or state)	(specify)	C
S = STATE	O = OTHER (specify)	(specify)	A
P = PRIVATE	(specify)	(specify)	15
56	56	18	19
21	22	26	26

E. STREET OR P.O. BOX	
26	55

F. CITY OR TOWN		G. STATE	H. ZIP CODE	IX. INDIAN LAND
C	B	40	41	42
15	16	47	51	52
Is the facility located on Indian lands?				<input type="checkbox"/> YES <input type="checkbox"/> NO

X. EXISTING ENVIRONMENTAL PERMITS			
A. NPDES (Discharges to Surface Water)		D. PSD (Air Emissions from Proposed Sources)	
C	T	C	T
9	N	9	P
15	16	15	16
B. UIC (Underground Injection of Fluids)		E. OTHER (specify)	
C	T	C	T
9	U	9	(specify)
15	16	15	16
C. RCRA (Hazardous Wastes)		E. OTHER (specify)	
C	T	C	T
9	R	9	(specify)
15	16	15	16

**XI. MAP**

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

**XIII. CERTIFICATION (see instructions)**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED

COMMENTS FOR OFFICIAL USE ONLY	
C	C
15	16
55	55

# Disclaimer

This is an updated PDF document that allows you to type your information directly into the form, print it, and save the completed form.

Note: This form can be viewed and saved only using Adobe Acrobat Reader version 7.0 or higher, or if you have the full Adobe Professional version.

**Instructions:**

1. Type in your information
2. Save file (if desired)
3. Print the completed form
4. Sign and date the printed copy
5. Mail it to the directed contact.

FORM  
**2A**  
NPDES**NPDES FORM 2A APPLICATION OVERVIEW****APPLICATION OVERVIEW**

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

**BASIC APPLICATION INFORMATION:**

- A. Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. Additional Application Information for Applicants with a Design Flow  $\geq$  0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. Certification.** All applicants must complete Part C (Certification).

**SUPPLEMENTAL APPLICATION INFORMATION:**

- D. Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
1. Has a design flow rate greater than or equal to 1 mgd,
  2. Is required to have a pretreatment program (or has one in place), or
  3. Is otherwise required by the permitting authority to provide the information.
- E. Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
1. Has a design flow rate greater than or equal to 1 mgd,
  2. Is required to have a pretreatment program (or has one in place), or
  3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
  2. Any other industrial user that:
    - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
    - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
    - c. Is designated as an SIU by the control authority.
- G. Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

**ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)**

**BASIC APPLICATION INFORMATION**

**PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:**

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

**A.1. Facility Information.**

Facility name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Contact person \_\_\_\_\_

Title \_\_\_\_\_

Telephone number \_\_\_\_\_

Facility Address \_\_\_\_\_  
(not P.O. Box) \_\_\_\_\_

**A.2. Applicant Information.** If the applicant is different from the above, provide the following:

Applicant name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Contact person \_\_\_\_\_

Title \_\_\_\_\_

Telephone number \_\_\_\_\_

**Is the applicant the owner or operator (or both) of the treatment works?**

\_\_\_\_\_ owner          \_\_\_\_\_ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

\_\_\_\_\_ facility          \_\_\_\_\_ applicant

**A.3. Existing Environmental Permits.** Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES _____	PSD _____
UIC _____	Other _____
RCRA _____	Other _____

**A.4. Collection System Information.** Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Total population served</b> _____			

**A.5. Indian Country.**

a. Is the treatment works located in Indian Country?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

**A.6. Flow.** Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

a. Design flow rate \_\_\_\_\_ mgd

Two Years Ago                      Last Year                      This Year

b. Annual average daily flow rate                      \_\_\_\_\_ mgd

c. Maximum daily flow rate                      \_\_\_\_\_ mgd

**A.7. Collection System.** Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

\_\_\_\_\_ Separate sanitary sewer                      \_\_\_\_\_ %

\_\_\_\_\_ Combined storm and sanitary sewer                      \_\_\_\_\_ %

**A.8. Discharges and Other Disposal Methods.**

a. Does the treatment works discharge effluent to waters of the U.S.?                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent                      \_\_\_\_\_

ii. Discharges of untreated or partially treated effluent                      \_\_\_\_\_

iii. Combined sewer overflow points                      \_\_\_\_\_

iv. Constructed emergency overflows (prior to the headworks)                      \_\_\_\_\_

v. Other \_\_\_\_\_

b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, provide the following for each surface impoundment:

Location: \_\_\_\_\_

Annual average daily volume discharged to surface impoundment(s)                      \_\_\_\_\_ mgd

Is discharge \_\_\_\_\_ continuous or \_\_\_\_\_ intermittent?

c. Does the treatment works land-apply treated wastewater?                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, provide the following for each land application site:

Location: \_\_\_\_\_

Number of acres: \_\_\_\_\_

Annual average daily volume applied to site: \_\_\_\_\_ Mgd

Is land application \_\_\_\_\_ continuous or \_\_\_\_\_ intermittent?

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No

**FACILITY NAME AND PERMIT NUMBER:**

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If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

\_\_\_\_\_

If transport is by a party other than the applicant, provide:

Transporter name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

For each treatment works that receives this discharge, provide the following:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

If known, provide the NPDES permit number of the treatment works that receives this discharge. \_\_\_\_\_

Provide the average daily flow rate from the treatment works into the receiving facility. \_\_\_\_\_ mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

\_\_\_\_\_

Annual daily volume disposed of by this method: \_\_\_\_\_

Is disposal through this method \_\_\_\_\_ continuous or \_\_\_\_\_ intermittent?

**WASTEWATER DISCHARGES:**

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. **If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."**

**A.9. Description of Outfall.**

- a. Outfall number \_\_\_\_\_
- b. Location \_\_\_\_\_  
 (City or town, if applicable) (Zip Code)  
 \_\_\_\_\_  
 (County) (State)  
 \_\_\_\_\_  
 (Latitude) (Longitude)
- c. Distance from shore (if applicable) \_\_\_\_\_ ft.
- d. Depth below surface (if applicable) \_\_\_\_\_ ft.
- e. Average daily flow rate \_\_\_\_\_ mgd
- f. Does this outfall have either an intermittent or a periodic discharge?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No (go to A.9.g.)  
 If yes, provide the following information:  
 Number of times per year discharge occurs: \_\_\_\_\_  
 Average duration of each discharge: \_\_\_\_\_  
 Average flow per discharge: \_\_\_\_\_ mgd  
 Months in which discharge occurs: \_\_\_\_\_
- g. Is outfall equipped with a diffuser? \_\_\_\_\_ Yes \_\_\_\_\_ No

**A.10. Description of Receiving Waters.**

- a. Name of receiving water \_\_\_\_\_
- b. Name of watershed (if known) \_\_\_\_\_  
 United States Soil Conservation Service 14-digit watershed code (if known): \_\_\_\_\_
- c. Name of State Management/River Basin (if known): \_\_\_\_\_  
 United States Geological Survey 8-digit hydrologic cataloging unit code (if known): \_\_\_\_\_
- d. Critical low flow of receiving stream (if applicable):  
 acute \_\_\_\_\_ cfs chronic \_\_\_\_\_ cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): \_\_\_\_\_ mg/l of CaCO<sub>3</sub>

**A.11. Description of Treatment.**

a. What levels of treatment are provided? Check all that apply.

Primary                       Secondary  
 Advanced                       Other. Describe: \_\_\_\_\_

b. Indicate the following removal rates (as applicable):

Design BOD<sub>5</sub> removal or Design CBOD<sub>5</sub> removal \_\_\_\_\_ %  
 Design SS removal \_\_\_\_\_ %  
 Design P removal \_\_\_\_\_ %  
 Design N removal \_\_\_\_\_ %  
 Other \_\_\_\_\_ %

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

\_\_\_\_\_

If disinfection is by chlorination, is dechlorination used for this outfall?                       Yes                       No

d. Does the treatment plant have post aeration?                       Yes                       No

**A.12. Effluent Testing Information.** All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: \_\_\_\_\_

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)		s.u.			
pH (Maximum)		s.u.			
Flow Rate					
Temperature (Winter)					
Temperature (Summer)					

\* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

**CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.**

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5						
	CBOD-5						
FECAL COLIFORM							
TOTAL SUSPENDED SOLIDS (TSS)							

**END OF PART A.  
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

**BASIC APPLICATION INFORMATION**

**PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).**

All applicants with a design flow rate  $\geq$  0.1 mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

**B.1. Inflow and Infiltration.** Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

\_\_\_\_\_gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

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

**B.2. Topographic Map.** Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

- a. The area surrounding the treatment plant, including all unit processes.
- b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- c. Each well where wastewater from the treatment plant is injected underground.
- d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

**B.3. Process Flow Diagram or Schematic.** Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g, chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

**B.4. Operation/Maintenance Performed by Contractor(s).**

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? \_\_\_ Yes \_\_\_ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Responsibilities of Contractor: \_\_\_\_\_

**B.5. Scheduled Improvements and Schedules of Implementation.** Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

- a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

\_\_\_\_\_

- b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

\_\_\_ Yes \_\_\_ No

c. If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

\_\_\_\_\_

d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule	Actual Completion
	MM / DD / YYYY	MM / DD / YYYY
- Begin construction	___/___/___	___/___/___
- End construction	___/___/___	___/___/___
- Begin discharge	___/___/___	___/___/___
- Attain operational level	___/___/___	___/___/___

e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained?  Yes  No

Describe briefly: \_\_\_\_\_  
\_\_\_\_\_

**B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).**

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: \_\_\_\_\_

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
<b>CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.</b>							
AMMONIA (as N)							
CHLORINE (TOTAL RESIDUAL, TRC)							
DISSOLVED OXYGEN							
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN							
OIL and GREASE							
PHOSPHORUS (Total)							
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER							

**END OF PART B.  
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

FACILITY NAME AND PERMIT NUMBER:

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**BASIC APPLICATION INFORMATION**

**PART C. CERTIFICATION**

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

**Indicate which parts of Form 2A you have completed and are submitting:**

- |   |   |
|---|---|
| <input type="checkbox"/> Basic Application Information packet | Supplemental Application Information packet:  |
|   | <input type="checkbox"/> Part D (Expanded Effluent Testing Data)                    |
|   | <input type="checkbox"/> Part E (Toxicity Testing: Biomonitoring Data)              |
|   | <input type="checkbox"/> Part F (Industrial User Discharges and RCRA/CERCLA Wastes) |
|   | <input type="checkbox"/> Part G (Combined Sewer Systems)                            |

**ALL APPLICANTS MUST COMPLETE THE FOLLOWING 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 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 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.

Name and official title \_\_\_\_\_

Signature \_\_\_\_\_

Telephone number \_\_\_\_\_

Date signed \_\_\_\_\_

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

**SEND COMPLETED FORMS TO:**

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99  
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**SUPPLEMENTAL APPLICATION INFORMATION**

**PART D. EXPANDED EFFLUENT TESTING DATA**

Refer to the directions on the cover page to determine whether this section applies to the treatment works.

**Effluent Testing: 1.0 mgd and Pretreatment Treatment Works.** If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: \_\_\_\_\_ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		

**METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.**

ANTIMONY											
ARSENIC											
BERYLLIUM											
CADMIUM											
CHROMIUM											
COPPER											
LEAD											
MERCURY											
NICKEL											
SELENIUM											
SILVER											
THALLIUM											
ZINC											
CYANIDE											
TOTAL PHENOLIC COMPOUNDS											
HARDNESS (AS CaCO <sub>3</sub> )											

Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.


**FACILITY NAME AND PERMIT NUMBER:**

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Outfall number: \_\_\_\_\_ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
<b>VOLATILE ORGANIC COMPOUNDS.</b>											
ACROLEIN											
ACRYLONITRILE											
BENZENE											
BROMOFORM											
CARBON TETRACHLORIDE											
CLOROBENZENE											
CHLORODIBROMO-METHANE											
CHLOROETHANE											
2-CHLORO-ETHYLVINYL ETHER											
CHLOROFORM											
DICHLOROBROMO-METHANE											
1,1-DICHLOROETHANE											
1,2-DICHLOROETHANE											
TRANS-1,2-DICHLORO-ETHYLENE											
1,1-DICHLOROETHYLENE											
1,2-DICHLOROPROPANE											
1,3-DICHLORO-PROPYLENE											
ETHYLBENZENE											
METHYL BROMIDE											
METHYL CHLORIDE											
METHYLENE CHLORIDE											
1,1,2,2-TETRACHLORO-ETHANE											
TETRACHLORO-ETHYLENE											
TOLUENE											

**FACILITY NAME AND PERMIT NUMBER:**

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Outfall number: \_\_\_\_\_ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL	
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples			
1,1,1-TRICHLOROETHANE												
1,1,2-TRICHLOROETHANE												
TRICHLOROETHYLENE												
VINYL CHLORIDE												

Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.

--	--	--	--	--	--	--	--	--	--	--	--	--

**ACID-EXTRACTABLE COMPOUNDS**

P-CHLORO-M-CRESOL												
2-CHLOROPHENOL												
2,4-DICHLOROPHENOL												
2,4-DIMETHYLPHENOL												
4,6-DINITRO-O-CRESOL												
2,4-DINITROPHENOL												
2-NITROPHENOL												
4-NITROPHENOL												
PENTACHLOROPHENOL												
PHENOL												
2,4,6-TRICHLOROPHENOL												

Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.

--	--	--	--	--	--	--	--	--	--	--	--	--

**BASE-NEUTRAL COMPOUNDS.**

ACENAPHTHENE												
ACENAPHTHYLENE												
ANTHRACENE												
BENZIDINE												
BENZO(A)ANTHRACENE												
BENZO(A)PYRENE												

**FACILITY NAME AND PERMIT NUMBER:**

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Outfall number: \_\_\_\_\_ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL	
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples			
3,4 BENZO-FLUORANTHENE												
BENZO(GHI)PERYLENE												
BENZO(K)FLUORANTHENE												
BIS (2-CHLOROETHOXY) METHANE												
BIS (2-CHLOROETHYL)-ETHER												
BIS (2-CHLOROISO-PROPYL) ETHER												
BIS (2-ETHYLHEXYL) PHTHALATE												
4-BROMOPHENYL PHENYL ETHER												
BUTYL BENZYL PHTHALATE												
2-CHLORONAPHTHALENE												
4-CHLORPHENYL PHENYL ETHER												
CHRYSENE												
DI-N-BUTYL PHTHALATE												
DI-N-OCTYL PHTHALATE												
DIBENZO(A,H) ANTHRACENE												
1,2-DICHLOROBENZENE												
1,3-DICHLOROBENZENE												
1,4-DICHLOROBENZENE												
3,3-DICHLOROBENZIDINE												
DIETHYL PHTHALATE												
DIMETHYL PHTHALATE												
2,4-DINITROTOLUENE												
2,6-DINITROTOLUENE												
1,2-DIPHENYLHYDRAZINE												

**FACILITY NAME AND PERMIT NUMBER:**

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Outfall number: \_\_\_\_\_ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL	
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples			
FLUORANTHENE												
FLUORENE												
HEXACHLOROBENZENE												
HEXACHLOROBUTADIENE												
HEXACHLOROCYCLO-PENTADIENE												
HEXACHLOROETHANE												
INDENO(1,2,3-CD)PYRENE												
ISOPHORONE												
NAPHTHALENE												
NITROBENZENE												
N-NITROSODI-N-PROPYLAMINE												
N-NITROSODI- METHYLAMINE												
N-NITROSODI-PHENYLAMINE												
PHENANTHRENE												
PYRENE												
1,2,4-TRICHLOROBENZENE												

Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.

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Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.

--	--	--	--	--	--	--	--	--	--	--	--	--

**END OF PART D.  
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM  
2A YOU MUST COMPLETE**

**SUPPLEMENTAL APPLICATION INFORMATION**

**PART E. TOXICITY TESTING DATA**

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

**E.1. Required Tests.**

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

\_\_\_\_ chronic      \_\_\_\_ acute

**E.2. Individual Test Data.** Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: \_\_\_\_\_ Test number: \_\_\_\_\_ Test number: \_\_\_\_\_

a. Test information.

Test species & test method number			
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			

b. Give toxicity test methods followed.

Manual title			
Edition number and year of publication			
Page number(s)			

c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.

24-Hour composite			
Grab			

d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)

Before disinfection			
After disinfection			
After dechlorination			

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Test number: \_\_\_\_\_ Test number: \_\_\_\_\_ Test number: \_\_\_\_\_

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.

Chronic toxicity

Acute toxicity

g. Provide the type of test performed.

Static

Static-renewal

Flow-through

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water

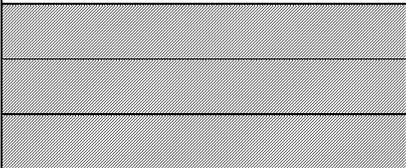
Receiving water

i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.

Fresh water

Salt water

j. Give the percentage effluent used for all concentrations in the test series.



k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH

Salinity

Temperature

Ammonia

Dissolved oxygen

l. Test Results.

Acute:

Percent survival in 100% effluent	%	%	%
LC <sub>50</sub>			
95% C.I.	%	%	%
Control percent survival	%	%	%
Other (describe)			

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Chronic:

NOEC	%	%	%
IC <sub>25</sub>	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

**E.3. Toxicity Reduction Evaluation.** Is the treatment works involved in a Toxicity Reduction Evaluation?

Yes  No      If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E.4. Summary of Submitted Biomonitoring Test Information.** If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: \_\_\_\_\_ (MM/DD/YYYY)

Summary of results: (see instructions)

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

**END OF PART E.  
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.**

**SUPPLEMENTAL APPLICATION INFORMATION**

**PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES**

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

**GENERAL INFORMATION:**

**F.1. Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

\_\_\_ Yes \_\_\_ No

**F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs).** Provide the number of each of the following types of industrial users that discharge to the treatment works.

- a. Number of non-categorical SIUs. \_\_\_\_\_
- b. Number of CIUs. \_\_\_\_\_

**SIGNIFICANT INDUSTRIAL USER INFORMATION:**

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

**F.3. Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**F.4. Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

\_\_\_\_\_

**F.5. Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): \_\_\_\_\_

Raw material(s): \_\_\_\_\_

**F.6. Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

\_\_\_\_\_ gpd ( \_\_\_ continuous or \_\_\_ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

\_\_\_\_\_ gpd ( \_\_\_ continuous or \_\_\_ intermittent)

**F.7. Pretreatment Standards.** Indicate whether the SIU is subject to the following:

- a. Local limits \_\_\_\_\_ Yes \_\_\_ No
- b. Categorical pretreatment standards \_\_\_\_\_ Yes \_\_\_ No

If subject to categorical pretreatment standards, which category and subcategory?

\_\_\_\_\_

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**F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

Yes  No                      If yes, describe each episode.

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

**RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:**

**F.9. RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe?     Yes  No (go to F.12.)

**F.10. Waste Transport.** Method by which RCRA waste is received (check all that apply):

Truck                       Rail                       Dedicated Pipe

**F.11. Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

<u>EPA Hazardous Waste Number</u>	<u>Amount</u>	<u>Units</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:**

**F.12. Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

Yes (complete F.13 through F.15.)                       No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

**F.13. Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

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

**F.14. Pollutants.** List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

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

**F.15. Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

Yes  No

If yes, describe the treatment (provide information about the removal efficiency):

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

b. Is the discharge (or will the discharge be) continuous or intermittent?

Continuous                       Intermittent                      If intermittent, describe discharge schedule.

\_\_\_\_\_

**END OF PART F.  
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

**SUPPLEMENTAL APPLICATION INFORMATION**

**PART G. COMBINED SEWER SYSTEMS**

**If the treatment works has a combined sewer system, complete Part G.**

**G.1. System Map.** Provide a map indicating the following: (may be included with Basic Application Information)

- a. All CSO discharge points.
- b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).
- c. Waters that support threatened and endangered species potentially affected by CSOs.

**G.2. System Diagram.** Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

- a. Locations of major sewer trunk lines, both combined and separate sanitary.
- b. Locations of points where separate sanitary sewers feed into the combined sewer system.
- c. Locations of in-line and off-line storage structures.
- d. Locations of flow-regulating devices.
- e. Locations of pump stations.

**CSO OUTFALLS:**

**Complete questions G.3 through G.6 once for each CSO discharge point.**

**G.3. Description of Outfall.**

- a. Outfall number \_\_\_\_\_
- b. Location \_\_\_\_\_  
 (City or town, if applicable) (Zip Code)  
 \_\_\_\_\_  
 (County) (State)  
 \_\_\_\_\_  
 (Latitude) (Longitude)
- c. Distance from shore (if applicable) \_\_\_\_\_ ft.
- d. Depth below surface (if applicable) \_\_\_\_\_ ft.
- e. Which of the following were monitored during the last year for this CSO?  
 \_\_\_\_ Rainfall      \_\_\_\_ CSO pollutant concentrations      \_\_\_\_ CSO frequency  
 \_\_\_\_ CSO flow volume      \_\_\_\_ Receiving water quality
- f. How many storm events were monitored during the last year? \_\_\_\_\_

**G.4. CSO Events.**

- a. Give the number of CSO events in the last year.  
 \_\_\_\_\_ events (\_\_\_\_ actual or \_\_\_\_ approx.)
- b. Give the average duration per CSO event.  
 \_\_\_\_\_ hours (\_\_\_\_ actual or \_\_\_\_ approx.)

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- c. Give the average volume per CSO event.  
\_\_\_\_\_ million gallons (\_\_\_\_ actual or \_\_\_\_ approx.)
- d. Give the minimum rainfall that caused a CSO event in the last year.  
\_\_\_\_\_ inches of rainfall

**G.5. Description of Receiving Waters.**

- a. Name of receiving water: \_\_\_\_\_
- b. Name of watershed/river/stream system: \_\_\_\_\_  
  
United States Soil Conservation Service 14-digit watershed code (if known): \_\_\_\_\_
- c. Name of State Management/River Basin: \_\_\_\_\_  
  
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): \_\_\_\_\_

**G.6. CSO Operations.**

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

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

**END OF PART G.  
REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM  
2A YOU MUST COMPLETE.**

Additional information, if provided, will appear on the following pages.

# Disclaimer

This is an updated PDF document that allows you to type your information directly into the form, print it, and save the completed form.

Note: This form can be viewed and saved only using Adobe Acrobat Reader version 7.0 or higher, or if you have the full Adobe Professional version.

**Instructions:**

1. Type in your information
2. Save file (if desired)
3. Print the completed form
4. Sign and date the printed copy
5. Mail it to the directed contact.



C. <input type="checkbox"/> TOPOGRAPHIC MAP		
D. TYPE OF CONTAINMENT, STORAGE AND CAPACITY		
1. Type of Containment	Total Capacity (in gallons)	
<input type="checkbox"/> Lagoon		
<input type="checkbox"/> Holding Pond		
<input type="checkbox"/> Evaporation Pond		
<input type="checkbox"/> Other: Specify _____		
2. Report the total number of acres contributing drainage: _____ acres		
3. Type of Storage	Total Number of Days	Total Capacity (gallons/tons)
<input type="checkbox"/> Anaerobic Lagoon		
<input type="checkbox"/> Storage Lagoon		
<input type="checkbox"/> Evaporation Pond		
<input type="checkbox"/> Aboveground Storage Tanks		
<input type="checkbox"/> Belowground Storage Tanks		
<input type="checkbox"/> Roofed Storage Shed		
<input type="checkbox"/> Concrete Pad		
<input type="checkbox"/> Impervious Soil Pad		
<input type="checkbox"/> Other: Specify _____		
E. NUTRIENT MANAGEMENT PLAN		
<b>Note: Effective February 27, 2009, a permit application is not complete until a nutrient management plan is submitted to the Permitting Authority.</b>		
1. Please indicate whether a nutrient management plan has been included with this permit application. <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. If no, please explain:		
3. Is a nutrient management plan being implemented for the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. The date of the last review or revision of the nutrient management plan. Date: _____		
5. If not land applying, describe alternative use(s) of manure, litter, and/or wastewater:		
F. LAND APPLICATION BEST MANAGEMENT PRACTICES		
Please check any of the following best management practices that are being implemented at the facility to control runoff and protect water quality:		
<input type="checkbox"/> Buffers <input type="checkbox"/> Setbacks <input type="checkbox"/> Conservation tillage <input type="checkbox"/> Constructed wetlands <input type="checkbox"/> Infiltration field <input type="checkbox"/> Grass filter <input type="checkbox"/> Terrace		

III. CONCENTRATED AQUATIC ANIMAL PRODUCTION FACILITY CHARACTERISTICS						
A. For each outfall give the maximum daily flow, maximum 30-day flow, and the long-term average flow.			B. Indicate the total number of ponds, raceways, and similar structures in your facility.			
1. Outfall No.	2. Flow ( <i>gallons per day</i> )			1. Ponds	2. Raceways	3. Other
	a. Maximum Daily	b. Maximum 30 Day	c. Long Term Average	C. Provide the name of the receiving water and the source of water used by your facility.		
				1. Receiving Water	2. Water Source	
D. List the species of fish or aquatic animals held and fed at your facility. For each species, give the total weight produced by your facility per year in pounds of harvestable weight, and also give the maximum weight present at any one time.						
1. Cold Water Species			2. Warm Water Species			
a. Species	b. Harvestable Weight ( <i>pounds</i> )		a. Species	b. Harvestable Weight ( <i>pounds</i> )		
	(1) Total Yearly	(2) Maximum		(1) Total Yearly	(2) Maximum	
E. Report the total pounds of food during the calendar month of maximum feeding.			1. Month	2. Pounds of Food		
<b>IV. CERTIFICATION</b>						
<i>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.</i>						
A. Name and Official Title ( <i>print or type</i> )			B. Telephone ( _____ ) _____			
C. Signature			D. Date Signed			

**INSTRUCTIONS**

<p><b>GENERAL</b></p> <p><b>This form must be completed by all applicants who check "yes" to Item II-B in Form 1.</b> Not all animal feeding operations or fish farms are required to obtain NPDES permits. Exclusions are based on size and whether or not the facility discharges proposed to discharge. See the description of these exclusions in the CAFO regulations at 40 CFR 122.23.</p> <p>For aquatic animal production facilities, the size cutoffs are based on whether the species are warm water or cold water, on the production weight per year in harvestable pounds, and on the amount of feeding in pounds of food (<i>for cold water species</i>). Also, facilities which discharge less than 30 days per year, or only during periods of excess runoff (<i>for warm water fish</i>) are not required to have a permit.</p> <p>Refer to the Form 1 instructions to determine where to file this form.</p> <p><b>Item I-A</b> See the note above to be sure that your facility is a "concentrated animal feeding operation" (CAFO).</p> <p><b>Item I-B</b> Use this space to give owner/operator contact information.</p> <p><b>Item I-C</b> Check "proposed" if your facility is not now in operation or is expanding to meet the definition of a CAFO in accordance with the CAFO regulations at 40 CFR 122.23.</p> <p><b>Item I-D</b> Use this space to give a complete legal description of your facility's location including name, address, and latitude/longitude. Also, if a contract grower, the name and address of the integrator.</p> <p><b>Item II</b> Supply all information in item II if you checked (1) in item I-A.</p> <p><b>Item II-A</b> Give the maximum number of each type of animal in open confinement or housed under roof (either partially or totally) which are held at your facility for a total of 45 days or more in any 12 month period. Provide the total number of animals confined at the facility.</p> <p><b>Item II-B</b> Provide the total amount of manure, litter, and wastewater generated annually by the facility. Identify if manure, litter, and wastewater generated by the facility is to be land applied and the number of acres, under the control of the CAFO operator, suitable for land application. If the answer to question 3 is yes, provide the estimated annual quantity of manure, litter, and wastewater that the applicant plans to transfer off-site.</p> <p><b>Item II-C</b> Check this box if you have submitted a topographic map of the entire operation, including the production area and land under the operational control of the CAFO operator where manure, litter, and/or wastewater are applied with Form 1.</p>	<p><b>Item II-D</b></p> <ol style="list-style-type: none"> <li>1. Provide information on the type of containment and the capacity of the containment structure (s).</li> <li>2. The number of acres that are drained and collected in the containment structure (s).</li> <li>3. Identify the type of storage for the manure, litter, and/or wastewater. Give the capacity of this storage in days.</li> </ol> <p><b>Item II-E</b> Provide information concerning the status of submitting a nutrient management plan for the facility to complete the application. In those cases where the nutrient management plan has not been submitted, provide an explanation. If not land applying, describe the alternative uses of the manure, litter, and wastewater (e.g., composting, pelletizing, energy generation, etc.).</p> <p><b>Item II-F</b> Check any of the identified conservation practices that are being implemented at the facility to control runoff and protect water quality.</p> <p><b>Item III</b> Supply all information in Item III if you checked (2) in Item I-A.</p> <p><b>Item III-A</b> Outfalls should be numbered to correspond with the map submitted in Item XI of Form 1. Values given for flow should be representative of your normal operation. The maximum daily flow is the maximum measured flow occurring over a calendar day. The maximum 30-day flow is the average of measured daily flow over the calendar month of highest flow. The long-term average flow is the average of measure daily flows over a calendar year.</p> <p><b>Item III-B</b> Give the total number of discrete ponds or raceways in your facility. Under "other," give a descriptive name of any structure which is not a pond or a raceway but which results in discharge to waters of the United States.</p> <p><b>Item III-C</b> Use names for receiving water and source of water which correspond to the map submitted in Item XI of Form 1.</p> <p><b>Item III-D</b> The names of fish species should be proper, common, or scientific names as given in special Publication No. 6 of the American Fisheries Society. "A List of Common and Scientific Names of Fishes from the United States and Canada." The values given for total weight produced by your facility per year and the maximum weight present at any one time should be representative of your normal operation.</p> <p><b>Item III-E</b> The value given for maximum monthly pounds of food should be representative of your normal operation.</p> <p><b>Item IV</b> The Clean Water Act provides for severe penalties for submitting false information on this application form.</p> <p>Section 309(C)(2) of the Clean Water Act provides that "Any person who knowingly makes any false statement, representation, or certification in any application...shall upon conviction, be punished by a fine of no more than \$10,000 or by imprisonment for not more than six months, or both."</p>
<p><b>Federal regulations require the certification to be signed as follows:</b></p> <ol style="list-style-type: none"> <li>A. For corporation, by a principal executive officer of at least the level of vice president.</li> <li>B. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or</li> <li>C. For a municipality, State, federal, or other public facility, by either a principal executive officer or ranking elected official.</li> </ol>	<p><b>Paper Reduction Act Notice</b></p> <p><b>The public reporting and recordkeeping burden for this collection of information is estimated to average 9.5 hours per response. The public reporting and recordkeeping burden for development of the nutrient management plan to be submitted with the form is estimated to average 58 hours per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.</b></p>

# Disclaimer

This is an updated PDF document that allows you to type your information directly into the form, print it, and save the completed form.

Note: This form can be viewed and saved only using Adobe Acrobat Reader version 7.0 or higher, or if you have the full Adobe Professional version.

**Instructions:**

1. Type in your information
2. Save file (if desired)
3. Print the completed form
4. Sign and date the printed copy
5. Mail it to the directed contact.

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Permits Division

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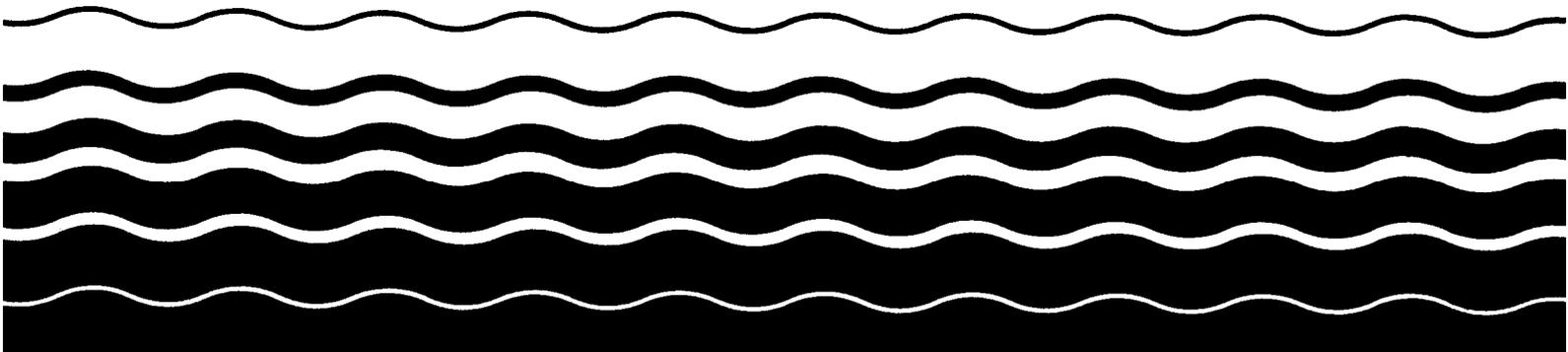
# Application Form 2C – Wastewater Discharge Information

## Consolidated Permits Program

This form must be completed by all persons applying for an EPA permit to discharge wastewater (*existing manufacturing, commercial, mining, and silvicultural operations*).



Printed on recycled paper



### **Paperwork Reduction Act Notice**

The public reporting burden for this collection of information is estimated to average 33 hours per response. This estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information to the Chief, Information Policy Branch (PM-223), US Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503, marked **Attention:** Desk Officer for EPA.

**INSTRUCTIONS – FORM 2c**  
**Application for Permit to Discharge Wastewater**  
**EXISTING MANUFACTURING, COMMERCIAL, MINING, AND SILVICULTURAL OPERATIONS**

This form must be completed by all applicants who check “yes” to item II-C in Form 1.

**Public Availability of Submitted Information.**

Your application will not be considered complete unless you answer every question on this form and on Form 1. If an item does not apply to you, enter “NA” (*for not applicable*) to show that you considered the question.

You may not claim as confidential any information required by this form or Form 1, whether the information is reported on the forms or in an attachment. This information will be made available to the public upon request.

Any information you submit to EPA which goes beyond that required by this form or Form 1 you may claim as confidential, but claims for information which is effluent data will be denied. If you do not assert a claim of confidentiality at the time of submitting the information, EPA may make the information public without further notice to you. Claims of confidentiality will be handled in accordance with EPA’s business confidentiality regulations at 40 CFR Part 2.

**Definitions**

All significant terms used in these instructions and in the form are defined in the glossary found in the General Instructions which accompany Form 1.

**EPA ID Number**

Fill in your EPA Identification Number at the top of each page of Form 2c. You may copy this number directly from item I of Form 1.

**Item I**

You may use the map you provided for item XI of Form 1 to determine the latitude and longitude of each of your outfalls and the name of the receiving water.

**Item II-A**

The line drawing should show generally the route taken by water in your facility from intake to discharge. Show all operations contributing wastewater, including process and production areas, sanitary flows, cooling water, and stormwater runoff. You may group similar operations into a single unit, labeled to correspond to the more detailed listing in item II-B. The water balance should show average flows. Show all significant losses of water to products, atmosphere, and discharge. You should use actual measurements whenever available; otherwise use your best estimate. An example of an acceptable line drawing appears in Figure 2c-1 to these instructions.

**Item II-B**

List all sources of wastewater to each outfall. Operations may be described in general terms (*for example, “dye-making reactor” or “distillation tower”*). You may estimate the flow contributed by each source if no data are available. For stormwater discharges you may estimate the average flow, but you must indicate the rainfall event upon which the estimate is based and the method of estimation. For each treatment unit, indicate its size, flow rate, and retention time, and describe the ultimate disposal of any solid or liquid wastes not discharged. Treatment units should be listed in order and you should select the proper code from Table 2c-1 to fill in column 3-b for each treatment unit. Insert “XX” into column 3-b if no code corresponds to a treatment unit you list. If you are applying for a permit for a privately owned treatment works, you must also identify all of your contributors in an attached listing.

**Item II-C**

A discharge is intermittent unless it occurs without interruption during the operating hours of the facility, except for infrequent shutdowns for maintenance, process changes, or other similar activities. A discharge is seasonal if it occurs only during certain parts of the year. Fill in every applicable column in this item for each source of intermittent or seasonal discharges. Base your answers on actual data whenever available; otherwise, provide your best estimate. Report the highest daily value for flow rate and total volume in the

“Maximum Daily” columns (*columns 4-a-2 and 4-b-2*). Report the average of all daily values measured during days when discharge occurred within the last year in the “Long Term Average” columns (*columns 4-a-1 and 4-b-1*).

**Item III-A**

All effluent guidelines promulgated by EPA appear in the Federal Register and are published annually in 40 CFR Subchapter N. A guideline applies to you if you have any operations contributing process wastewater in any subcategory covered by a BPT, BCT, or BAT guideline. If you are unsure whether you are covered by a promulgated effluent guideline, check with your EPA Regional office (*Table 1 in the Form 1 instructions*). You must check “yes” if an applicable effluent guideline has been promulgated, even if the guideline limitations are being contested in court. If you believe that a promulgated effluent guideline has been remanded for reconsideration by a court and does not apply to your operations, you may check “no.”

**Item III-B**

An effluent guideline is expressed in terms of production (*or other measure of operation*) if the limitation is expressed as mass of pollutant per operational parameter; for example, “pounds of BOD per cubic foot of logs from which bark is removed,” or “pounds of TSS per megawatt hour of electrical energy consumed by smelting furnace.” An example of a guideline not expressed in terms of a measure of operation is one which limits the concentration of pollutants.

**Item III-C**

This item must be completed only if you checked “yes” to item III-B. The production information requested here is necessary to apply effluent guidelines to your facility and you cannot claim it as confidential. However, you do not have to indicate how the reported information was calculated. Report quantities in the units of measurement used in the applicable effluent guideline. The production figures provided must be based on actual daily production and not on design capacity or on predictions of future operations. To obtain alternate limits under 40 CFR 122.45(b)(2)(ii), you must define your maximum production capability and demonstrate to the Director that your actual production is substantially below maximum production capability and that there is a reasonable potential for an increase above actual production during the duration of the permit.

**Item IV-A**

If you check “yes” to this question, complete all parts of the chart, or attach a copy of any previous submission you have made to EPA containing same information.

**Item IV-B**

You are not required to submit a description of future pollution control projects if you do not wish to or if none is planned.

**Item V-A, B, C, and D**

The items require you to collect and report data on the pollutants discharged for each of your outfalls. Each part of this item addresses a different set of pollutants and must be completed in accordance with the specific instructions for that part. The following general instructions apply to the entire item.

**General Instructions**

Part A requires you to report at least one analysis for each pollutant listed. Parts B and C require you to report analytical data in two ways. For some pollutants, you may be required to mark “X” in the “Testing Required” column (*column 2-a, Part C*), and test (*sample and analyze*) and report the levels of the pollutants in your discharge whether or not you expect them to be present in your discharge. For all others, you must mark “X” in either the “Believe Present” column or the “Believe Absent” column (*columns 2-a or 2-b, Part B, and columns 2-b or 2-c, Part C*) based on your best estimate, and test for those which you believe to be present. (*See specific instructions on the form and below for Parts A through D.*) Base your determination that a pollutant is present in or absent from your discharge on your

**Item V-A, B, C, and D (continued)**

knowledge of your raw materials, maintenance chemicals, intermediate and final products and byproducts, and any previous analyses known to you of your effluent or similar effluent. (For example, if you manufacture pesticides, you should expect those pesticides to be present in contaminated stormwater runoff.) If you would expect a pollutant to be present solely as a result of its presence in your intake water, you must mark "Believe Present" but you are not required to analyze for that pollutant. Instead, mark an 'X' in the "Intake" column.

**A. Reporting.** All levels must be reported as concentration and as total mass. You may report some or all of the required data by attaching separate sheets of paper instead of filling out pages V-1 to V-9 if the separate sheets contain all the required information in a format which is consistent with pages V-1 to V-9 in spacing and in identification of pollutants and columns. (For example, the data system used in your GC/MS analysis may be able to print data in the proper format.) Use the following abbreviations in the columns headed "Units" (column 3, Part A, and column 4, Parts B and C).

Concentration	Mass
ppm.....parts per million	lbs.....pounds
mg/l ...milligrams per liter	ton.....tons (English tons)
ppb.....parts per billion	mg.....milligrams
ug/l ...micrograms per liter	g.....grams
	kg.....kilograms
	T.....tonnes (metric tons)

All reporting of values for metals must be in terms of "total recoverable metal," unless:

- (1) An applicable, promulgated effluent limitation or standard specifies the limitation for the metal in dissolved, valent, or total form; or
- (2) All approved analytical methods for the metal inherently measure only its dissolved form (e.g., hexavalent chromium); or
- (3) The permitting authority has determined that in establishing case-by-case limitations it is necessary to express the limitations on the metal in dissolved, valent, or total form to carry out the provisions of the CWA.

If you measure only one daily value, complete only the "Maximum Daily Values" columns and insert '1' into the "Number of Analyses" column (columns 2-a and 2-d, Part A, and column 3-a, 3-d, Parts B and C). The permitting authority may require you to conduct additional analyses to further characterize your discharges. For composite samples, the daily value is the total mass or average concentration found in a composite sample taken over the operating hours of the facility during a 24-hour period; for grab samples, the daily value is the arithmetic or flow-weighted total mass or average concentration found in a series of at least four grab samples taken over the operating hours of the facility during a 24-hour period.

If you measure more than one daily value for a pollutant and those values are representative of your wastestream, you must report them. You must describe your method of testing and data analysis. You also must determine the average of all values within the last year and report the concentration and mass under the "Long Term Average Values" columns (column 2-c, Part A, and column 3-c, Parts B and C), and the total number of daily values under the "Number of Analyses" columns (column 2-d, Part A, and columns 3-d, Parts B and C). Also, determine the average of all daily values taken during each calendar month, and report the highest average under the "Maximum 30-day Values" columns (column 2-c, Part A, and column 3-b, Parts B and C).

**B. Sampling:** The collection of the samples for the reported analyses should be supervised by a person experienced in performing sampling of industrial wastewater. You may contact your EPA or State permitting authority for detailed guidance on sampling techniques and for answers to specific questions. Any specific requirements contained in the applicable analytical methods should be followed for sample containers, sample preservation, holding

times, the collection of duplicate samples, etc. The time when you sample should be representative of your normal operation, to the extent feasible, with all processes which contribute wastewater in normal operation, and with your treatment system operating properly with no system upsets. Samples should be collected from the center of the flow channel, where turbulence is at a maximum, at a site specified in your present permit, or at any site adequate for the collection of a representative sample.

For pH, temperature, cyanide, total phenols, residual chlorine, oil and grease, and fecal coliform, grab samples must be used. For all other pollutants 24-hour composite samples must be used. However, a minimum of one grab sample may be taken for effluents from holding ponds or other impoundments with a retention period of greater than 24 hours. For stormwater discharges a minimum of one to four grab samples may be taken, depending on the duration of the discharge. One grab must be taken in the first hour (or less) of discharge, with one additional grab (up to a minimum of four) taken in each succeeding hour of discharge for discharges lasting four or more hours. The Director may waive composite sampling for any outfall for which you demonstrate that use of an automatic sampler is infeasible and that a minimum of four grab samples will be representative of your discharge.

Grab and composite samples are defined as follows:

**Grab sample:** An individual sample of at least 100 milliliters collected at a randomly-selected time over a period not exceeding 15 minutes.

**Composite sample:** A combination of at least 8 sample aliquots of at least 100 milliliters, collected at periodic intervals during the operating hours of a facility over a 24 hour period. The composite must be flow proportional; either the time interval between each aliquot or the volume of each aliquot must be proportional to either the stream flow at the time of sampling or the total stream flow since the collection of the previous aliquot. Aliquots may be collected manually or automatically. For GC/MS Volatile Organic Analysis (VOA), aliquots must be combined in the laboratory immediately before analysis. Four (4) (rather than eight) aliquots or grab samples should be collected for VOA. These four samples should be collected during actual hours of discharge over a 24-hour period and need not be flow proportioned. Only one analysis is required.

The Agency is currently reviewing sampling requirements in light of recent research on testing methods. Upon completion of its review, the Agency plans to propose changes to the sampling requirements.

Data from samples taken in the past may be used, provided that:

- All data requirements are met;
- Sampling was done no more than three years before submission; and
- All data are representative of the present discharge.

Among the factors which would cause the data to be unrepresentative are significant changes in production level, changes in raw materials, processes, or final products, and changes in wastewater treatment. When the Agency promulgates new analytical methods in 40 CFR Part 136, EPA will provide information as to when you should use the new methods to generate data on your discharges. Of course, the Director may request additional information, including current quantitative data, if she or he determines it to be necessary to assess your discharges.

**C. Analysis:** You must use test methods promulgated in 40 CFR Part 136; however, if none has been promulgated for a particular pollutant, you may use any suitable method for measuring the level of the pollutant in your discharge provided that you submit a description of the method or a reference to a published method. Your description should include the sample holding time, preservation techniques, and the quality control measures which you used. If you have two or more substantially identical outfalls, you may request permission from your permitting authority to sample and analyse only one outfall and submit the results of the analysis for other substantially identical outfalls. If your request is granted by the

**Item V-A, B, C, and D (continued)**

permitting authority, on a separate sheet attached to the application form, identify which outfall you did test, and describe why the outfalls which you did not test are substantially identical to the outfall which you did test.

**D. Reporting of Intake Data:** You are not required to report data under the "Intake" columns unless you wish to demonstrate your eligibility for a "net" effluent limitation for one or more pollutants, that is, an effluent limitation adjusted by subtracting the average level of the pollutant(s) present in your intake water. NPDES regulations allow net limitations only in certain circumstances. To demonstrate your eligibility, under the "Intake" columns report the average of the results of analyses on your intake water (*if your water is treated before use, test the water after it is treated*), and discuss the requirements for a net limitation with your permitting authority.

**Part V-A**

Part V-A must be completed by all applicants for all outfalls, including outfalls containing only noncontact cooling water or storm runoff. However, at your request, the Director may waive the requirement to test for one or more of these pollutants, upon a determination that available information is adequate to support issuance of the permit with less stringent reporting requirements for these pollutants. You also may request a waiver for one or more of these pollutants for your category or subcategory from the Director, Office of Water Enforcement and Permits. See discussion in General Instructions to item V for definitions of the columns in Part A. The "Long Term Average Values" column (*column 2-c*) and "Maximum 30-day Values" column (*column 2-b*) are not compulsory but should be filled out if data are available.

Use composite samples for all pollutants in this Part, except use grab samples for pH and temperature. See discussion in General Instructions to Item V for definitions of the columns in Part A. The "Long Term Average Values" column (*column 2-c*) and "Maximum 30-Day Values" column (*column 2-b*) are not compulsory but should be filled out if data are available.

**Part V-B**

Part V-B must be completed by all applicants for all outfalls, including outfalls containing only noncontact cooling water or storm runoff. You must report quantitative data if the pollutant(s) in question is limited in an effluent limitations guideline either directly, or indirectly but expressly through limitation on an indicator (*e.g., use of TSS as an indicator to control the discharge of iron and aluminum*). For other discharged pollutants you must provide quantitative data or explain their presence in your discharge. EPA will consider requests to the Director of the Office of Water Enforcement and Permits to eliminate the requirement to test for pollutants for an industrial category or subcategory. Your request must be supported by data representative of the industrial category or subcategory in question. The data must demonstrate that individual testing for each applicant is unnecessary, because the facilities in the category or subcategory discharge substantially identical levels of the pollutant or discharge the pollutant uniformly at sufficiently low levels. Use composite samples for all pollutants you analyze for in this part, except use grab samples for residual chlorine, oil and grease, and fecal coliform. The "Long Term Average Values" column (*column 3-c*) and "Maximum 30-day Values" column (*column 3-b*) are not compulsory but should be filled out if data are available.

**Part V-C**

Table 2c-2 lists the 34 "primary" industry categories in the lefthand column. For each outfall, if any of your processes which contribute wastewater falls into one of those categories, you must mark "X" in "Testing Required" column (*column 2-a*) and test for (1) all of the toxic metals, cyanide, and total phenols, and (2) the organic toxic pollutants contained in Table 2c-2 as applicable to your category, unless you qualify as a small business (*see below*). The organic toxic pollutants are listed by GC/MS fractions on pages V-4 to V-9 in Part V-C. For example, the Organic Chemicals Industry has an asterisk in all four fractions; therefore, applicants in this category must test for all organic toxic pollutants in Part V-C. The inclusion of total phenols in Part V-C is not intended to classify total phenols as a toxic pollutant. If you are applying for a permit for a privately owned

treatment works, determine your testing requirements on the basis of the industry categories of your contributors. When you determine which industry category you are in to find your testing requirements, you are not determining your category for any other purpose and you are not giving up your right to challenge your inclusion in that category (*for example, for deciding whether an effluent guideline is applicable*) before your permit is issued. For all other cases (secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions), you must mark "X" in either the "Believed Present" column (*column 2-b*) or the "Believed Absent" column (*column 2-c*) for each pollutant. For every pollutant you know or have reason to believe is present in your discharge in concentrations of 10 ppb or greater, you must report quantitative data. For acrolein, acrylonitrile, 2, 4 dinitrophenol, and 2-methyl-4, 6 dinitrophenol, where you expect these four pollutants to be discharged in concentrations of 100 ppb or greater, you must report quantitative data. For every pollutant expected to be discharged in concentrations less than the thresholds specified above, you must either submit quantitative data or briefly describe the reasons the pollutant is expected to be discharged. At your request the Director, Office of Water Enforcement and Permits, may waive the requirement to test for pollutants for an industrial category or subcategory. Your request must be supported by data representatives of the industrial category or subcategory in question. The data must demonstrate that individual testing for each applicant is unnecessary, because the facilities in question discharge substantially identical levels of the pollutant, or discharge the pollutant uniformly at sufficiently low levels. If you qualify as a small business (*see below*) you are exempt from testing for the organic toxic pollutants, listed on pages V-4 to V-9 in Part C. For pollutants in intake water, see discussion in General Instructions to this item. The "Long Term Average Values" column (*column 3-c*) and "Maximum 30-day Values" column (*column 3-b*) are not compulsory but should be filled out if data are available. You are required to mark "Testing Required" for dioxin if you use or manufacture one of the following compounds:

- (a) 2,4,5-trichlorophenoxy acetic acid, (2,4,5-T);
- (b) 2-(2,4,5-trichlorophenoxy) propanoic acid, (Silvex, 2,4,5-TP)
- (c) 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate, (Erbon);
- (d) 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate, (Ronnel);
- (e) 2,4,5-trichlorophenol, (TCP); or
- (f) hexachlorophene, (HCP).

If you mark "Testing Required" or "Believed Present," you must perform a screening analysis for dioxins, using gas chromatography with an electron capture detector. A TCDD standard for quantitation is not required. Describe the results of this analysis in the space provided; for example, "no measurable baseline deflection at the retention time of TCDD" or "a measurable peak within the tolerances of the retention time of TCDD." The permitting authority may require you to perform a quantitative analysis if you report a positive result. The Effluent Guidelines Division of EPA has collected and analyzed samples from some plants for the pollutants listed in Part C in the course of its BAT guidelines development program. If your effluents are sampled and analyzed as part of this program in the last three years, you may use these data to answer Part C provided that the permitting authority approves, and provided that no process change or change in raw materials or operating practices has occurred since the samples were taken that would make the analyses unrepresentative of your current discharge.

**Small Business Exemption:** If you qualify as a "small business", you are exempt from the reporting requirements for the organic toxic pollutants, listed on pages V-4 to V-9 in Part C. There are two ways in which you can qualify as a "small business." If your facility is a coal mine, and if your probable total annual production is less than 100,000 tons per year, you may submit past production data or estimated future production (*such as a schedule of estimated total production under 30 CFR § 795.14(c)*) instead of conducting analyses for the organic toxic pollutants. If your facility is not a coal mine, and if your gross total annual sales for the most recent three years average less than \$100,000 per year (*in second quarter 1980*)

**Item V-A, B, C, and D (continued)**

dollars), you may submit sales data for those years instead of conducting analyses for the organic toxic pollutants. The production or sales data must be for the facility which is the source of the discharge. The data should not be limited to production or sales for the process or processes which contribute to the discharge, unless those are the only processes at your facility. For sales data, in situations involving intracorporate transfer of goods and services, the transfer price per unit should approximate market prices for those goods and services as closely as possible. Sales figures for years after 1980 should be indexed to the second quarter of 1980 by using the gross national product price deflator (*second quarter of 1980=100*). This index is available in *National Income and Product Accounts of the United States (Department of Commerce, Bureau of Economic Analysis)*.

**Part V-D**

List any pollutants in Table 2c-3 that you believe to be present and explain why you believe them to be present. No analysis is required, but if you have analytical data, you must report it.

**Note:** Under 40 CFR 117.12(a)(2), certain discharges of hazardous substances (*listed in Table 2c-4 of these instructions*) may be exempted from the requirements of section 311 of CWA, which establishes reporting requirements, civil penalties and liability for cleanup costs for spills of oil and hazardous substances. A discharge of a particular substance may be exempted if the origin, source, and amount of the discharged substances are identified in the NDPEs permit application or in the permit, if the permit contains a requirement for treatment of the discharge, and if the treatment is in place. To apply for an exclusion of the discharge of any hazardous substance from the requirements of section 311, attach additional sheets of paper to your form, setting forth the following information:

1. The substance and the amount of each substance which may be discharged.
2. The origin and source of the discharge of the substance.
3. The treatment which is to be provided for the discharge by:
  - a. An onsite treatment system separate from any treatment system treating your normal discharge;
  - b. A treatment system designed to treat your normal discharge and which is additionally capable of treating the amount of the substance identified under paragraph 1 above; or
  - c. Any combination of the above.

See 40 CFR §117.12(a)(2) and (c) published on August 29, 1979, in 44 FR 50766, or contact your Regional Office (*Table 1 on Form 1, Instructions*), for further information on exclusions from section 311.

**Item VI**

This requirement applies to current use or manufacture of a toxic pollutant as an intermediate or final product or byproduct. The Director may waive or modify the requirement if you demonstrate that it would be unduly burdensome to identify each toxic pollutant and the Director has adequate information to issue your permit. You may not claim this information as confidential; however, you do not have to distinguish between use or production of the pollutants or list the amounts.

**Item VII**

Self explanatory. The permitting authority may ask you to provide additional details after your application is received.

**Item IX**

The Clean Water Act provides for severe penalties for submitting false information on this application form.

Section 309(c)(2) of the Clean Water Act provides that "Any person who knowingly makes any false statement, representation, or certification in any application,... shall upon conviction, be punished by a fine of not more than \$10,000 or by imprisonment for not more than six months, or by both."

40 CFR Part 122.22 requires the certification to be signed as follows:

(A) *For a corporation:* by a responsible corporate official. For purposes of this section, a responsible corporate official means (i) 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- or decision-making functions for the corporation, or (ii) the manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25,000,000 (*in second-quarter 1980 dollars*), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

**Note:** EPA does not require specific assignments or delegation of authority to responsible corporate officers identified in §122.22(a)(1)(i). The Agency will presume that these responsible corporate officers have the requisite authority to sign permit applications unless the corporation has notified the director to the contrary. Corporate procedures governing authority to sign permit applications may provide for assignment or delegation to applicable corporate position under §122.22(a)(1)(ii) rather than to specific individuals.

(B) *For a partnership or sole proprietorship:* by a general partner or the proprietor, respectively; or

(C) *For a municipality, State, Federal, or other public agency:* by either a principal executive officer or ranking elected official. For purposes of this section, a principal executive officer of a Federal Agency includes (i) the chief executive officer of the Agency, or (ii) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the Agency (e.g., *Regional Administrators of EPA*). Applications for Group II stormwater dischargers may be signed by a duly authorized representative (*as defined in 40 CFR 122.22(b)*) of the individuals identified above.

## CODES FOR TREATMENT UNITS

### PHYSICAL TREATMENT PROCESSES

1-A	Ammonia Stripping	1-M	Grit Removal
1-B	Dialysis	1-N	Microstraining
1-C	Diatomaceous Earth Filtration	1-O	Mixing
1-D	Distillation	1-P	Moving Bed Filters
1-E	Electrodialysis	1-Q	Multimedia Filtration
1-F	Evaporation	1-R	Rapid Sand Filtration
1-G	Flocculation	1-S	Reverse Osmosis ( <i>Hyperfiltration</i> )
1-H	Flotation	1-T	Screening
1-I	Foam Fractionation	1-U	Sedimentation ( <i>Settling</i> )
1-J	Freezing	1-V	Slow Sand Filtration
1-K	Gas-Phase Separation	1-W	Solvent Extraction
1-L	Grinding ( <i>Comminutors</i> )	1-X	Sorption

### CHEMICAL TREATMENT PROCESSES

2-A	Carbon Adsorption	2-G	Disinfection ( <i>Ozone</i> )
2-B	Chemical Oxidation	2-H	Disinfection ( <i>Other</i> )
2-C	Chemical Precipitation	2-I	Electrochemical Treatment
2-D	Coagulation	2-J	Ion Exchange
2-E	Dechlorination	2-K	Neutralization
2-F	Disinfection ( <i>Chlorine</i> )	2-L	Reduction

### BIOLOGICAL TREATMENT PROCESSES

3-A	Activated Sludge	3-E	Pre-Aeration
3-B	Aerated Lagoons	3-F	Spray Irrigation/Land Application
3-C	Anaerobic Treatment	3-G	Stabilization Ponds
3-D	Nitrification-Denitrification	3-H	Trickling Filtration

### OTHER PROCESSES

4-A	Discharge to Surface Water	4-C	Reuse/Recycle of Treated Effluent
4-B	Ocean Discharge Through Outfall	4-D	Underground Injection

### SLUDGE TREATMENT AND DISPOSAL PROCESSES

5-A	Aerobic Digestion	5-M	Heat Drying
5-B	Anaerobic Digestion	5-N	Heat Treatment
5-C	Belt Filtration	5-O	Incineration
5-D	Centrifugation	5-P	Land Application
5-E	Chemical Conditioning	5-Q	Landfill
5-F	Chlorine Treatment	5-R	Pressure Filtration
5-G	Composting	5-S	Pyrolysis
5-H	Drying Beds	5-T	Sludge Lagoons
5-I	Elutriation	5-U	Vacuum Filtration
5-J	Flotation Thickening	5-V	Vibration
5-K	Freezing	5-W	Wet Oxidation
5-L	Gravity Thickening		

**TESTING REQUIREMENTS FOR ORGANIC TOXIC POLLUTANTS INDUSTRY CATEGORY\***

INDUSTRY CATEGORY	GC/MS FRACTION <sup>1</sup>			
	Volatile	Acid	Base/Neutral	Pesticide
Adhesives and sealants .....	X	X	X	-
Aluminum forming .....	X	X	X	-
Auto and other laundries .....	X	X	X	X
Battery manufacturing .....	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	-
Nonferrous metals manufacturing .....	X	X	X	X
Ore mining .....	X	X	X	X
Organic chemicals manufacturing .....	X	X	X	X
Paint and ink formulation .....	X	X	X	X
Pesticides .....	X	X	X	X
Petroleum refining .....	X	X	X	X
Pharmaceutical preparations .....	X	X	X	-
Photographic equipment and supplies .....	X	X	X	X
Plastic and synthetic materials manufacturing .....	X	X	X	X
Plastic processing .....	X	-	-	-
Porcelain enameling .....	X	-	X	X
Printing and publishing .....	X	X	X	X
Pulp and paperboard mills .....	X	X	X	X
Rubber processing .....	X	X	X	-
Soap and detergent manufacturing .....	X	X	X	-
Steam electric power plants .....	X	X	X	-
Textile mills .....	X	X	X	X
Timber products processing .....	X	X	X	X

\*See note at conclusion of 40 CFR Part 122, Appendix D (1983) for explanation of effect of suspensions on testing requirements for primary industry categories.

<sup>1</sup>The pollutants in each fraction are listed in Item V-C.

X = Testing required.

- = Testing not required.

**TOXIC POLLUTANTS AND HAZARDOUS SUBSTANCES  
REQUIRED TO BE IDENTIFIED BY APPLICANTS IF EXPECTED TO BE PRESENT**

---

TOXIC POLLUTANT	HAZARDOUS SUBSTANCES	HAZARDOUS SUBSTANCES
Asbestos	Dichlorvos	Naled
	Diethyl amine	Napthenic acid
HAZARDOUS SUBSTANCES	Dimethyl amine	Nitrotoluene
	Dintrobenzene	Parathion
Acetaldehyde	Diquat	Phenolsulfonate
Allyl alcohol	Disulfoton	Phosgene
Allyl chloride	Diuron	Propargite
Amyl acetate	Epichlorohydrin	Propylene oxide
Aniline	Ethion	Pyrethrins
Benzonitrile	Ethylene diamine	Quinoline
Benzyl chloride	Ethylene dibromide	Resorcinol
Butyl acetate	Formaldehyde	Strontium
Butylamine	Furfural	Strychnine
Captan	Guthion	Styrene
Carbaryl	Isoprene	2,4,5-T (2,4,5-Trichlorophenoxyacetic acid)
Carbofuran	Isopropanolamine	TDE (Tetrachlorodiphenyl ethane)
Carbon disulfide	Kelthane	2,4,5-TP [2-(2,4,5-Trichlorophenoxy) propanoic acid]
Chlorpyrifos	Kepone	Trichlorofon
Coumaphos	Malathion	Triethanolamine
Cresol	Mercaptodimethur	Triethylamine
Crotonaldehyde	Methoxychlor	Trimethylamine
Cyclohexane	Methyl mercaptan	Uranium
2,4-D (2,4-Dichlorophenoxyacetic acid)	Methyl methacrylate	Vanadium
Diazinon	Methyl parathion	Vinyl acetate
Dicamba	Mevinphos	Xylene
Dichlobenil	Mexacarbate	Xylenol
Dichlone	Monoethyl amine	Zirconium
2,2-Dichloropropionic acid	Monomethyl amine	

## HAZARDOUS SUBSTANCES

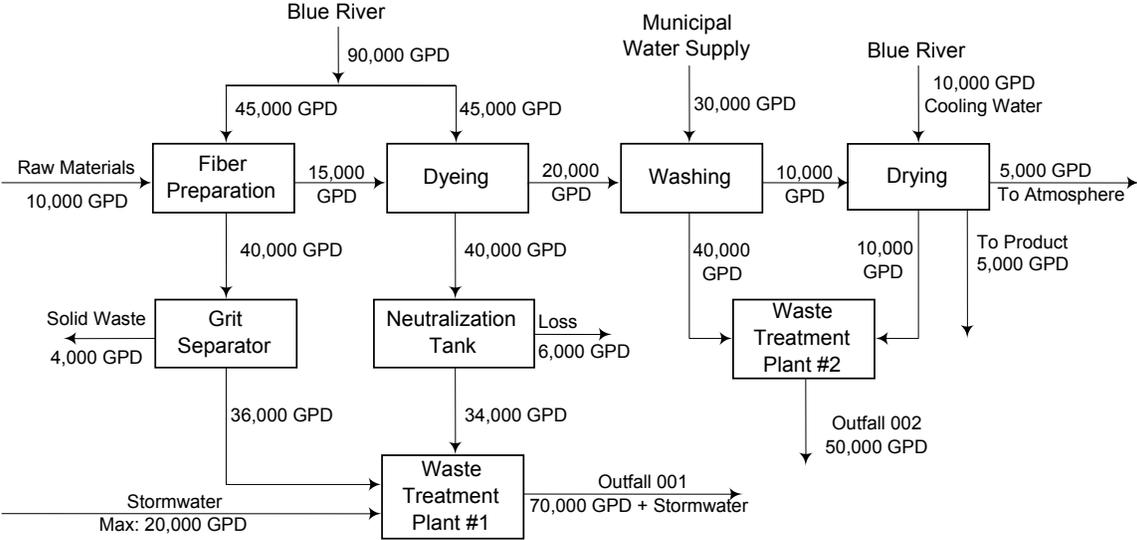
1. Acetaldehyde	74. Carbaryl	145. Formaldehyde
2. Acetic acid	75. Carbofuran	146. Formic acid
3. Acetic anhydride	76. Carbon disulfide	147. Fumaric acid
4. Acetone cyanohydrin	77. Carbon tetrachloride	148. Furfural
5. Acetyl bromide	78. Chlordane	149. Guthion
6. Acetyl chloride	79. Chlorine	150. Heptachlor
7. Acrolein	80. Chlorobenzene	151. Hexachlorocyclopentadiene
8. Acrylonitrile	81. Chloroform	152. Hydrochloric acid
9. Adipic acid	82. Chloropyrifos	153. Hydrofluoric acid
10. Aldrin	83. Chlorosulfonic acid	154. Hydrogen cyanide
11. Allyl alcohol	84. Chromic acetate	155. Hydrogen sulfide
12. Allyl chloride	85. Chromic acid	156. Isoprene
13. Aluminum sulfate	86. Chromic sulfate	157. Isopropanolamine dodecylbenzenesulfonate
14. Ammonia	87. Chromous chloride	158. Kelthane
15. Ammonium acetate	88. Cobaltous bromide	159. Kepone
16. Ammonium benzoate	89. Cobaltous formate	160. Lead acetate
17. Ammonium bicarbonate	90. Cobaltous sulfamate	161. Lead arsenate
18. Ammonium bichromate	91. Coumaphos	162. Lead chloride
19. Ammonium bifluoride	92. Cresol	163. Lead fluoborate
20. Ammonium bisulfite	93. Crotonaldehyde	164. Lead flourite
21. Ammonium carbamate	94. Cupric acetate	165. Lead iodide
22. Ammonium carbonate	95. Cupric acetoarsenite	166. Lead nitrate
23. Ammonium chloride	96. Cupric chloride	167. Lead stearate
24. Ammonium chromate	97. Cupric nitrate	168. Lead sulfate
25. Ammonium citrate	98. Cupric oxalate	169. Lead sulfide
26. Ammonium fluoroborate	99. Cupric sulfate	170. Lead thiocyanate
27. Ammonium fluoride	100. Cupric sulfate ammoniated	171. Lindane
28. Ammonium hydroxide	101. Cupric tartrate	172. Lithium chromate
29. Ammonium oxalate	102. Cyanogen chloride	173. Malathion
30. Ammonium silicofluoride	103. Cyclohexane	174. Maleic acid
31. Ammonium sulfamate	104. 2,4-D acid (2,4- Dichlorophenoxyacetic acid)	175. Maleic anhydride
32. Ammonium sulfide	105. 2,4-D esters (2,4- Dichlorophenoxyacetic acid esters)	176. Mercaptodimethur
33. Ammonium sulfite	106. DDT	177. Mercuric cyanide
34. Ammonium tartrate	107. Diazinon	178. Mercuric nitrate
35. Ammonium thiocyanate	108. Dicamba	179. Mercuric sulfate
36. Ammonium thiosulfate	109. Dichlobenil	180. Mercuric thiocyanate
37. Amyl acetate	110. Dichlone	181. Mercurous nitrate
38. Aniline	111. Dichlorobenzene	182. Methoxychlor
39. Antimony pentachloride	112. Dichloropropane	183. Methyl mercaptan
40. Antimony potassium tartrate	113. Dichloropropene	184. Methyl methacrylate
41. Antimony tribromide	114. Dichloropropene-dichloropropane mix	185. Methyl parathion
42. Antimony trichloride	115. 2,2-Dichloropropionic acid	186. Mevinphos
43. Antimony trifluoride	116. Dichlorvos	187. Mexacarbate
44. Antimony trioxide	117. Dieldrin	188. Monoethylamine
45. Arsenic disulfide	118. Diethylamine	189. Monomethylamine
46. Arsenic pentoxide	119. Dimethylamine	190. Naled
47. Arsenic trichloride	120. Dinitrobenzene	191. Naphthalene
48. Arsenic trioxide	121. Dinitrophenol	192. Naphthenic acid
49. Arsenic trisulfide	122. Dinitrotoluene	193. Nickel ammonium sulfate
50. Barium cyanide	123. Diquat	194. Nickel chloride
51. Benzene	124. Disulfoton	195. Nickel hydroxide
52. Benzoic acid	125. Diuron	196. Nickel nitrate
53. Benzointrile	126. Dodecylbenzenesulfonic acid	197. Nickel sulfate
54. Benzoyl chloride	127. Endosulfan	198. Nitric acid
55. Benzyl chloride	128. Endrin	199. Nitrobenzene
56. Beryllium chloride	129. Epichlorohydrin	200. Nitrogen dioxide
57. Beryllium fluoride	130. Ethion	201. Nitrophenol
58. Beryllium nitrate	131. Ethylbenzene	202. Nitrotoluene
59. Butylacetate	132. Ethylenediamine	203. Paraformaldehyde
60. n-Butylphthalate	133. Ethylene dibromide	204. Parathion
61. Butylamine	134. Ethylene dichloride	205. Pentachlorophenol
62. Butyric acid	135. Ethylene diaminetetracetic acid (EDTA)	206. Phenol
63. Cadmium acetate	136. Ferric ammonium citrate	207. Phosgene
64. Cadmium bromide	137. Ferric ammonium oxalate	208. Phosphoric acid
65. Cadmium chloride	138. Ferric chloride	209. Phosphorus
66. Calcium arsenate	139. Ferric fluoride	210. Phosphorus oxychloride
67. Calcium arsenite	140. Ferric nitrate	211. Phosphorus pentasulfide
68. Calcium carbide	141. Ferric sulfate	212. Phosphorus trichloride
69. Calcium chromate	142. Ferrous ammonium sulfate	213. Polychlorinated biphenyls (PCB)
70. Calcium cyanide	143. Ferrous chloride	214. Potassium arsenate
71. Calcium dodecylbenzenesulfonate	144. Ferrous sulfate	215. Potassium arsenite
72. Calcium hypochlorite		216. Potassium bichromate
73. Captan		

## HAZARDOUS SUBSTANCES

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217. Potassium chromate	247. Sodium selenite	270. Trimethylamine
218. Potassium cyanide	248. Strontium chromate	271. Uranyl acetate
219. Potassium hydroxide	249. Strychnine	272. Uranyl nitrate
220. Potassium permanganate	250. Styrene	273. Vanadium pentoxide
221. Propargite	251. Sulfuric acid	274. Vanadyl sulfate
222. Propionic acid	252. Sulfur monochloride	275. Vinyl acetate
223. Propionic anhydride	253. 2,4,5-T acid (2,4,5- Trichlorophenoxyacetic acid)	276. Vinylidene chloride
224. Propylene oxide	254. 2,4,5-T amines (2,4,5-Trichlorophenoxy acetic acid amines)	277. Xylene
225. Pyrethrins	255. 2,4,5-T esters (2,4,5-Trichlorophenoxy acetic acid esters)	278. Xylenol
226. Quinoline	256. 2,4,5-T salts (2,4,5-Trichlorophenoxy acetic acid salts)	279. Zinc acetate
227. Resorcinol	257. 2,4,5-TP acid (2,4,5-Trichlorophenoxy propanoic acid)	280. Zinc ammonium chloride
228. Selenium oxide	258. 2,4,5-TP acid esters (2,4,5- Trichlorophenoxy propanoic acid esters)	281. Zinc borate
229. Silver nitrate	259. TDE (Tetrachlorodiphenyl ethane)	282. Zinc bromide
230. Sodium	260. Tetraethyl lead	283. Zinc carbonate
231. Sodium arsenate	261. Tetraethyl pyrophosphate	284. Zinc chloride
232. Sodium arsenite	262. Thallium sulfate	285. Zinc cyanide
233. Sodium bichromate	263. Toluene	286. Zinc fluoride
234. Sodium bifluoride	264. Toxaphene	287. Zinc formate
235. Sodium bisulfite	265. Trichlorofon	288. Zinc hydrosulfite
236. Sodium chromate	266. Trichloroethylene	289. Zinc nitrate
237. Sodium cyanide	267. Trichlorophenol	290. Zinc phenolsulfonate
238. Sodium dodecylbenzenesulfonate	268. Triethanolamine	291. Zinc phosphide
239. Sodium fluoride	269. Triethylamine	292. Zinc silicofluoride
240. Sodium hydrosulfide		293. Zinc sulfate
241. Sodium hydroxide		294. Zirconium nitrate
242. Sodium hypochlorite		295. Zirconium potassium fluoride
243. Sodium methylate		296. Zirconium sulfate
244. Sodium nitrite		297. Zirconium tetrachloride
245. Sodium phosphate (dibasic)		
246. Sodium phosphate (tribasic)		

LINE DRAWING



Schematic of Water Flow  
Brown Mills, Inc.  
City, County, State

Figure 2C-1



CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal? <input type="checkbox"/> YES (complete the following table) <input type="checkbox"/> NO (go to Section III)								
1. OUTFALL NUMBER (list)	2. OPERATION(S) CONTRIBUTING FLOW (list)	3. FREQUENCY		4. FLOW				C. DURATION (in days)
		a. DAYS PER WEEK (specify average)	b. MONTHS PER YEAR (specify average)	a. FLOW RATE (in mgd)		B. TOTAL VOLUME (specify with units)		
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	
<b>III. PRODUCTION</b>								
A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility? <input type="checkbox"/> YES (complete Item III-B) <input type="checkbox"/> NO (go to Section IV)								
B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)? <input type="checkbox"/> YES (complete Item III-C) <input type="checkbox"/> NO (go to Section IV)								
C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.								
1. AVERAGE DAILY PRODUCTION						2. AFFECTED OUTFALLS (list outfall numbers)		
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. (specify)						
<b>IV. IMPROVEMENTS</b>								
A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operations of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions. <input type="checkbox"/> YES (complete the following table) <input type="checkbox"/> NO (go to Item IV-B)								
1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE				
	a. NO.	b. SOURCE OF DISCHARGE		a. REQUIRED	b. PROJECTED			
B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction. <input type="checkbox"/> MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED								

CONTINUED FROM PAGE 2

**V. INTAKE AND EFFLUENT CHARACTERISTICS**

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.  
 NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE

**VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS**

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?  
 YES (list all such pollutants below )                       NO (go to Item VI-B)

**VII. BIOLOGICAL TOXICITY TESTING DATA**

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

YES (*identify the test(s) and describe their purposes below*)

NO (*go to Section VIII*)

**VIII. CONTRACT ANALYSIS INFORMATION**

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

YES (*list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below*)

NO (*go to Section IX*)

A. NAME	B. ADDRESS	C. TELEPHONE ( <i>area code &amp; no.</i> )	D. POLLUTANTS ANALYZED ( <i>list</i> )

**IX. 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 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.*

A. NAME & OFFICIAL TITLE ( <i>type or print</i> )	B. PHONE NO. ( <i>area code &amp; no.</i> )
C. SIGNATURE	D. DATE SIGNED

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages.  
SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)		OUTFALL NO.
--	--	-------------

PART A –You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT						3. UNITS <i>(specify if blank)</i>			4. INTAKE <i>(optional)</i>		
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Biochemical Oxygen Demand (BOD)												
b. Chemical Oxygen Demand (COD)												
c. Total Organic Carbon (TOC)												
d. Total Suspended Solids (TSS)												
e. Ammonia (as N)												
f. Flow	VALUE		VALUE		VALUE					VALUE		
g. Temperature (winter)	VALUE		VALUE		VALUE			°C		VALUE		
h. Temperature (summer)	VALUE		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM	MAXIMUM	MINIMUM	MAXIMUM				STANDARD UNITS				

PART B – Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. <i>(if available)</i>	2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE <i>(optional)</i>			
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Bromide (24959-67-9)														
b. Chlorine, Total Residual														
c. Color														
d. Fecal Coliform														
e. Fluoride (16984-48-8)														
f. Nitrate-Nitrite (as N)														

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (as N)														
h. Oil and Grease														
i. Phosphorus (as P), Total (7723-14-0)														
j. Radioactivity														
(1) Alpha, Total														
(2) Beta, Total														
(3) Radium, Total														
(4) Radium 226, Total														
k. Sulfate (as SO <sub>4</sub> ) (14808-79-8)														
l. Sulfide (as S)														
m. Sulfite (as SO <sub>3</sub> ) (14265-45-3)														
n. Surfactants														
o. Aluminum, Total (7429-90-5)														
p. Barium, Total (7440-39-3)														
q. Boron, Total (7440-42-8)														
r. Cobalt, Total (7440-48-4)														
s. Iron, Total (7439-89-6)														
t. Magnesium, Total (7439-95-4)														
u. Molybdenum, Total (7439-98-7)														
v. Manganese, Total (7439-96-5)														
w. Tin, Total (7440-31-5)														
x. Titanium, Total (7440-32-6)														

EPA I.D. NUMBER <i>(copy from Item 1 of Form 1)</i>	OUTFALL NUMBER
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CONTINUED FROM PAGE 3 OF FORM 2-C

**PART C -** If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (*secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions*), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (*all 7 pages*) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER <i>(if available)</i>	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE <i>(optional)</i>			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
<b>METALS, CYANIDE, AND TOTAL PHENOLS</b>															
1M. Antimony, Total (7440-36-0)															
2M. Arsenic, Total (7440-38-2)															
3M. Beryllium, Total (7440-41-7)															
4M. Cadmium, Total (7440-43-9)															
5M. Chromium, Total (7440-47-3)															
6M. Copper, Total (7440-50-8)															
7M. Lead, Total (7439-92-1)															
8M. Mercury, Total (7439-97-6)															
9M. Nickel, Total (7440-02-0)															
10M. Selenium, Total (7782-49-2)															
11M. Silver, Total (7440-22-4)															
12M. Thallium, Total (7440-28-0)															
13M. Zinc, Total (7440-66-6)															
14M. Cyanide, Total (57-12-5)															
15M. Phenols, Total															
<b>DIOXIN</b>															
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1764-01-6)				DESCRIBE RESULTS											

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER <i>(if available)</i>	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE <i>(optional)</i>			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
				CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS				CONCENTRATION	MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Accrolein (107-02-8)															
2V. Acrylonitrile (107-13-1)															
3V. Benzene (71-43-2)															
4V. Bis (Chloromethyl) Ether (542-88-1)															
5V. Bromoform (75-25-2)															
6V. Carbon Tetrachloride (56-23-5)															
7V. Chlorobenzene (108-90-7)															
8V. Chlorodibromomethane (124-48-1)															
9V. Chloroethane (75-00-3)															
10V. 2-Chloroethylvinyl Ether (110-75-8)															
11V. Chloroform (67-66-3)															
12V. Dichlorobromomethane (75-27-4)															
13V. Dichlorodifluoromethane (75-71-8)															
14V. 1,1-Dichloroethane (75-34-3)															
15V. 1,2-Dichloroethane (107-06-2)															
16V. 1,1-Dichloroethylene (75-35-4)															
17V. 1,2-Dichloropropane (78-87-5)															
18V. 1,3-Dichloropropylene (542-75-6)															
19V. Ethylbenzene (100-41-4)															
20V. Methyl Bromide (74-83-9)															
21V. Methyl Chloride (74-87-3)															

1. POLLUTANT AND CAS NUMBER <i>(if available)</i>	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE <i>(optional)</i>			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS <i>(continued)</i>															
22V. Methylene Chloride (75-09-2)															
23V. 1,1,2,2-Tetrachloroethane (79-34-5)															
24V. Tetrachloroethylene (127-18-4)															
25V. Toluene (108-88-3)															
26V. 1,2-Trans-Dichloroethylene (156-60-5)															
27V. 1,1,1-Trichloroethane (71-55-6)															
28V. 1,1,2-Trichloroethane (79-00-5)															
29V. Trichloroethylene (79-01-6)															
30V. Trichlorofluoromethane (75-69-4)															
31V. Vinyl Chloride (75-01-4)															
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)															
2A. 2,4-Dichlorophenol (120-83-2)															
3A. 2,4-Dimethylphenol (105-67-9)															
4A. 4,6-Dinitro-O-Cresol (534-52-1)															
5A. 2,4-Dinitrophenol (51-28-5)															
6A. 2-Nitrophenol (88-75-5)															
7A. 4-Nitrophenol (100-02-7)															
8A. P-Chloro-M-Cresol (59-50-7)															
9A. Pentachlorophenol (87-86-5)															
10A. Phenol (108-95-2)															
11A. 2,4,6-Trichlorophenol (88-05-2)															

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1. POLLUTANT AND CAS NUMBER <i>(if available)</i>	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE <i>(optional)</i>			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)															
2B. Acenaphthylene (208-96-8)															
3B. Anthracene (120-12-7)															
4B. Benzidine (92-87-5)															
5B. Benzo (a) Anthracene (56-55-3)															
6B. Benzo (a) Pyrene (50-32-8)															
7B. 3,4-Benzo-fluoranthene (205-99-2)															
8B. Benzo (ghi) Perylene (191-24-2)															
9B. Benzo (k) Fluoranthene (207-08-9)															
10B. Bis (2-Chloro-ethoxy) Methane (111-91-1)															
11B. Bis (2-Chloro-ethyl) Ether (111-44-4)															
12B. Bis (2-Chloroisopropyl) Ether (102-80-1)															
13B. Bis (2-Ethyl-hexyl) Phthalate (117-81-7)															
14B. 4-Bromophenyl Phenyl Ether (101-55-3)															
15B. Butyl Benzyl Phthalate (85-68-7)															
16B. 2-Chloro-naphthalene (91-58-7)															
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)															
18B. Chrysene (218-01-9)															
19B. Dibenzo (a,h) Anthracene (53-70-3)															
20B. 1,2-Dichloro-benzene (95-50-1)															
21B. 1,3-Di-chloro-benzene (541-73-1)															

1. POLLUTANT AND CAS NUMBER <i>(if available)</i>	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE <i>(optional)</i>			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS <i>(continued)</i>															
22B. 1,4-Dichlorobenzene (106-46-7)															
23B. 3,3-Dichlorobenzidine (91-94-1)															
24B. Diethyl Phthalate (84-66-2)															
25B. Dimethyl Phthalate (131-11-3)															
26B. Di-N-Butyl Phthalate (84-74-2)															
27B. 2,4-Dinitrotoluene (121-14-2)															
28B. 2,6-Dinitrotoluene (606-20-2)															
29B. Di-N-Octyl Phthalate (117-84-0)															
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)															
31B. Fluoranthene (206-44-0)															
32B. Fluorene (86-73-7)															
33B. Hexachlorobenzene (118-74-1)															
34B. Hexachlorobutadiene (87-68-3)															
35B. Hexachlorocyclopentadiene (77-47-4)															
36B Hexachloroethane (67-72-1)															
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)															
38B. Isophorone (78-59-1)															
39B. Naphthalene (91-20-3)															
40B. Nitrobenzene (98-95-3)															
41B. N-Nitrosodimethylamine (62-75-9)															
42B. N-Nitrosodi-N-Propylamine (621-64-7)															

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER <i>(if available)</i>	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE <i>(optional)</i>			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
				CONCENTRATION	MASS	CONCENTRATION	MASS	CONCENTRATION	MASS				CONCENTRATION	MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS <i>(continued)</i>															
43B. N-Nitrosodiphenylamine (86-30-6)															
44B. Phenanthrene (85-01-8)															
45B. Pyrene (129-00-0)															
46B. 1,2,4-Trichlorobenzene (120-82-1)															
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)															
2P. α-BHC (319-84-6)															
3P. β-BHC (319-85-7)															
4P. γ-BHC (58-89-9)															
5P. δ-BHC (319-86-8)															
6P. Chlordane (57-74-9)															
7P. 4,4'-DDT (50-29-3)															
8P. 4,4'-DDE (72-55-9)															
9P. 4,4'-DDD (72-54-8)															
10P. Dieldrin (60-57-1)															
11P. α-Endosulfan (115-29-7)															
12P. β-Endosulfan (115-29-7)															
13P. Endosulfan Sulfate (1031-07-8)															
14P. Endrin (72-20-8)															
15P. Endrin Aldehyde (7421-93-4)															
16P. Heptachlor (76-44-8)															

EPA I.D. NUMBER <i>(copy from Item 1 of Form 1)</i>	OUTFALL NUMBER
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CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER <i>(if available)</i>	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE <i>(optional)</i>			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE <i>(if available)</i>		c. LONG TERM AVRG. VALUE <i>(if available)</i>		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – PESTICIDES <i>(continued)</i>															
17P. Heptachlor Epoxide (1024-57-3)															
18P. PCB-1242 (53469-21-9)															
19P. PCB-1254 (11097-69-1)															
20P. PCB-1221 (11104-28-2)															
21P. PCB-1232 (11141-16-5)															
22P. PCB-1248 (12672-29-6)															
23P. PCB-1260 (11096-82-5)															
24P. PCB-1016 (12674-11-2)															
25P. Toxaphene (8001-35-2)															

# Disclaimer

This is an updated PDF document that allows you to type your information directly into the form, print it, and save the completed form.

Note: This form can be viewed and saved only using Adobe Acrobat Reader version 7.0 or higher, or if you have the full Adobe Professional version.

**Instructions:**

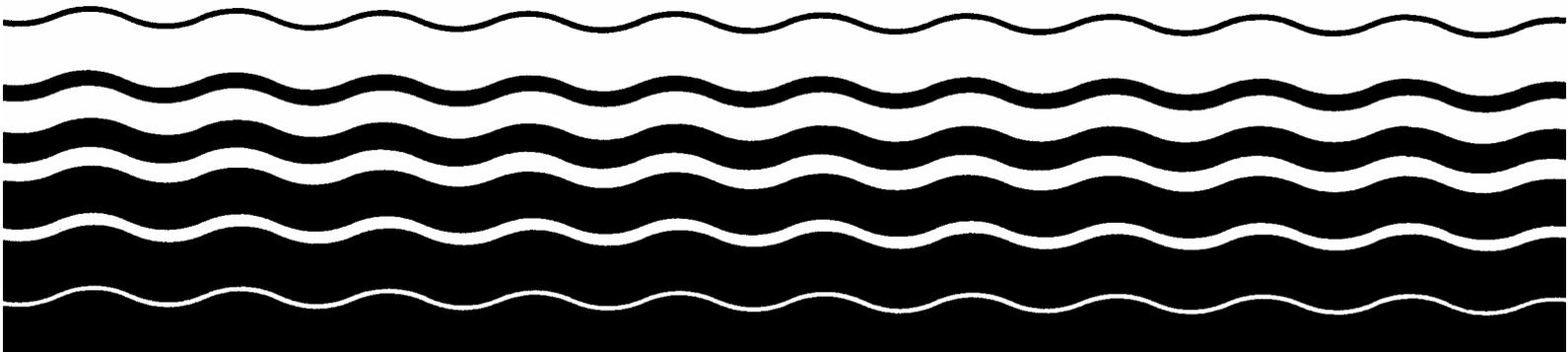
1. Type in your information
2. Save file (if desired)
3. Print the completed form
4. Sign and date the printed copy
5. Mail it to the directed contact.



# Application Form 2D —

## New Sources and New Dischargers:

## Application for Permit to Discharge Process Wastewater



PAPERWORK REDUCTION ACT NOTICE: The public reporting and recordkeeping burden for this collection of information is estimated to average 32 hours as an average response for some minor facilities, to 46 hours as an average per response for some major facilities, with a weighted average for major and minor of 33.2 hours per response. This estimate includes the time needed to review instructions; develop, acquire, install, and utilize validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to respond to a collection of information; search existing data sources; complete and review the collection of information; and transmit or otherwise disclose the information. As specified in 5 CFR 1320.5(b) (2), an Agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.

Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Chief, OPPE Regulatory Information Division, U.S. Environmental Protection Agency 1200 Pennsylvania Ave., NW, Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, 725 17<sup>th</sup> St., NW, Washington, DC 20503, Attention: Desk Officer for EPA. Include the OMB control number in any correspondence. Do not send the completed application form to these addresses.

# Form 2D Instructions

Form 2D must be completed in conjunction with EPA form 3510-1 (Form 1).

This form must be completed by applicants who checked "yes" to Item II-D in Application Form 1. However, facilities which discharge only nonprocess wastewater that is not regulated by an effluent limitations guideline or new source performance standard may use EPA Form 3510-2E (Form 2E). Educational, medical, and commercial chemical laboratories should use this form or EPA Form 3510-2C (Form 2C). To further determine if you are a new source or a new discharger, see §122.2 and §122.29. This form should not be used for discharges of stormwater runoff.

## Public Availability of Submitted Information.

You may not claim as confidential any information required by this form or Form 1, whether the information is reported on the forms or in an attachment, Section 402(j) of the CWA requires that all permit applications shall be available to the public. This information will therefore be made available to the public upon request.

You may not claim as confidential any information you submit to EPA which goes beyond that required by this form and Form 1. Confidentiality claims for effluent data must be denied. If you do not assert a claim of confidentiality at the time of submitting the information, EPA may make the information public without further notice. Claims of confidentiality will be handled in accordance with EPA's business confidentiality regulations in 40 CFR Part 2.

## Completeness

Your application will not be considered complete unless you answer every question on this form and on Form 1 (except as instructed below). If an item does not apply to you, enter "NA" (for "not applicable") to show that you considered the question.

## Followup Requirements

Although you are now required to submit estimated data on this form (Form 2D), please note that no later than two years after you begin discharging from the proposed facility, you must complete and submit Items V and VI of NPDES application Form 2C (EPA Form 3510-2C). However, you need not complete those portions of Item V requiring tests which you have already performed under the discharge monitoring requirements of your NPDES permit. In addition, the permitting authority may waive requirements of Items V-A and VI if the permittee makes the demonstrations required under 40 CFR §122.22(g)(7)(i)(B) and 122.21(g)(9).

## Definitions

All significant terms used in these instructions and in the form are defined in the glossary found in the General Instructions which accompany Form 1.

## Item I

You may use the map you provided for Item XI of Form 1 to determine the latitude and longitude (to the nearest 15 seconds) of each of your outfalls and the name of the receiving water. You should name all waters to which discharge is made and which flow into significant receiving waters. For example, if the discharge is made to a ditch which flows into an unnamed tributary which in turn flows into a named river, you should provide the name or description (if no name is available) of the ditch, the tributary, and the river.

## Item II

This item requires your best estimate of the date on which your facility or new outfall will begin to discharge.

## Item III-A

List all outfalls, their source (operations contributing to the flow), and estimate an average flow from each source. Briefly describe the planned treatment for these wastewaters prior to discharge. Also describe the ultimate disposal of any solid or liquid wastes not discharged. You should describe the treatment in either a narrative form or list the proper code for the treatment unit from a list provided in Table 2D-1.

## Item III-B

An example of an acceptable line drawing appears in Figure 2D-1 to these instructions. The line drawing should show the route taken by water in your proposed facility from intake to discharge. Show all sources of wastewater, including process and production areas, sanitary flows, cooling water, and storm water runoff. You may group similar operations into a single unit, labeled to correspond to the more detailed listing in Item III-A. The water balance should show estimates of anticipated average flows. Show all significant losses of water to production, atmosphere, and discharge. You should use your best estimates.

## Item III-C

Fill in every applicable column in this item for each source of intermittent or seasonal discharge. Base your answers on your best estimate. A discharge is intermittent if it occurs with interruptions during the operating hours of the facility. Discharges caused by routine maintenance shutdowns, process changes, or other similar activities are not considered to be intermittent. A discharge is seasonal if it occurs only during certain parts of the year. The reported flow rate is the highest daily value and should be measured in gallons per day. Maximum total volume means the total volume of any one discharge within 24 hours and is measured in units such as gallons.

## Item IV

"Production" in this question refers to those goods which the proposed facility will produce, not to "wastewater" production. This information is only necessary where production-based new source performance standards (NSPS) or effluent guidelines apply to your facility. Your estimated production figures should be based on a realistic projection of actual daily production level (not design capacity) for each of the first three operating years of the facility. This estimate must be a long-term-average estimate (e.g., average production on an annual basis). If production will vary depending on long-term shifts in operating schedule or capacity, the applicant may report alternative production estimates and the basis for the alternate estimates.

If known, report quantities in the units of measurement used in the applicable NSPS or effluent guideline. For example, if the applicable NSPS is expressed as "grams of pollutant discharged per kilogram of unit production," then report maximum "Quantity Per Day" in kilograms. If you do not know whether any NPS or effluent guideline applies to your facility, report quantities in any unit of measurement known to you. If an effluent guideline or NSPS specifies a method for estimating production, that method must be followed.

There is no need to conduct new studies to obtain these figures; only data already on hand are required. You are not required to indicate how the reported information was calculated.

## Item V-A, B, and C

These items require you to estimate and report data on the pollutants expected to be discharged from each of your outfalls. Where there is more than one outfall, you should submit a separate Item V for each outfall. For Part C only a list is required. Sampling and analysis are not required at this time. If, however, data from such analyses are available, then those data should be reported. Each part of this item addresses a different set of pollutants or parameters and must be completed in accordance with the specific instructions for that part. The following are the general and specific instructions for Items V-A through V-C.

## Item V – General Instructions

Each part of this item requires you to provide an estimated maximum daily and average daily value for each pollutant or parameter listed (see Table 2D-2), according to the specific instructions below. The source of the data is also required.

For Parts A through C, base your determination of whether a pollutant will be present in your discharge on your knowledge of the proposed facility's raw materials, maintenance chemicals,

intermediate and final products, byproducts, and any analyses of your effluent or of any similar effluent. You may also provide the determination and the estimates based on available in-house or contractor's engineering reports or any other studies performed on the proposed facility (see Item VI of the form). If you expect a pollutant to be present solely as a result of its presence in your intake water, please state this information on the form.

Please note that no later than 2 years after you begin discharging from the proposed facility, you must complete and submit Items V and VI of NPDES application Form 2C (followup data).

**Reporting Intake Data.** You are not required to report pollutants or parameters present in intake water unless you wish to demonstrate your eligibility for a "net" effluent limitation for these pollutants or parameters, that is, an effluent limitation adjusted to provide allowance for the pollutants or parameters present in your intake water. If you wish to obtain credits for pollutants or parameters present in your intake water, please insert a separate sheet, with a short statement of why you believe you are eligible (see §122.45(g)), under Item VII (Other Information). You will then be contacted by the permitting authority for further instructions.

All estimated pollutant or parameter levels must be reported as concentration and as total mass, except for discharge flow, temperature, and pH. Total mass is the total weight of pollutants or parameters discharged over a day.

Use the following abbreviations for units:

<b>Concentration</b>	<b>Mass</b>
ppm..... parts per million	lbs..... pounds
mg/l .....milligrams per liter	ton ..... tons (English tons)
ppb..... parts per billion	mg ..... milligrams
ug/l ..... micrograms per liter	g ..... grams
kg..... kilograms	T ..... tonnes (metric tons)

**Source**

In providing the estimates, use the codes in the following table to indicate the source of such information in column 4 of Parts V – A and – B.

<b>Code</b>	
Engineering study.....	1
Actual data from pilot plants.....	1
Estimates from other engineering studies.....	2
Data from other similar plants.....	3
Best professional estimates.....	4
Others .....	specify on the form

**Item V-A**

Estimates of data on pollutants or parameters in Group A must be reported by all applicants for all outfalls: including outfalls containing only noncontact cooling water or nonprocess wastewater.

To request a waiver from reporting any of these pollutants or parameters, the applicant must submit to the permitting authority a written request specifying which pollutants or parameters should be waived and the reasons for requesting such a waiver. This request should be submitted to the permitting authority before or with the permit application. The permitting authority may waive the requirements for information about these pollutants or parameters if he or she determines that less stringent reporting requirements are adequate to support issuance of the permit. No extensive documentation will normally be needed, but the applicant should contact the permitting authority if she or he wishes to receive instructions on what his or her particular request should contain.

**Item V-B**

Estimates of data on pollutants in Group B must be reported by all applicants for all outfalls, including outfalls containing only noncontact cooling water or nonprocess wastewater. You are merely required to report estimates for those pollutants which you know or have reason to believe will be discharged or which are limited directly by an effluent limitations guideline (or NSPS) or indirectly

through promulgated limitations on an indicator pollutant. The priority pollutants in Group B are divided into the following three sections:

- 1) Metal toxic pollutants, total cyanide, and total phenols
- 2) 2,3,7,8-Tetrachlorodibenzo-P-Dioxin (TCDD) (CAS # 1764-016)
- 3) Organic Toxic Pollutants (Gas Chromatography/Mass Spectrometry Fractions)
  - a) Volatile compounds
  - b) Acid compounds
  - c) Base/neutral compounds
  - d) Pesticides

For pollutants listed in Sections 1 and 3, you must report estimates as instructed above:

For Section 2, you are required to report that TCDD may be discharged if you will use or manufacture one of the following compounds, or if you know or have reason to believe that TCDD is or may be present in an effluent:

- A. 2,4,5-trichlorophenoxy acetic acid (2,4,5-T) (CAS # 93-765);
- B. 2-(2,4,5-trichlorophenoxy) propanoic acid (Silvex, 2,4, 5TP) (CAS # 93-72-1);
- C. 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloropropionate (Erbon) (CAS # 136-25-4);
- D. 0, O-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate (Ronnel) (CAS # 299-84-3);
- E. 2,4,5-trichlorophenol (TCP) (CAS # 95-95-4); or
- F. Hexachlorophene (HCP) (CAS # 70-30-4).

**Small Business Exemption**

If you are a "small business," you are exempt from the reporting requirement for Item V-B (section 3). You may qualify as a "small business" if you fit one of the following definitions:

- 1) Your expected gross sales will total less than \$100,000 per year for the next three years, or
- 2) In the case of coal mines, you average production will be less than 100,000 tons of coal per year.

If you are a "small business," you may submit projected sales or production figures to qualify for this exemption. The sales or production figures you submit must be for the facility which is the source of the discharge. The data should not be limited only to production or sales for the process or processes which contribute to the discharge, unless those are the only processes at your facility. For sales data, where intracorporate transfers of goods and services are involved, the transfer price per unit should approximate market prices for those goods and services as closely as possible. If necessary, you may index your sales figures to the second quarter of 1980 to demonstrate your eligibility for a small business exemption. This may be done by using the gross national product price deflator (second quarter of 1980 = 100), an index available in "National Income and Product Accounts of the United States" (Department of Commerce, Bureau of Economic Analysis).

The small business exemption applies to the GC/MS fractions (Section 3) of Item V-B only. Even if you are eligible for a small business exemption, you are still required to provide information on metals, cyanide, total phenols, and dioxin in Item V-B, as well as all of Items V-A and C.

**Item V-C**

List any pollutants in Table 2D-3 that you believe to be present in any outfalls and briefly explain why you believe they will be present. No estimate of the pollutant's quantity is required, unless you already have quantitative data.

**Note:** The discharge of pollutants listed in Table 2D-4 may subject you to the additional requirements of section 311 of the CWA (Oil and Hazardous Substance Liability). These requirements are not administered through the NPDES program. However, if you wish an exemption under 40 CFR 117.12(a)(2) from these requirements, attach additional sheets of paper to this form providing the following information:

- A. The substance and the amount of each substance which may be discharged;
- B. The origin and source of the discharge of the substance;
- C. The treatment which is to be provided for the discharge by:
  - 1. An onsite treatment system separate from any treatment system which will treat your normal discharge;
  - 2. A treatment system designed to treat your normal discharge and which is additionally capable of treating the amount of the substance identified under paragraph 1 above; or
  - 3. Any combination of the above.

An exemption from the section 311 reporting requirements pursuant to 40 CFR Part 117 for pollutants on Table 2D does not exempt you from the section 402 reporting requirements pursuant to 40 CFR Part 122 (Item V-C) for pollutants listed on Table 2D-3.

For further information on exclusions from Section 311, see 40 CFR Section 117.12(a)(2) and (c), or contact your EPA Regional office (Table 1 in Form 1 instructions).

**Item VI-A**

If an engineering study was conducted, check the box labeled "report available." If no study was done, check the box labeled "no report."

**Item VI-B**

Report the name and location of any existing plant(s) which (to the best of your knowledge) resembles your planned operation with respect to items produced, production process, wastewater constituents, or wastewater treatment. No studies need be conducted to respond to this item. Only data which are already available need be submitted.

This information will be used to inform the permit writer of appropriate treatment methods and their associated permit conditions and limits.

**Item VII**

A space is provided for additional information which you believe would be useful in setting permit limits, such as additional sampling. Any response is optional.

**Item VIII**

The Clean Water Act provides for severe penalties for submitting false information on this application form.

Section 309(c)(2) of the Clean Water Act provides that "Any person who knowingly makes any false statement, representation, or certification in any application,... shall upon conviction, be punished by a fine of no more than \$10,000 or by imprisonment for not more than six months, or both."

**40 CFR Part 122.22 Requires the Certification to be Signed as Follows:**

- A. For a corporation: by a responsible corporate officer.
  - A responsible corporate officer means (i) 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 or decision-making functions for the corporation, or (ii) the manager of one or more manufacturing, production or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25,000,000 (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- B. For a partnership or sole proprietorship: by a general partner or the proprietor, respectively; or
- C. For a municipality, State, Federal, or other public agency: by either a principal executive officer or ranking elected official. For purposes of this section, a principal executive officer of a Federal agency includes (i) the chief executive officer of the agency, or (ii) a senior executive office having responsibility for the overall operations of the principal geographic unit of the agency (e.g., Regional Administrators of EPA).

## PHYSICAL TREATMENT PROCESSES

1-A . . . . . Ammonia Stripping	1-M . . . . . Grit Removal
1-B . . . . . Dialysis	1-N . . . . . Microstraining
1-C . . . . . Diatomaceous Earth Filtration	1-O . . . . . Mixing
1-D . . . . . Distillation	1-P . . . . . Moving Bed Filters
1-E . . . . . Electrodialysis	1-Q . . . . . Multimedia Filtration
1-F . . . . . Evaporation	1-R . . . . . Rapid Sand Filtration
1-G . . . . . Flocculation	1-S . . . . . Reverse Osmosis ( <i>Hyperfiltration</i> )
1-H . . . . . Flotation	1-T . . . . . Screening
1-I . . . . . Foam Fractionation	1-U . . . . . Sedimentation ( <i>Settling</i> )
1-J . . . . . Freezing	1-V . . . . . Slow Sand Filtration
1-K . . . . . Gas-Phase Separation	1-W . . . . . Solvent Extraction
1-L . . . . . Grinding ( <i>Comminutors</i> )	1-X . . . . . Sorption

## CHEMICAL TREATMENT PROCESSES

2-A . . . . . Carbon Adsorption	2-G . . . . . Disinfection ( <i>Ozone</i> )
2-B . . . . . Chemical Oxidation	2-H . . . . . Disinfection ( <i>Other</i> )
2-C . . . . . Chemical Precipitation	2-I . . . . . Electrochemical Treatment
2-D . . . . . Coagulation	2-J . . . . . Ion Exchange
2-E . . . . . Dechlorination	2-K . . . . . Neutralization
2-F . . . . . Disinfection ( <i>Chlorine</i> )	2-L . . . . . Reduction

## BIOLOGICAL TREATMENT PROCESSES

3-A . . . . . Activated Sludge	3-E . . . . . Pre-Aeration
3-B . . . . . Aerated Lagoons	3-F . . . . . Spray Irrigation/Land Application
3-C . . . . . Anaerobic Treatment	3-G . . . . . Stabilization Ponds
3-D . . . . . Nitrification-Denitrification	3-H . . . . . Trickling Filtration

## OTHER PROCESSES

4-A . . . . . Discharge to Surface Water	4-C . . . . . Reuse/Recycle of Treated Effluent
4-B . . . . . Ocean Discharge Through Outfall	4-D . . . . . Underground Injection

## SLUDGE TREATMENT AND DISPOSAL PROCESSES

5-A . . . . . Aerobic Digestion	5-M . . . . . Heat Drying
5-B . . . . . Anaerobic Digestion	5-N . . . . . Heat Treatment
5-C . . . . . Belt Filtration	5-O . . . . . Incineration
5-D . . . . . Centrifugation	5-P . . . . . Land Application
5-E . . . . . Chemical Conditioning	5-Q . . . . . Landfill
5-F . . . . . Chlorine Treatment	5-R . . . . . Pressure Filtration
5-G . . . . . Composting	5-S . . . . . Pyrolysis
5-H . . . . . Drying Beds	5-T . . . . . Sludge Lagoons
5-I . . . . . Elutriation	5-U . . . . . Vacuum Filtration
5-J . . . . . Flotation Thickening	5-V . . . . . Vibration
5-K . . . . . Freezing	5-W . . . . . Wet Oxidation
5-L . . . . . Gravity Thickening	

## GROUP A

Biochemical Oxygen Demand (BOD)  
Chemical Oxygen Demand (COD)  
Total Organic Carbon (TOC)  
Total Suspended Solids (TSS)  
Flow

Ammonia (as N)  
Temperature (winter)  
Temperature (summer)  
pH

## GROUP B

Bromide  
Total Residual Chlorine  
Color  
Fecal Coliform  
Fluoride  
Nitrate-Nitrite (as N)  
Oil and Grease  
Phosphorus (as P) Total  
Radioactivity  
    (1) Alpha, Total  
    (2) Beta, Total  
    (3) Radium, Total  
    (4) Radium 226, Total

Sulfate (as SO<sub>4</sub>)  
Sulfide (as S)  
Sulfite (as SO<sub>3</sub>)  
Surfactants  
Aluminum, Total  
Barium, Total  
Boron, Total  
Cobalt, Total  
Iron, Total  
Magnesium, Total  
Molybdenum, Total  
Manganese, Total  
Tin, Total  
Titanium, Total

### Section 1

Antimony, Total  
Beryllium, Total  
Chromium, Total  
Lead, Total  
Nickel, Total  
Silver, Total  
Zinc, Total  
Phenols, Total

Arsenic, Total  
Cadmium, Total  
Copper, Total  
Mercury, Total  
Selenium, Total  
Thallium, Total  
Cyanide, Total

### Section 2

2,3,7,8-Tetrachlorodibenzo-P-Dioxin

### Section 3

## GC/MS FRACTION\* — VOLATILE COMPOUNDS

Acrolein  
Benzene  
Carbon Tetrachloride  
Chlorodibromomethane  
2-Chloroethylvinyl Ether  
Dichlorobromomethane  
1,2-Dichloroethane  
1,2-Dichloropropane  
Ethylbenzene  
Methyl Chloride  
1,1,2,2-Tetrachloroethane  
Toluene  
1,1,1-Trichloroethane  
Trichloroethylene

Vinyl Chloride  
Acrylonitrile  
Bromoform  
Chlorobenzene  
Chloroethane  
Chloroform  
1,1-Dichloroethane  
1,3-Dichloropropylene  
Methyl Bromide  
Methylene chloroethane  
Tetrachloroethylene  
1,2-Trans-Dichloroethylene  
1,1,2-Trichloroethane

## GS/MS FRACTION — ACID COMPOUNDS

2-Chlorophenol  
2,4-Dimethylphenol  
2,4-Dinitro-phenol  
4-Nitrophenol  
Pentachlorophenol  
2,4,6-Trichlorophenol

2,4-Dichlorophenol  
4,6-Dinitro-O-Cresol  
2-Nitrophenol  
P-Chloro-M-Cresol  
Phenol

## GC/MS FRACTION — BASE/NEUTRAL COMPOUNDS

Acenaphthene	Acenaphthylene
Anthracene	Benzdine
Benzo (a) Anthracene	Benzo (a) Pyrene
3,5-Benzofluoranthene	Benzo (ghi) Perylene
Benzo (k) Fluoranthene	Bis (2 Chloroethoxy) Methane
Bis (2-Chloroethyl) Ether	Bis (2-Chloroisopropyl) Ether
Bis (2-Ethylhexyl) Phthalate	4-Bromophenyl Phenyl Ether
Butyl Benzyl Phthalate	2-Chloronaphthalene
4-Chlorophenyl Phenyl Ether	Chrysene
Dibenzo (a, h) Anthracene	1,2-Dichlorobenzene
1,3-Dichlorobenzene	1,4-Dichlorobenzene
3,3-Dichlorobenzidine	Diethyl Phthalate
Dimethyl Phthalate	Di-N-Butyl Phthalate
2,4-Dinitrotoluene	2,6-Dinitrotoluene
Di-N-Octyl Phthalate	1,2, Diphenylhydrazine (as Azobenzen)
Fluoranthene	Fluorene
Hexachlorobenzene	Hexachlorobutadiene
Hexachlorocyclopentadiene	Hexachloroethane
Indeno (1,2,3-cd) Pyrene	Isophorone
Naphthalene	Nitrobenzene
N-Nitro-sodimethylamine	N-Nitrosodi-N-Propylamine
N-Nitro-sodiphenylamine	Phenanthrene
Pyrene	1,2,4-Trichlorobenzene

## GC/MS FRACTION — PESTICIDES

Aldrin	Gamma-BHC
Alpha-BHC	Delta-BHC
Beta-BHC	Chlordane
4,4' DDT	4,4' DDE
4,4'-DDD	Dieldrin
Alpha-Endosulfan	Beta-Endosulfan
Endosulfan Sulfate	Endrin
Endrin Aldehyde	Heptachlor
Heptachlor Epoxide	PCB-1242
PCB-1254	PCB-1221
PCB-1232	PCB-1248
PCB-1260	PCB-1016
Toxaphene	

\*fractions defined in 40 CFR Part 136

**TOXIC POLLUTANTS AND HAZARDOUS SUBSTANCES  
REQUIRED TO BE IDENTIFIED BY APPLICANTS IF EXPECTED TO BE PRESENT**

**TOXIC POLLUTANT**

Asbestos

**HAZARDOUS SUBSTANCES**

Acetaldehyde  
 Allyl alcohol  
 Allyl chloride  
 Amyl acetate  
 Aniline  
 Benzonitrile  
 Benzyl chloride  
 Butyl acetate  
 Butylamine  
 Captan  
 Carbaryl  
 Carbofuran  
 Carbon disulfide  
 Chlorpyrifos  
 Coumaphos  
 Cresol  
 Crotonaldehyde  
 Cyclohexane  
 2,4-D (2,4-Dichlorophenoxyacetic acid)  
 Diazinon  
 Dicamba  
 Dichlobenil  
 Dichlone  
 2,2-Dichloropropionic acid  
 Dichlorvos  
 Diethyl amine  
 Dimethyl amine  
 Dinitrobenzene  
 Diquat  
 Disulfoton  
 Diuron  
 Epichlorohydrin  
 Ethion  
 Ethylene diamine  
 Formaldehyde  
 Furfural  
 Guthion

**HAZARDOUS SUBSTANCES**

Isoprene  
 Isopropanolamine dodecylbenzenesulfonate  
 Kelthane  
 Kepone  
 Malathion  
 Mercaptodimethur  
 Methoxychlor  
 Methyl mercaptan  
 Methyl methacrylate  
 Methyl parathion  
 Mevinphos  
 Mexacarbate  
 Monoethyl amine  
 Monomethyl amine  
 Naled  
 Napthenic acid  
 Nitrotoluene  
 Parathion  
 Phenolsulfonate  
 Phosgene  
 Propargite  
 Propylene oxide  
 Pyrethrins  
 Quinoline  
 Resorcinol  
 Strontium  
 Strychnine  
 2,4,5-T (2,4,5-Trichlorophenoxyacetic acid)  
 TDE (Tetrochlorodiphenyl ethane)  
 2,4,5-TP [2-(2,4,5-Trichlorophenoxy) propanic acid]  
 Trichlorofon  
 Triethanolamine dodecylbenzenesulfonate  
 Triethylamine  
 Uranium  
 Vanadium  
 Vinyl acetate  
 Xylene  
 Xylenol  
 Zirconium

## HAZARDOUS SUBSTANCES

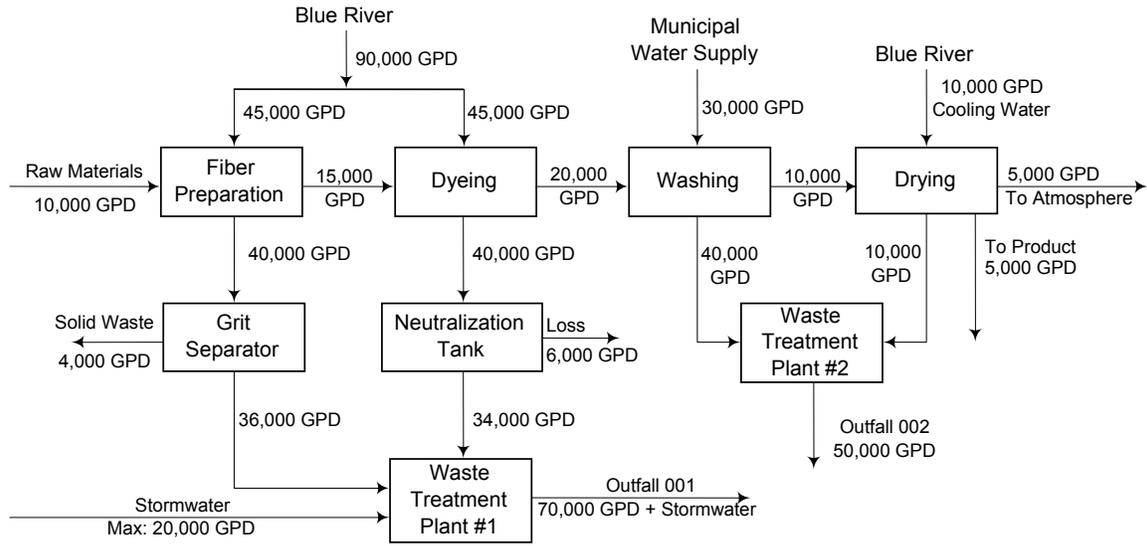
1. Acetaldehyde	67. Calcium arsenite	131. Ethylbenzene
2. Acetic acid	69. Calcium carbide	132. Ethylenediamine
3. Acetic anhydride	69. Calcium chromate	133. Ethylene dibromide
4. Acetone cyanohydrin	70. Calcium cyanide	134. Ethylene dichloride
5. Acetyl bromide	71. Calcium dodecylbenzenesulfonate	135. Ethylene diaminetetracetic acid (EDTA)
6. Acetyl chloride	72. Calcium hypochlorite	136. Ferric ammonium citrate
7. Acrolein	73. Captan	137. Ferric ammonium oxalate
8. Acrylonitrile	74. Carbaryl	138. Ferric chloride
9. Adipic acid	75. Carbofuran	139. Ferric fluoride
10. Aldrin	76. Carbon disulfide	140. Ferric nitrate
11. Allyl alcohol	77. Carbon tetrachloride	141. Ferric sulfate
12. Allyl chloride	78. Chlordane	142. Ferrous ammonium sulfate
13. Aluminum sulfate	79. Chlorine	143. Ferrous chloride
14. Ammonia	80. Chlorobenzene	144. Ferrous sulfate
15. Ammonium acetate	81. Chloroform	145. Formaldehyde
16. Ammonium benzoate	82. Chloropyrifos	146. Formic acid
17. Ammonium bicarbonate	83. Chlorosulfonic acid	147. Fumaric acid
18. Ammonium bichromate	84. Chromic acetate	148. Furfural
19. Ammonium bifluoride	85. Chromic acid	149. Guthion
20. Ammonium bisulfite	86. Chromic sulfate	150. Heptachlor
21. Ammonium carbamate	87. Chromous chloride	151. Hexachlorocyclopentadiene
22. Ammonium carbonate	88. Cobaltous bromide	152. Hydrochloric acid
23. Ammonium chloride	89. Cobaltous formate	153. Hydrofluoric acid
24. Ammonium chromate	90. Cobaltous sulfamate	154. Hydrogen cyanide
25. Ammonium citrate	91. Coumaphos	155. Hydrogen sulfide
26. Ammonium fluoroborate	92. Cresol	156. Isoprene
27. Ammonium fluoride	93. Crotonaldehyde	157. Isopropanolamine dodecylbenzenesulfonate
28. Ammonium hydroxide	94. Cupric acetate	158. Kelthane
29. Ammonium oxalate	95. Cupric acetoarsenite	159. Kepone
30. Ammonium silicofluoride	96. Cupric chloride	160. Lead acetate
31. Ammonium sulfamate	97. Cupric nitrate	161. Lead arsenate
32. Ammonium sulfide	98. Cupric oxalate	162. Lead chloride
33. Ammonium sulfite	99. Cupric sulfate	163. Lead fluoroborate
34. Ammonium tartrate	100. Cupric sulfate ammoniated	164. Lead flourite
35. Ammonium thiocyanate	101. Cupric tartrate	165. Lead iodide
36. Ammonium thiosulfate	102. Cyanogen chloride	166. Lead nitrate
37. Amyl acetate	103. Cyclohexane	167. Lead stearate
38. Aniline	104. 2,4-D acid (2,4- Dichlorophenoxyacetic acid)	168. Lead sulfate
39. Antimony pentachloride	105. 2,4-D esters (2,4- Dichlorophenoxyacetic acid esters)	169. Lead sulfide
40. Antimony potassium tartrate	106. DDT	170. Lead thiocyanate
41. Antimony tribromide	107. Diazinon	171. Lindane
42. Antimony trichloride	108. Dicamba	172. Lithium chromate
43. Antimony trifluoride	109. Dichlobenil	173. Malathion
44. Antimony trioxide	110. Dichlone	174. Maleic acid
45. Arsenic disulfide	111. Dichlorobenzene	175. Maleic anhydride
46. Arsenic pentoxide	112. Dichloropropane	176. Mercaptodimethur
47. Arsenic trichloride	113. Dichloropropene	177. Mercuric cyanide
48. Arsenic trioxide	114. Dichloropropene-Dichloropropane mix	178. Mercuric nitrate
49. Arsenic trisulfide	115. 2,2-Dichloropropionic acid	179. Mercuric sulfate
50. Barium cyanide	116. Dichlorvos	180. Mercuric thiocyanate
51. Benzene	117. Dieldrin	181. Mercurous nitrate
52. Benzoic acid	118. Diethylamine	182. Methoxychlor
53. Benzonitrile	119. Dimethylamine	183. Methyl mercaptan
54. Benzoyl chloride	120. Dinitrobenzene	184. Methyl methacrylate
55. Benzyl chloride	121. Dinitrophenol	185. Methyl parathion
56. Beryllium chloride	122. Dinitrotoluene	186. Mevinphos
57. Beryllium fluoride	123. Diquat	187. Mexacarbate
58. Beryllium nitrate	124. Disulfoton	188. Monoethylamine
59. Butylacetate	125. Diuron	189. Monomethylamine
60. n-Butylphthalate	126. Dodecylbenzenesulfonic acid	190. Naled
61. Butylamine	127. Endosulfan	191. Naphthalene
62. Butyric acid	128. Endrin	192. Naphthenic acid
63. Cadmium acetate	129. Epichlorohydrin	193. Nickel ammonium sulfate
64. Cadmium bromide	130. Ethion	194. Nickel chloride
65. Cadmium chloride		195. Nickel hydroxide
66. Calcium arsenate		

Table 2D-4

## HAZARDOUS SUBSTANCES (Continued)

196. Nickel nitrate
197. Nickel sulfate
198. Nitric acid
199. Nitrobenzene
200. Nitrogen dioxide
201. Nitrophenol
202. Nitrotoluene
203. Paraformaldehyde
204. Parathion
205. Pentachlorophenol
206. Phenol
207. Phosgene
208. Phosphoric acid
209. Phosphorus
210. Phosphorus oxychloride
211. Phosphorus pentasulfide
212. Phosphorus trichloride
213. Polychlorinated biphenyls (PCB)
214. Potassium arsenate
215. Potassium arsenite
216. Potassium bichromate
217. Potassium chromate
218. Potassium cyanide
219. Potassium hydroxide
220. Potassium permanganate
221. Propargite
222. Propionic acid
223. Propionic anhydride
224. Propylene oxide
225. Pyrethrins
226. Quinoline
227. Resorcinol
228. Selenium oxide
229. Silver nitrate
230. Sodium
231. Sodium arsenate
232. Sodium arsenite
233. Sodium bichromate
234. Sodium bifluoride
235. Sodium bisulfite
236. Sodium chromate
237. Sodium cyanide
238. Sodium dodecylbenzenesulfonate
239. Sodium fluoride
240. Sodium hydrosulfide
241. Sodium hydroxide
242. Sodium hypochlorite
243. Sodium methylate
244. Sodium nitrite
245. Sodium phosphate (dibasic)
246. Sodium phosphate (tribasic)
247. Sodium selenite
248. Strontium chromate
249. Strychnine
250. Styrene
251. Sulfuric acid
252. Sulfur monochloride
253. 2,4,5-T acid (2,4,5-Trichlorophenoxyacetic acid)
254. 2,4,5-T amines (2,4,5-Trichlorophenoxy acetic acid amines)
255. 2,4,5-T esters (2,4,5 Trichlorophenoxy acetic acid esters)
256. 2,4,5-T salts (2,4,5-Trichlorophenoxy acetic acid salts)
257. 2,4,5-TP acid (2,4,5-Trichlorophenoxy propanoic acid)
258. 2,4,5-TP acid esters (2,4,5-Trichlorophenoxy propanoic acid esters)
259. TDE (Tetrachlorodiphenyl ethane)
260. Tetraethyl lead
261. Tetraethyl pyrophosphate
262. Thallium sulfate
263. Toluene
264. Toxaphene
265. Trichlorofon
266. Trichloroethylene
267. Trichlorophenol
268. Triethanolamine dodecylbenzenesulfonate
269. Triethylamine
270. Trimethylamine
271. Uranyl acetate
272. Uranyl nitrate
273. Vanadium pentoxide
274. Vanadyl sulfate
275. Vinyl acetate
276. Vinylidene chloride
277. Xylene
278. Xylenol
279. Zinc acetate
280. Zinc ammonium chloride
281. Zinc borate
282. Zinc bromide
283. Zinc carbonate
284. Zinc chloride
285. Zinc cyanide
286. Zinc fluoride
287. Zinc formate
288. Zinc hydrosulfite
289. Zinc nitrate
290. Zinc phenolsulfonate
291. Zinc phosphide
292. Zinc silicofluoride
293. Zinc sulfate
294. Zirconium nitrate
295. Zirconium potassium flouride
296. Zirconium sulfate
297. Zirconium tetrachloride

# LINE DRAWING



Schematic of Water Flow  
Brown Mills, Inc.  
City, County, State



B. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item III-A. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

C. Except for storm runoff, leaks, or spills, will any of the discharges described in Items III-A be intermittent or seasonal?

YES (complete the following table)

NO (go to Section IV)

Outfall Number	1. Frequency		2. Flow		
	a. Days Per Week <i>(specify average)</i>	b. Months Per Year <i>(specify average)</i>	a. Maximum Daily Flow Rate <i>(in mgd)</i>	b. Maximum Total Volume <i>(specify with units)</i>	c. Duration <i>(in days)</i>

**IV. Production**

If there is an applicable production-based effluent guideline or NSPS, for each outfall list the estimated level of production (projection of actual production level, not design), expressed in the terms and units used in the applicable effluent guideline or NSPS, for each of the first 3 years of operation. If production is likely to vary, you may also submit alternative estimates (attach a separate sheet).

Year	A. Quantity Per Day	B. Units Of Measure	c. Operation, Product, Material, etc. <i>(specify)</i>



CONTINUED FROM THE FRONT	EPA I.D. NUMBER (copy from Item 1 of Form 1)	
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C. Use the space below to list any of the pollutants listed in Table 2D-3 of the instructions which you know or have reason to believe will be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it will be present.

1. Pollutant	2. Reason for Discharge

**VI. Engineering Report on Wastewater Treatment**

A. If there is any technical evaluation concerning your wastewater treatment, including engineering reports or pilot plant studies, check the appropriate box below.

Report Available
  No Report

B. Provide the name and location of any existing plant(s) which, to the best of your knowledge resembles this production facility with respect to production processes, wastewater constituents, or wastewater treatments.

Name	Location

**VII. Other Information (Optional)**

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations for the proposed facility. Attach additional sheets if necessary.

**VIII. 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 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.*

A. Name and Official Title (type or print)

B. Phone No.

C. Signature

D. Date Signed

# Disclaimer

This is an updated PDF document that allows you to type your information directly into the form, print it, and save the completed form.

Note: This form can be viewed and saved only using Adobe Acrobat Reader version 7.0 or higher, or if you have the full Adobe Professional version.

**Instructions:**

1. Type in your information
2. Save file (if desired)
3. Print the completed form
4. Sign and date the printed copy
5. Mail it to the directed contact.

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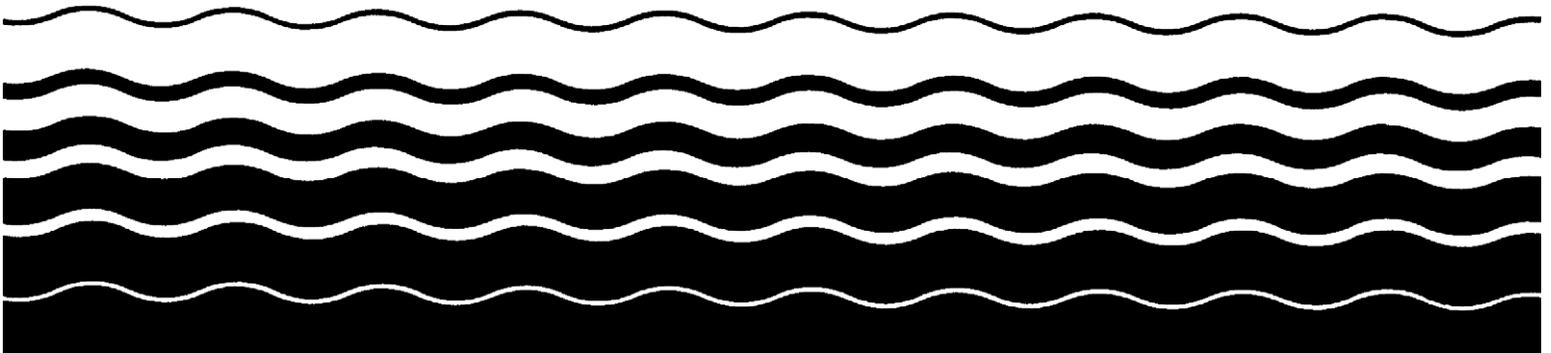
Permits Division

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# Application Form 2E —

## Facilities Which Do Not Discharge Process Wastewater



### **Paperwork Reduction Act Notice**

The public reporting burden for this collection of information is estimated to average 33 hours per response. This estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information to the Chief, Information Policy Branch (PM-223), US Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503, marked **Attention:** Desk Officer for EPA.

# Form 2E Instructions

## Who Must File Form 2E

EPA Form 3510-2E must be completed in conjunction with EPA Form 3510-1 (Form 1). This short form may be used only by operators of facilities which discharge only nonprocess wastewater (process wastewater is water that comes into direct contact with or results from the production or use of any raw material, intermediate product, finished product, byproduct, waste product, or wastewater) which is not regulated by effluent limitations guidelines or new source performance standards. The form is intended primarily for use by dischargers (new or existing) of sanitary wastes and noncontact cooling water. It may not be used for discharges of stormwater runoff or by educational, medical, or commercial chemical laboratories or by publicly owned treatment works (POTW's).

## Where to File Applications

The application forms should be sent to the EPA Regional Office which covers the State in which the facility is located. Form 2E (the short form) must be used only when applying for permits in States where the NPDES permits program is administered by EPA. For facilities located in States which are approved to administer the NPDES permits program, the State environmental agency should be contacted for proper permit application forms and instructions. Information on whether a particular program is administered by EPA or by a State agency can be obtained from your EPA Regional Office. Form 1, Table 1 of the "General Instructions" lists the addresses of EPA Regional Offices and the States within the jurisdiction of each Office.

## Public Availability of Submitted Information

You may not claim as confidential any information required by this form or Form 1, whether the information is reported on the forms or in an attachment. Section 402(j) of the CWA requires that all permit applications shall be available to the public. This information will therefore be made public upon request.

You may claim as confidential any information you submit to EPA which goes beyond that required by this form or Form 1. However, confidentiality claims for effluent data must be denied. If you do not assert a claim of confidentiality at the time of submitting the information, EPA may make the information public without further notice. Claims of confidentiality will be handled in accordance with EPA's business confidentiality regulations in 40 CFR Part 2.

## Completeness

Your application will not be considered complete unless you answer every question on this form and Form 1 (except as instructed below). If an item does not apply to

you, enter "NA" (for "not applicable") to show that you considered the question.

## Followup Requirements for New Dischargers and New Sources

Please note that no later than 2 years after commencement of discharge from the proposed facility, you must complete and submit Item IV of this form (NPDES Form 2E). At that time you must test and report actual rather than estimated data for the pollutants or parameters in Item IV, unless waived by the permitting authority.

## Definitions

Significant terms used in these instructions and in the form are defined in the Glossary found in the General Instructions accompanying Form 1.

## Item I

Under Part A, list an outfall number. Under Part B, list the latitude and longitude to the nearest 15 seconds for this outfall. Under Part C, list the name of the outfall's receiving water. When there is more than one outfall, you must submit a separate Form 2E (Items I, III, and IV only) for each outfall.

## Item II (New Dischargers Only)

This item requires your best estimate of the date on which your facility will begin to discharge.

## Item III

In Part A, indicate the general type(s) of wastes to be discharged by placing an "x" in the appropriate box(es). If "other nonprocess wastewater" is marked, it should be identified. If cooling water additives are to be used, they must be listed by name under Part B.

In addition, the composition of the cooling water additives should be listed if this information is available. The composition of cooling water additives may be found on product labels or from manufacturer's data sheets.

## Item IV — Reporting

All pollutant levels must be reported as concentration and as total mass (except for discharge flow, pH, and temperature). Total mass is the total weight of pollutants discharged over a day. Use the following abbreviations for units:

Concentration		Mass	
ppm	parts per million	lbs	pounds
mg/l	milligrams per liter	ton	tons (English tons)
ppb	parts per billion	mg	milligrams
Ug/l	micrograms per liter	g	grams
kg	kilograms	T	Tonnes (metric tons)

**A. Existing Sources**

You are required to provide at least one analysis for each pollutant or parameter listed by filling in the requested information under the applicable column. Data reported must be representative of the facility's current operation (average daily value over the previous 365 days should be reported). Most facilities routinely monitor these pollutants or parameters as part of existing permit requirements.

The pollutants or parameters listed are: average flow, biochemical oxygen demand (BOD), total suspended solids (TSS), fecal coliform (if believed present or if sanitary waste is discharged), pH, total residual chlorine (if chlorine is used), temperature (winter and summer), oil and grease, chemical oxygen demand (COD), total organic carbon (TOC) (COD and TOC are only required if noncontact cooling water is discharged), and ammonia (as N). The analysis of these pollutants or parameters must be done in accordance with procedures promulgated in 40 CFR Part 136. Grab samples must be used for pH, temperature, residual chlorine, oil and grease, and fecal coliform. For all other pollutants, 24-hour composite samples must be used. Any further questions on sampling or analysis should be directed to your EPA or State permitting authority. The authority may request that you do additional testing, if appropriate, on a case-by-case basis under Section 308 of the Clean Water Act (CWA).

If you expect a pollutant to be present solely as a result of its presence in you intake water, state this information on Item VII of the form.

**B. New dischargers**

Your are required to provide an estimated maximum daily and average daily value for each pollutant or parameter (exceptions noted on the form). Please note that followup testing and reporting are required no later than 2 years after the facility starts to discharge. Sampling and analysis are not required at this time. If, however, data from such analyses are available, then such data should be reported. The source of the estimates is also required. Base your determination of whether a pollutant will be present in your discharge on your knowledge of the proposed facility's use of maintenance chemicals, and any analyses of your effluent or of any similar effluent. You may also provide the estimates based on available inhouse or contractor's engineering reports or any other studies performed on the proposed facility. If you expect a pollutant or parameter to be present solely as a result of its presence in your intake water, state this information on Item VII of the form.

In providing the estimates, use the codes in the following table to indicate the source of such information.

<b>Engineering Study</b>	<b>Code</b>
Actual data from pilot plants .....	1
Estimates from other engineering studies .....	2
Data from other similar plants .....	3
Best professional estimates .....	4
Others .....	specify on the form

**C. Testing Waivers**

To request a waiver from reporting any of these pollutants or parameters, the applicant (whether a new or existing discharger) must submit to the permitting authority a written request specifying which pollutants or parameters should be waived and the reasons for requesting a waiver. This request should be submitted to the permitting authority before or with the permit application. The permitting authority may waive the requirements for information about any pollutant or parameter if he determines that less stringent reporting requirements are adequate to support issuance of the permit. No extensive documentation of the request will normally be needed, but the applicant should contact the permitting authority if her or she wishes to receive instructions on what his or her particular request should contain.

**Item V**

Describe the average frequency of flow and duration of any intermittent or seasonal discharge (except for stormwater runoff, leaks, or spills). The frequency of flow means the number of days or months per year there is intermittent discharge. Duration means the number of days or hours per discharge. For new dischargers, base your answers on your best estimate.

**Item VI**

Describe briefly any treatment system(s) used (or to be used for new dischargers), indicating whether the treatment system is physical, chemical, biological, sludge and disposal, or other. Also give the particular type(s) of process(es) used (or to be used). For example, if a physical treatment system is used (or will be used), specify the processes applied, such as grit removal, ammonia stripping, dialysis, etc.

**Item VII**

This item is intended for you to provide any additional information (such as sampling results) that you feel should be considered by the reviewer in establishing permit limitations. Any response here is optional. If you wish to demonstrate your eligibility for a "net" effluent limitation, i.e., an effluent limitation adjusted to provide credit for the pollutant(s) present in your intake water, please add a short statement of why you believe you are eligible (see §122.45(g)). You will then be contacted by the permitting authority for further instructions.

## Item VIII

The Clean Water Act provides severe penalties for submitting false information on this application form. Section 309(c)(2) of the Clean Water Act provides that "Any person who knowingly makes any false statement, representation, or certification in any application, ...shall upon conviction, be punished by a fine of no more than \$10,000 or by imprisonment for not more than six months or both."

40 CFR Part 122.22 requires the certification to be signed as follows:

- a. For a corporation: by a responsible corporate officer. A responsible corporate officer means (i) 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 or decision making functions for the corporation, or (ii) the manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25,000,000 (in second quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- b. For a partnership or sole proprietorship: by a general partner or the proprietor, respectively; or
- c. For a municipality, State, Federal, or other public agency: by either a principal executive officer or ranking elected official. For purposes of this section, a principal executive officer of a Federal agency includes (i) the chief executive officer of the agency, or (ii) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrators of EPA).

FORM <b>2E</b> NPDES		<b>Facilities Which Do Not Discharge Process Wastewater</b>
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<b>I. RECEIVING WATERS</b>
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For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number (list)	Latitude			Longitude			Receiving Water (name)
	Deg	Min	Sec	Deg	Min	Sec	

<b>II. DISCHARGE DATE</b> (If a new discharger, the date you expect to begin discharging)
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<b>III. TYPE OF WASTE</b>
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A. Check the box(es) indicating the general type(s) of wastes discharged.

- Sanitary Wastes     
  Restaurant or Cafeteria Wastes     
  Noncontact Cooling Water     
  Other Nonprocess Wastewater (Identify)

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

<b>IV. EFFLUENT CHARACTERISTICS</b>
-------------------------------------

**A. Existing Sources** — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority (see instructions).

**B. New Dischargers** — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values (see instructions).

Pollutant or Parameter	(1) Maximum Daily Value (include units)		(2) Average Daily Value (last year) (include units)		(3)	(or)	(4)
	Mass	Concentration	Mass	Concentration	Number of Measurements Taken (last year)	Source of Estimate (if new discharger)	
Biochemical Oxygen Demand (BOD)							
Total Suspended Solids (TSS)							
Fecal Coliform (if believed present or if sanitary waste is discharged)							
Total Residual Chlorine (if chlorine is used)							
Oil and Grease							
*Chemical oxygen demand (COD)							
*Total organic carbon (TOC)							
Ammonia (as N)							
Discharge Flow	Value						
pH (give range)	Value						
Temperature (Winter)		°C		°C			
Temperature (Summer)		°C		°C			

\*If noncontact cooling water is discharged

<b>V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, briefly describe the frequency of flow and duration.	

<b>VI. TREATMENT SYSTEM</b> <i>(Describe briefly any treatment system(s) used or to be used)</i>	
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<b>VII. OTHER INFORMATION</b> <i>(Optional)</i>	
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Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

<b>VIII. CERTIFICATION</b>	
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*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.*

A. Name & Official Title	B. Phone No. (area code & no.)
C. Signature	D. Date Signed

# Disclaimer

This is an updated PDF document that allows you to type your information directly into the form, print it, and save the completed form.

Note: This form can be viewed and saved only using Adobe Acrobat Reader version 7.0 or higher, or if you have the full Adobe Professional version.

Instructions:

1. Type in your information
2. Save file (if desired)
3. Print the completed form
4. Sign and date the printed copy
5. Mail it to the directed contact.



**IV. Narrative Description of Pollutant Sources**

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas, and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1

**V. Nonstormwater Discharges**

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharged from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

**VI. Significant Leaks or Spills**

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

**VII. Discharge Information**

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided.  
 Table VII-A, VII-B, VII-C are included on separate sheets numbers VII-1 and VII-2.

E. Potential discharges not covered by analysis – is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

Yes (list all such pollutants below)

No (go to Section IX)

**VIII. Biological Toxicity Testing Data**

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

Yes (list all such pollutants below)

No (go to Section IX)

**IX. Contract Analysis Information**

Were any of the analyses reported in Item VII performed by a contract laboratory or consulting firm?

Yes (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

No (go to Section X)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed

**X. 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 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.*

A. Name & Official Title (Type Or Print)	B. Area Code and Phone No.
C. Signature	D. Date Signed





## **Instructions – Form 2F**

### **Application for Permit to Discharge Storm Water Associated with Industrial Activity**

#### **Who Must File Form 2F**

Form 2F must be completed by operators of facilities which discharge storm water associated with industrial activity or by operators of storm water discharges that EPA is evaluating for designation as a significant contributor of pollutants to waters of the United States, or as contributing to a violation of a water quality standard.

Operators of discharges which are composed entirely of storm water must complete Form 2F (EPA Form 3510-2F) in conjunction with Form 1 (EPA Form 3510-1).

Operators of discharges of storm water which are combined with process wastewater (process wastewater is water that comes into direct contact with or results from the production or use of any raw material, intermediate product, finished product, byproduct, waste product, or wastewater) must complete and submit Form 2F, Form 1, and Form 2C (EPA Form 3510-2C).

Operators of discharges of storm water which are combined with nonprocess wastewater (nonprocess wastewater includes noncontact cooling water and sanitary wastes which are not regulated by effluent guidelines or a new source performance standard, except discharges by educational, medical, or commercial chemical laboratories) must complete Form 1, Form 2F, and Form 2E (EPA Form 3510 2E).

Operators of new sources or new discharges of storm water associated with industrial activity which will be combined with other nonstormwater new sources or new discharges must submit Form 1, Form 2F, and Form 2D (EPA Form 3510-2D).

#### **Where to File Applications**

The application forms should be sent to the EPA Regional Office which covers the State in which the facility is located. Form 2F must be used only when applying for permits in States where the NPDES permits program is administered by EPA. For facilities located in States which are approved to administer the NPDES permits program, the State environmental agency should be contacted for proper permit application forms and instructions.

Information on whether a particular program is administered by EPA or by a State agency can be obtained from your EPA Regional Office. Form 1, Table 1 of the "General Instructions" lists the addresses of EPA Regional Offices and the States within the jurisdiction of each Office.

#### **Completeness**

Your application will not be considered complete unless you answer every question on this form and on Form 1. If an item does not apply to you, enter "NA" (for not applicable) to show that you considered the question.

#### **Public Availability of Submitted Information**

You may not claim as confidential any information required by this form or Form 1, whether the information is reported on the forms or in an attachment. Section 402(j) of the Clean Water Act requires that all permit applications will be available to the public. This information will be made available to the public upon request.

Any information you submit to EPA which goes beyond that required by this form, Form 1, or Form 2C you may claim as confidential, but claims for information which are effluent data will be denied.

If you do not assert a claim of confidentiality at the time of submitting the information, EPA may make the information public without further notice to you. Claims of confidentiality will be handled in accordance with EPA's business confidentiality regulations at 40 CFR Part 2.

#### **Definitions**

All significant terms used in these instructions and in the form are defined in the glossary found in the General Instructions which accompany Form 1.

#### **EPA ID Number**

Fill in your EPA Identification Number at the top of each odd numbered page of Form 2F. You may copy this number directly from item I of Form 1.

**Item I**

You may use the map you provided for item XI of Form 1 to determine the latitude and longitude of each of your outfalls and the name of the receiving water.

**Item 11-A**

If you check "yes" to this question, complete all parts of the chart, or attach a copy of any previous submission you have made to EPA containing the same information.

**Item 11-B**

You are not required to submit a description of future pollution control projects if you do not wish to or if none is planned.

**Item III**

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfall(s) covered in the application if a topographic map is unavailable) depicting the facility including:

each of its drainage and discharge structures;

the drainage area of each storm water outfall;

paved areas and building within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage or disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied;

each of its hazardous waste treatment, storage or disposal facilities (including each area not required to have a RCRA permit which is used for accumulating hazardous waste for less than 90 days under 40 CFR 262.34);

each well where fluids from the facility are injected underground; and

springs, and other surface water bodies which receive storm water discharges from the facility;

**Item IV-A**

For each outfall, provide an estimate of the area drained by the outfall which is covered by impervious surfaces. For the purpose of this application, impervious surfaces are surfaces where storm water runs off at rates that are significantly higher than background rates (e.g., predevelopment levels) and include paved areas, building roofs, parking lots, and roadways. Include an estimate of the total area (including all impervious and pervious areas) drained by each outfall. The site map required under item III can be used to estimate the total area drained by each outfall.

**Item IV-B**

Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored, or disposed in a manner to allow exposure to storm water; method of treatment, storage or disposal of these materials; past and present materials management practices employed, in the last three years, to minimize contact by these materials with storm water runoff; materials loading and access areas; and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied. Significant materials should be identified by chemical name, form (e.g., powder, liquid, etc.), and type of container or treatment unit. Indicate any materials treated, stored, or disposed of together. "Significant materials" includes, but is not limited to: raw materials; fuels; materials such as solvents, detergents, and plastic pellets; finished materials such as metallic products; raw materials used in food processing or production; hazardous substances designated under Section 101 (14) of CERCLA; any chemical the facility is required to report pursuant to Section 313 of Title III of SARA; fertilizers; pesticides; and waste products such as ashes, slag and sludge that have the potential to be released with storm water discharges.

**Item IV-C**

For each outfall, structural controls include structures which enclose material handling or storage areas, covering materials, berms, dikes, or diversion ditches around manufacturing, production, storage or treatment units, retention ponds, etc. Nonstructural controls include practices such as spill prevention plans, employee training, visual inspections, preventive maintenance, and housekeeping measures that are used to prevent or minimize the potential for releases of pollutants.

#### **Item V**

Provide a certification that all outfalls that should contain storm water discharges associated with industrial activity have been tested or evaluated for the presence of non-storm water discharges which are not covered by an NPDES permit. Tests for such non-storm water discharges may include smoke tests, fluorometric dye tests, analysis of accurate schematics, as well as other appropriate tests. Part B must include a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test. All non-storm water discharges must be identified in a Form 2C or Form 2E which must accompany this application (see beginning of instructions under section titled "Who Must File Form 2F" for a description of when Form 2C and Form 2E must be submitted).

#### **Item VI**

Provide a description of existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years.

#### **Item VII-A, B, and C**

These items require you to collect and report data on the pollutants discharged for each of your outfalls. Each part of this item addresses a different set of pollutants and must be completed in accordance with the specific instructions for that part. The following general instructions apply to the entire item.

#### **General Instructions**

Part A requires you to report at least one analysis for each pollutant listed. Parts B and C require you to report analytical data in two ways. For some pollutants addressed in Parts B and C, if you know or have reason to know that the pollutant is present in your discharge, you may be required to list the pollutant and test (sample and analyze) and report the levels of the pollutants in your discharge. For all other pollutants addressed in Parts B and C, you must list the pollutant if you know or have reason to know that the pollutant is present in the discharge, and either report quantitative data for the pollutant or briefly describe the reasons the pollutant is expected to be discharged. (See specific instructions on the form and below for Parts A through C.) Base your determination that a pollutant is present in or absent from your discharge on your knowledge of your raw materials, material management practices, maintenance chemicals, history of spills and releases, intermediate and final products and byproducts, and any previous analyses known to you of your effluent or similar effluent.

**A. Sampling:** The collection of the samples for the reported analyses should be supervised by a person experienced in performing sampling of industrial wastewater or storm water discharges. You may contact EPA or your State permitting authority for detailed guidance on sampling techniques and for answers to specific questions. Any specific requirements contained in the applicable analytical methods should be followed for sample containers, sample preservation, holding times, the collection of duplicate samples, etc. The time when you sample should be representative, to the extent feasible, of your treatment system operating properly with no system upsets. Samples should be collected from the center of the flow channel, where turbulence is at a maximum, at a site specified in your present permit, or at any site adequate for the collection of a representative sample.

For pH, temperature, cyanide, total phenols, residual chlorine, oil and grease, and fecal coliform, grab samples taken during the first 30 minutes (or as soon thereafter as practicable) of the discharge must be used (you are not required to analyze a flow-weighted composite for these parameters). For all other pollutants both a grab sample collected during the first 30 minutes (or as soon thereafter as practicable) of the discharge and a flow-weighted composite sample must be analyzed. However, a minimum of one grab sample may be taken for effluents from holding ponds or other impoundments with a retention period of greater than 24 hours.

All samples shall be collected from the discharge resulting from a storm event that is greater than 0.1 inches and at least 72 hours from the previously measurable (greater than 0.1 inch rainfall) storm event. Where feasible, the variance in the duration of the event and the total rainfall of the event should not exceed 50 percent from the average or median rainfall event in that area.

A grab sample shall be taken during the first thirty minutes of the discharge (or as soon thereafter as practicable), and a flow-weighted composite shall be taken for the entire event or for the first three hours of the event.

Grab and composite samples are defined as follows:

**Grab sample:** An individual sample of at least 100 milliliters collected during the first thirty minutes (or as soon thereafter as practicable) of the discharge. This sample is to be analyzed separately from the composite sample.

**Flow-weighted Composite sample:** A flow-weighted composite sample may be taken with a continuous sampler that proportions the amount of sample collected with the flow rate or as a combination of a minimum of three sample aliquots taken in each hour of discharge for the entire event or for the first three hours of the event, with each aliquot being at least 100 milliliters and collected with a minimum period of fifteen minutes between aliquot collections. The composite must be flow proportional; either the time interval between each aliquot or the volume of each aliquot must be proportional to either the stream flow at the time of sampling or the total stream flow since the collection of the previous aliquot. Aliquots may be collected manually or automatically. Where GC/MS Volatile Organic Analysis (VOA) is required, aliquots must be combined in the laboratory immediately before analysis. Only one analysis for the composite sample is required.

Data from samples taken in the past may be used, provided that:

All data requirements are met;

Sampling was done no more than three years before submission; and

All data are representative of the present discharge.

Among the factors which would cause the data to be unrepresentative are significant changes in production level, changes in raw materials, processes, or final products, and changes in storm water treatment. When the Agency promulgates new analytical methods in 40 CFR Part 136, EPA will provide information as to when you should use the new methods to generate data on your discharges. Of course, the Director may request additional information, including current quantitative data, if they determine it to be necessary to assess your discharges. The Director may allow or establish appropriate site-specific sampling procedures or requirements including sampling locations, the season in which the sampling takes place, the minimum duration between the previous measurable storm event and the storm event sampled, the minimum or maximum level of precipitation required for an appropriate storm event, the form of precipitation sampled (snow melt or rainfall), protocols for collecting samples under 40 CFR Part 136, and additional time for submitting data on a case-by-case basis.

**B. Reporting:** All levels must be reported as concentration and mass (note: grab samples are reported in terms of concentration). You may report some or all of the required data by attaching separate sheets of paper instead of filling out pages VII-1 and VII-2 if the separate sheets contain all the required information in a format which is constant with pages VII-1 and VII-2 in spacing and identification of pollutants and columns. Use the following abbreviations in the columns headed "Units."

Concentration		Mass	
ppm	parts per million	lbs	pounds
mg/l	milligrams per liter	ton	tons (English tons)
ppb	parts per billion	mg	milligrams
ug/l	micrograms per liter	g	grams
kg	kilograms	T	tonnes (metric tons)

All reporting of values for metals must be in terms of "total recoverable metal," unless:

(1) An applicable, promulgated effluent limitation or standard specifies the limitation for the metal in dissolved, valent, or total form; or

(2) All approved analytical methods for the metal inherently measure only its dissolved form (e.g., hexavalent chromium); or

(3) The permitting authority has determined that in establishing case-by-case limitations it is necessary to express the limitations on the metal in dissolved, valent, or total form to carry out the provisions of the CWA. If you measure only one grab sample and one flow-weighted composite

sample for a given outfall, complete only the “Maximum Values” columns and insert “1” into the “Number of Storm Events Sampled” column. The permitting authority may require you to conduct additional analyses to further characterize your discharges.

If you measure more than one value for a grab sample or a flow-weighted composite sample for a given outfall and those values are representative of your discharge, you must report them. You must describe your method of testing and data analysis. You also must determine the average of all values within the last year and report the concentration and mass under the “Average Values” columns, and the total number of storm events sampled under the “Number of Storm Events Sampled” columns.

- C. Analysis:** You must use test methods promulgated in 40 CFR Part 136; however, if none has been promulgated for a particular pollutant, you may use any suitable method for measuring the level of the pollutant in your discharge provided that you submit a description of the method or a reference to a published method. Your description should include the sample holding time, preservation techniques, and the quality control measures which you used. If you have two or more substantially identical outfalls, you may request permission from your permitting authority to sample and analyze only one outfall and submit the results of the analysis for other substantially identical outfalls. If your request is granted by the permitting authority, on a separate sheet attached to the application form, identify which outfall you did test, and describe why the outfalls which you did not test are substantially identical to the outfall which you did test.

### **Part VII-A**

Part VII-A must be completed by all applicants for all outfalls who must complete Form 2F.

Analyze a grab sample collected during the first thirty minutes (or as soon thereafter as practicable) of the discharge and flow-weighted composite samples for all pollutants in this Part, and report the results except use only grab samples for pH and oil and grease. See discussion in General Instructions to Item VII for definitions of grab sample collected during the first thirty minutes of discharge and flow-weighted composite sample. The “Average Values” column is not compulsory but should be filled out if data are available.

### **Part VII B**

List all pollutants that are limited in an effluent guideline which the facility is subject to (see 40 CFR Subchapter N to determine which pollutants are limited in effluent guidelines) or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See discussion in General instructions to item VII for definitions of grab sample collected during the first thirty minutes (or as soon thereafter as practicable) of discharge and flow-weighted composite sample. The “Average Values” column is not compulsory but should be filled out if data are available.

Analyze a grab sample collected during the first thirty minutes of the discharge and flow-weighted composite samples for all pollutants in this Part, and report the results, except as provided in the General Instructions.

### **Part VII-C**

Part VII-C must be completed by all applicants for all outfalls which discharge storm water associated with industrial activity, or that EPA is evaluating for designation as a significant contributor of pollutants to waters of the United States, or as contributing to a violation of a water quality standard. Use both a grab sample and a composite sample for all pollutants you analyze for in this part except use grab samples for residual chlorine and fecal coliform. The “Average Values” column is not compulsory but should be filled out if data are available. Part C requires you to address the pollutants in Table 2F-2, 2F-3, and 2F-4 for each outfall. Pollutants in each of these Tables are addressed differently.

**Table 2F-2:** For each outfall, list all pollutants in Table 2F-2 that you know or have reason to believe are discharged (except pollutants previously listed in Part VII-B). If a pollutant is limited in an effluent guideline limitation which the facility is subject to, the pollutant must be analyzed and reported in Part VII-B. If a pollutant in Table 2F-2 is indirectly limited by an effluent guideline limitation through an indicator (e.g., use of TSS as an indicator to control the discharge of iron and aluminum), you must analyze for it and report the data in Part VII-B. For other pollutants listed in Table 2F-2 (those not limited directly or indirectly by an effluent limitation guideline), that you know or have reason to believe are discharged, you must either report quantitative data or briefly describe the reasons the pollutant is expected to be discharged.

**Table 2F-3:** For each outfall, list all pollutants in Table 2F-3 that you know or have reason to believe are discharged. For every pollutant in Table 2F-3 expected to be discharged in concentrations of 10 ppb or greater, you must submit quantitative data. For acrolein, acrylonitrile, 2,4 dinitrophenol, and 2-methyl-4,6 dinitrophenol, you must submit quantitative data if any of these four pollutants is expected to be discharged in concentrations of 100 ppb or greater. For every pollutant expected to be discharged in concentrations less than 10 ppb (or 100 ppb for the four pollutants listed above), then you must either submit quantitative data or briefly describe the reasons the pollutant is expected to be discharged.

**Small Business Exemption** - If you are a "small business," you are exempt from the reporting requirements for the organic toxic pollutants listed in Table 2F-3. There are two ways in which you can qualify as a small business". If your facility is a coal mine, and if your probable total annual production is less than 100,000 tons per year, you may submit past production data or estimated future production (such as a schedule of estimated total production under 30 CFR 795.14(c)) instead of conducting analyses for the organic toxic pollutants. If your facility is not a coal mine, and if your gross total annual sales for the most recent three years average less than \$100,000 per year (in second quarter 1980 dollars), you may submit sales data for those years instead of conducting analyses for the organic toxic pollutants. The production or sales data must be for the facility which is the source of the discharge. The data should not be limited to production or sales for the process or processes which contribute to the discharge, unless those are the only processes at your facility. For sales data, in situations involving intracorporate transfer of goods and services, the transfer price per unit should approximate market prices for those goods and services as closely as possible. Sales figures for years after 1980 should be indexed to the second quarter of 1980 by using the gross national product price deflator (second quarter of 1980=100). This index is available in National Income and Product Accounts of the United States (Department of Commerce, Bureau of Economic Analysis).

**Table 2F-4:** For each outfall, list any pollutant in Table 2F-4 that you know or believe to be present in the discharge and explain why you believe it to be present. No analysis is required, but if you have analytical data, you must report them. Note: Under 40 CFR 117.12(a)(2), certain discharges of hazardous substances (listed at 40 CFR 177.21 or 40 CFR 302.4) may be exempted from the requirements of section 311 of CWA, which establishes reporting requirements, civil penalties, and liability for cleanup costs for spills of oil and hazardous substances. A discharge of a particular substance may be exempted if the origin, source, and amount of the discharged substances are identified in the NPDES permit application or in the permit, if the permit contains a requirement for treatment of the discharge, and if the treatment is in place. To apply for an exclusion of the discharge of any hazardous substance from the requirements of section 311, attach additional sheets of paper to your form, setting forth the following information:

1. The substance and the amount of each substance which may be discharged.
2. The origin and source of the discharge of the substance.
3. The treatment which is to be provided for the discharge by;
  - a. An onsite treatment system separate from any treatment system treating your normal discharge;
  - b. A treatment system designed to treat your normal discharge and which is additionally capable of treating the amount of the substance identified under paragraph 1 above; or
  - c. Any combination of the above.

See 40 CFR 117.12(a)(2) and (c), published on August 29, 1979, in 44 FR 50766, or contact your Regional Office (Table I on Form 1, Instructions), for further information on exclusions from section 311.

#### **Part VII-D**

If sampling is conducted during more than one storm event, you only need to report the information requested in Part VII-D for the storm event(s) which resulted in any maximum pollutant concentration reported in Part VII-A, VII-B, or VII-C.

Provide flow measurements or estimates of the flow rate, and the total amount of discharge for the storm event(s) sampled, the method of flow measurement, or estimation. Provide the data and duration of the storm event(s) sampled, rainfall measurements, or estimates of the storm event which generated the sampled runoff and the duration between the storm event sampled and the end of the previous measurable (greater than 0.1 inch rainfall) storm event.

## Part VII-E

List any toxic pollutant listed in Tables 2F-2, 2F-3, or 2F-4 which you currently use or manufacture as an intermediate or final product or byproduct. In addition, if you know or have reason to believe that 2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD) is discharged or if you use or manufacture 2,4,5-trichlorophenoxy acetic acid (2,4,5,-T); 2-(2,4,5-trichlorophenoxy) propanoic acid (Silvex, 2,4,5,-TP); 2-(2,4,5-trichlorophenoxy) ethyl, 2,2-dichloropropionate (Erbon); 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate (Ronnel); 2,4,5-trichlorophenol (TCP); or hexachlorophene (HCP); then list TCDD. The Director may waive or modify the requirement if you demonstrate that it would be unduly burdensome to identify each toxic pollutant and the Director has adequate information to issue your permit. You may not claim this information as confidential; however, you do not have to distinguish between use or production of the pollutants or list the amounts.

## Item VIII

Self explanatory. The permitting authority may ask you to provide additional details after your application is received.

## Item X

The Clean Water Act provides for severe penalties for submitting false information on this application form.

Section 309(c)(4) of the Clean Water Act provides that "Any person who knowingly makes any false material statement, representation, or certification in any application, . . . shall upon conviction, be punished by a fine of not more than \$10,000 or by imprisonment for not more than 2 years, or by both. If a conviction of such person is for a violation committed after a first conviction of such person under this paragraph, punishment shall be by a fine of not more than \$20,000 per day of violation, or by imprisonment of not more than 4 years, or by both." 40 CFR Part 122.22 requires the certification to be signed as follows:

**(A) For a corporation:** by a responsible corporate official. For purposes of this section, a responsible corporate official means (i) 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- or decision-making functions for the corporation or (ii) the manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25,000,000 (in second quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

**Note:** EPA does not require specific assignments or delegation of authority to responsible corporate officers identified in 122.22(a)(1)(i) The Agency will presume that these responsible corporate officers have the requisite authority to sign permit applications unless the corporation has notified the Director to the contrary. Corporate procedures governing authority to sign permit applications may provide for assignment or delegation to applicable corporate position under 122.22(a)(1)(ii) rather than to specific individuals.

**(B) For a partnership or sole proprietorship:** by a general partner or the proprietor, respectively; or

**(C) For a municipality, State, Federal, or other public agency:** by either a principal executive officer or ranking elected official. For purposes of this section, a principal executive officer of a Federal agency includes (i) the chief executive officer of the agency, or (ii) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrators of EPA).

**Table 2F-1  
Codes for Treatment Units**

**Physical Treatment Processes**

1-A	Ammonia Stripping	1-M	Grit Removal
1-B	Dialysis	1-N	Microstraining
1-C	Diatomaceous Earth Filtration	1-O	Mixing
1-D	Distillation	1-P	Moving Bed Filters
1-E	Electrodialysis	1-Q	Multimedia Filtration
1-F	Evaporation	1-R	Rapid Sand Filtration
1-G	Flocculation	1-S	Reverse Osmosis (Hyperfiltration)
1-H	Flotation	1-T	Screening
1-I	Foam Fractionation	1-U	Sedimentation (Setting)
1-J	Freezing	1-V	Slow Sand Filtration
1-K	Gas-Phase Separation	1-W	Solvent Extraction
1-L	Grinding (Comminutors)	1-X	Sorption

**Chemical Treatment Processes**

2-A	Carbon Adsorption	2-G	Disinfection (Ozone)
2-B	Chemical Oxidation	2-H	Disinfection (Other)
2-C	Chemical Precipitation	2-I	Electrochemical Treatment
2-D	Coagulation	2-J	Ion Exchange
2-E	Dechlorination	2-K	Neutralization
2-F	Disinfection (Chlorine)	2-L	Reduction

**Biological Treatment Processes**

3-A	Activated Sludge	3-E	Pre-Aeration
3-B	Aerated Lagoons	3-F	Spray Irrigation/Land Application
3-C	Anaerobic Treatment	3-G	Stabilization Ponds
3-D	Nitrification-Denitrification	3-H	Trickling Filtration

**Other Processes**

4-A	Discharge to Surface Water	4-C	Reuse/Recycle of Treated Effluent
4-B	Ocean Discharge Through Outfall	4-D	Underground Injection

**Sludge Treatment and Disposal Processes**

5-A	Aerobic Digestion	5-M	Heat Drying
5-B	Anaerobic Digestion	5-N	Heat Treatment
5-C	Belt Filtration	5-O	Incineration
5-D	Centrifugation	5-P	Land Application
5-E	Chemical Conditioning	5-Q	Landfill
5-F	Chlorine Treatment	5-R	Pressure Filtration
5-G	Composting	5-S	Pyrolysis
5-H	Drying Beds	5-T	Sludge Lagoons
5-I	Elutriation	5-U	Vacuum Filtration
5-J	Flotation Thickening	5-V	Vibration
5-K	Freezing	5-W	Wet Oxidation
5-L	Gravity Thickening		

**Table 2F-2**

**Conventional and Nonconventional Pollutants**

Bromide  
Chlorine, Total Residual  
Color  
Fecal Coliform  
Fluoride  
Nitrate-Nitrite  
Nitrogen, Total Organic  
Oil and Grease  
Phosphorus, Total  
Radioactivity  
Sulfate  
Sulfite  
Surfactants  
Aluminum, Total  
Barium, Total  
Boron, Total  
Cobalt Total  
Iron, Total  
Magnesium, Total  
Molybdenum, Total  
Manganese, Total  
Tin, Total  
Titanium, Total

**Table 2F-3****Toxic Pollutants****Toxic Pollutants and Total Phenol**

Antimony, Total  
 Arsenic, Total  
 Beryllium, Total  
 Cadmium, Total  
 Chromium, Total

Copper, Total  
 Lead, Total  
 Mercury, Total  
 Nickel, Total  
 Selenium, Total

Silver, Total  
 Thallium, Total  
 Zinc, Total  
 Cyanide, Total  
 Phenols, Total

**GC/MS Fraction Volatiles Compounds**

Acrolein  
 Acrylonitrile  
 Benzene  
 Bromoform  
 Carbon Tetrachloride  
 Chlorobenzene  
 Chlorodibromomethane  
 Chloroethane  
 2-Chloroethylvinyl Ether  
 Chloroform

Dichlorobromomethane  
 1,1-Dichloroethane  
 1,2-Dichloroethane  
 1,1-Dichloroethylene  
 1,2-Dichloropropane  
 1,3-Dichloropropylene  
 Ethylbenzene  
 Methyl Bromide  
 Methyl Chloride  
 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  
 2-methyl-4,6 dinitrophenol

**Base/Neutral**

Acenaphthene  
 Acenaphthylene  
 Anthracene  
 Benzidine  
 Benzo(a)anthracene  
 Benzo(a)pyrene  
 3,4-Benzofluoranthene  
 Benzo(ghi)perylene  
 Benzo(k)fluoranthene  
 Bis(2-chloroethoxy)methane  
 Bis(2-chloroethyl)ether  
 Bis(2-chloroisopropyl)ether  
 Bis(2-ethylhexyl)phthalate  
 4-Bromophenyl Phenyl Ether  
 Butylbenzyl Phthalate

2-Chloronaphthalene  
 4-Chlorophenyl Phenyl Ether  
 Chrysene  
 Dibenzo(a,h)anthracene  
 1,2-Dichlorobenzene  
 1,3-Dichlorobenzene  
 1,4-Dichlorobenzene  
 3,3'-Dichlorobenzidine  
 Diethyl Phthalate  
 Dimethyl Phthalate  
 Di-N-Butyl Phthalate  
 2,4-Dinitrotoluene  
 2,6-Dinitrotoluene  
 Di-N-Octylphthalate  
 1,2-Diphenylhydrazine (as Azobenzene)

Fluoranthene  
 Fluorene  
 Hexachlorobenzene  
 Hexachlorobutadiene  
 Hexachloroethane  
 Indeno(1,2,3-cd)pyrene  
 Isophorone  
 Napthalene  
 Nitrobenzene  
 N-Nitrosodimethylamine  
 N-Nitrosodi-N-Propylamine  
 N-Nitrosodiphenylamine  
 Phenanthrene  
 Pyrene  
 1,2,4-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 Sulfate  
 Endrin  
 Endrin Aldehyde  
 Heptachlor  
 Heptachlor Epoxide  
 PCB-1242

PCB-1254  
 PCB-1221  
 PCB-1232  
 PCB-1248  
 PGB-1260  
 PCB-1016  
 Toxaphene

**Table 2F-4**

**Hazardous Substances**

**Toxic Pollutant**

Asbestos

**Hazardous Substances**

Acetaldehyde	Dinitrobenzene	Napthenic acid
Allyl alcohol	Diquat	Nitrotoluene
Allyl chloride	Disulfoton	Parathion
Amyl acetate	Diuron	Phenolsulfonate
Aniline .	Epichlorohydrin	Phosgene
Benzonitrile	Ethion	Propargite
Benzyl chloride	Ethylene diamine	Propylene oxide
Butyl acetate	Ethylene dibromide	Pyrethrins
Butylamine	Formaldehyde	Quinoline
Carbaryl	Furfural	Resorcinol
Carbofuran	Guthion	Stronthium
Carbon disulfide	Isoprene	Strychnine
Chlorpyrifos	Isopropanolamine	Styrene
Coumaphos	Kelthane	2,4,5-T (2,4,5-Trichlorophenoxyacetic acid)
Cresol	Kepone	TDE (Tetrachlorodiphenyl ethane)
Crotonaldehyde	Malathion	2,4,5-TP [2-(2,4,5-Trichlorophenoxy) propanoic acid]
Cyclohexane	Mercaptodimethur	Trichlorofan
2,4-D (2,4-Dichlorophenoxyacetic acid)	Methoxychlor	Triethylamine
Diazinon	Methyl mercaptan	Trimethylamine
Dicamba	Methyl methacrylate	Uranium
Dichlobenil	Methyl parathion	Vanadium
Dichlone	Mevinphos	Vinyl acetate
2,2-Dichloropropionic acid	Mexacarbate	Xylene
Dichlorvos	Monoethyl amine	Xylenol
Diethyl amine	Monomethyl amine	Zirconium
Dimethyl amine	Naled	

# Disclaimer

This is an updated PDF document that allows you to type your information directly into the form, print it, and save the completed form.

Note: This form can be viewed and saved only using Adobe Acrobat Reader version 7.0 or higher, or if you have the full Adobe Professional version.

**Instructions:**

1. Type in your information
2. Save file (if desired)
3. Print the completed form
4. Sign and date the printed copy
5. Mail it to the directed contact.

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99  
OMB Number 2040-0086

FORM  
**2S**  
NPDES

## NPDES FORM 2S APPLICATION OVERVIEW

### PRELIMINARY INFORMATION

This page is designed to indicate whether the applicant is to complete Part 1 or Part 2. Review each category, and then complete Part 1 or Part 2, as indicated. For purposes of this form, the term “you” refers to the applicant. “This facility” and “your facility” refer to the facility for which application information is submitted.

#### **FACILITIES INCLUDED IN ANY OF THE FOLLOWING CATEGORIES MUST COMPLETE PART 2 (PERMIT APPLICATION INFORMATION).**

1. Facilities with a currently effective NPDES permit.
2. Facilities which have been directed by the permitting authority to submit a full permit application at this time.

#### **ALL OTHER FACILITIES MUST COMPLETE PART 1 (LIMITED BACKGROUND INFORMATION).**

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99  
OMB Number 2040-0086

## PART 1: LIMITED BACKGROUND INFORMATION

This part should be completed only by "sludge-only" facilities - that is, facilities that do not currently have, and are not applying for, an NPDES permit for a direct discharge to a surface body of water.

For purposes of this form, the term "you" refers to the applicant. "This facility" and "your facility" refer to the facility for which application information is submitted.

### 1. Facility Information.

- a. Facility name \_\_\_\_\_
- b. Mailing Address \_\_\_\_\_  
\_\_\_\_\_
- c. Contact person \_\_\_\_\_  
Title \_\_\_\_\_  
Telephone number \_\_\_\_\_
- d. Facility Address (not P.O. Box) \_\_\_\_\_  
\_\_\_\_\_
- e. Indicate the type of facility  
\_\_\_\_\_ Publicly owned treatment works (POTW)    \_\_\_\_\_ Privately owned treatment works  
\_\_\_\_\_ Federally owned treatment works    \_\_\_\_\_ Blending or treatment operation  
\_\_\_\_\_ Surface disposal site    \_\_\_\_\_ Sewage sludge incinerator  
\_\_\_\_\_ Other (describe) \_\_\_\_\_

### 2. Applicant Information.

- a. Applicant name \_\_\_\_\_
- b. Mailing Address \_\_\_\_\_  
\_\_\_\_\_
- c. Contact person \_\_\_\_\_  
Title \_\_\_\_\_  
Telephone number \_\_\_\_\_
- d. Is the applicant the owner or operator (or both) of this facility?  
\_\_\_\_\_ owner    \_\_\_\_\_ operator
- e. Should correspondence regarding this permit be directed to the facility or the applicant?  
\_\_\_\_\_ facility    \_\_\_\_\_ applicant

**FACILITY NAME AND PERMIT NUMBER:**

Form Approved 1/14/99  
OMB Number 2040-0086

**3. Sewage Sludge Amount.** Provide the total dry metric tons per latest 365 day period of sewage sludge handled under the following practices:

- a. Amount generated at the facility \_\_\_\_\_ dry metric tons
  - b. Amount received from off site \_\_\_\_\_ dry metric tons
  - c. Amount treated or blended on site \_\_\_\_\_ dry metric tons
  - d. Amount sold or given away in a bag or other container for application to the land \_\_\_\_\_ dry metric tons
  - e. Amount of bulk sewage sludge shipped off site for treatment or blending \_\_\_\_\_ dry metric tons
  - f. Amount applied to the land in bulk form \_\_\_\_\_ dry metric tons
  - g. Amount placed on a surface disposal site \_\_\_\_\_ dry metric tons
  - h. Amount fired in a sewage sludge incinerator \_\_\_\_\_ dry metric tons
  - i. Amount sent to a municipal solid waste landfill \_\_\_\_\_ dry metric tons
  - j. Amount used or disposed by another practice \_\_\_\_\_ dry metric tons
- Describe \_\_\_\_\_

**4. Pollutant Concentrations.** Using the table below or a separate attachment, provide existing sewage sludge monitoring data for the pollutants for which limits in sewage sludge have been established in 40 CFR part 503 for this facility's expected use or disposal practices. If available, base data on three or more samples taken at least one month apart and no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
ARSENIC			
CADMIUM			
CHROMIUM			
COPPER			
LEAD			
MERCURY			
MOLYBDENUM			
NICKEL			
SELENIUM			
ZINC			

**5. Treatment Provided At Your Facility.**

- a. Which class of pathogen reduction does the sewage sludge meet at your facility?  
 \_\_\_\_\_ Class A    \_\_\_\_\_ Class B    \_\_\_\_\_ Neither or unknown
- b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

c. Which vector attraction reduction option is met for the sewage sludge at your facility?

- Option 1 (Minimum 38 percent reduction in volatile solids)
- Option 2 (Anaerobic process, with bench-scale demonstration)
- Option 3 (Aerobic process, with bench-scale demonstration)
- Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
- Option 5 (Aerobic processes plus raised temperature)
- Option 6 (Raise pH to 12 and retain at 11.5)
- Option 7 (75 percent solids with no unstabilized solids)
- Option 8 (90 percent solids with unstabilized solids)
- Option 9 (Injection below land surface)
- Option 10 (Incorporation into soil within 6 hours)
- Option 11 (Covering active sewage sludge unit daily)
- None or unknown

d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge:

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6. **Sewage Sludge Sent to Other Facilities.** Does the sewage sludge from your facility meet the Table 1 ceiling concentrations, the Table 3 pollutant concentrations, Class A pathogen requirements, and one of the vector attraction options 1-8?

Yes  No

**If yes, go to question 8 (Certification).**

**If no, is sewage sludge from your facility provided to another facility for treatment, distribution, use, or disposal?**

Yes  No

**If no, go to question 7 (Use and Disposal Sites).**

**If yes, provide the following information for the facility receiving the sewage sludge:**

a. Facility name

b. Mailing address

c. Contact person

Title

Telephone number

d. Which activities does the receiving facility provide? (Check all that apply)

Treatment or blending  Sale or give-away in bag or other container

Land application  Surface disposal

Incineration  Other (describe):

---



---

**FACILITY NAME AND PERMIT NUMBER:**

Form Approved 1/14/99  
OMB Number 2040-0086

**7. Use and Disposal Sites.** Provide the following information for each site on which sewage sludge from this facility is used or disposed:

a. Site name or number \_\_\_\_\_

b. Contact person \_\_\_\_\_

Title \_\_\_\_\_

Telephone \_\_\_\_\_

c. Site location (Complete 1 or 2)

1. Street or Route # \_\_\_\_\_

County \_\_\_\_\_

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

d. Site type (Check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Agricultural     | <input type="checkbox"/> Lawn or home garden            | <input type="checkbox"/> Forest                  |
| <input type="checkbox"/> Surface disposal | <input type="checkbox"/> Public Contact                 | <input type="checkbox"/> Incineration            |
| <input type="checkbox"/> Reclamation      | <input type="checkbox"/> Municipal Solid Waste Landfill | <input type="checkbox"/> Other (describe): _____ |

**8. Certification.** Sign the certification statement below. (Refer to instructions to determine who is an officer for purposes of this certification.)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the 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 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.

Name and official title \_\_\_\_\_

Signature \_\_\_\_\_

Telephone number \_\_\_\_\_

Date signed \_\_\_\_\_

**SEND COMPLETED FORMS TO:**

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99  
OMB Number 2040-0086

## PART 2: PERMIT APPLICATION INFORMATION

Complete this part if you have an effective NPDES permit or have been directed by the permitting authority to submit a full permit application at this time. In other words, complete this part if your facility has, or is applying for, an NPDES permit.

For purposes of this form, the term "you" refers to the applicant. "This facility" and "your facility" refer to the facility for which application information is submitted.

### APPLICATION OVERVIEW — SEWAGE SLUDGE USE OR DISPOSAL INFORMATION

Part 2 is divided into five sections (A-E). Section A pertains to all applicants. The applicability of Sections B, C, D, and E depends on your facility's sewage sludge use or disposal practices. The information provided on this page indicates which sections of Part 2 to fill out.

#### 1. SECTION A: GENERAL INFORMATION.

Section A must be completed by all applicants

#### 2. SECTION B: GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE.

Section B must be completed by applicants who either:

- 1) Generate sewage sludge, or
- 2) Derive a material from sewage sludge.

#### 3. SECTION C: LAND APPLICATION OF BULK SEWAGE SLUDGE.

Section C must be completed by applicants who either:

- 1) Apply sewage to the land, or
- 2) Generate sewage sludge which is applied to the land by others.

NOTE: Applicants who meet either or both of the two above criteria are exempted from this requirement if all sewage sludge from their facility falls into one of the following three categories:

- 1) The sewage sludge from this facility meets the ceiling and pollutant concentrations, Class A pathogen reduction requirements, and one of vector attraction reduction options 1-8, as identified in the instructions, or
- 2) The sewage sludge from this facility is placed in a bag or other container for sale or give-away for application to the land, or
- 3) The sewage sludge from this facility is sent to another facility for treatment or blending.

#### 4. SECTION D: SURFACE DISPOSAL

Section D must be completed by applicants who own or operate a surface disposal site.

#### 5. SECTION E: INCINERATION

Section E must be completed by applicants who own or operate a sewage sludge incinerator.

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**A. GENERAL INFORMATION**

All applicants must complete this section.

**A.1. Facility Information.**

- a. Facility name \_\_\_\_\_
- b. Mailing Address \_\_\_\_\_  
\_\_\_\_\_
- c. Contact person \_\_\_\_\_  
Title \_\_\_\_\_  
Telephone number \_\_\_\_\_
- d. Facility Address (not P.O. Box) \_\_\_\_\_  
\_\_\_\_\_
- e. Is this facility a Class I sludge management facility?     Yes     No
- f. Facility design flow rate: \_\_\_\_\_ mgd
- g. Total population served: \_\_\_\_\_
- h. Indicate the type of facility:  
 Publicly owned treatment works (POTW)     Privately owned treatment works  
 Federally owned treatment works     Blending or treatment operation  
 Surface disposal site     Sewage sludge incinerator  
 Other (describe) \_\_\_\_\_

**A.2. Applicant Information.** If the applicant is different from the above, provide the following:

- a. Applicant name \_\_\_\_\_
- b. Mailing Address \_\_\_\_\_  
\_\_\_\_\_
- c. Contact person \_\_\_\_\_  
Title \_\_\_\_\_  
Telephone number \_\_\_\_\_
- d. Is the applicant the owner or operator (or both) of this facility?  
 owner     operator
- e. Should correspondence regarding this permit should be directed to the facility or the applicant.  
 facility     applicant

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**A.3. Permit Information.**

- a. Facility's NPDES permit number (if applicable): \_\_\_\_\_
- b. List, on this form or an attachment, all other Federal, State, and local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:

Permit Number	Type of Permit
_____	_____
_____	_____
_____	_____

**A.4. Indian Country.** Does any generation, treatment, storage, application to land, or disposal of sewage sludge from this facility occur in Indian Country?

\_\_\_\_\_ Yes    \_\_\_\_\_ No    If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

**A.5. Topographic Map.** Provide a topographic map or maps (or other appropriate map(s) if a topographic map is unavailable) that show the following information. Map(s) should include the area one mile beyond all property boundaries of the facility:

- a. Location of all sewage sludge management facilities, including locations where sewage sludge is stored, treated, or disposed.
- b. Location of all wells, springs, and other surface water bodies, listed in public records or otherwise known to the applicant within 1/4 mile of the facility property boundaries.

**A.6. Line Drawing.** Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit, including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.

**A.7. Contractor Information.**

Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, provide the following for each contractor (attach additional pages if necessary):

- a. Name    \_\_\_\_\_
- b. Mailing Address    \_\_\_\_\_  
\_\_\_\_\_
- c. Telephone Number    \_\_\_\_\_
- d. Responsibilities of contractor    \_\_\_\_\_  
\_\_\_\_\_

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**A.8. Pollution Concentrations:** Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants for which limits in sewage sludge have been established in 40 CFR Part 503 for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
ARSENIC			
CADMIUM			
CHROMIUM			
COPPER			
LEAD			
MERCURY			
MOLYBDENUM			
NICKEL			
SELENIUM			
ZINC			

**A.9. Certification.** Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of Form 2S you have completed and are submitting:

\_\_\_\_\_ Part 1 Limited Background Information packet

Part 2 Permit Application Information packet:

- \_\_\_\_\_ Section A (General Information)
- \_\_\_\_\_ Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)
- \_\_\_\_\_ Section C (Land Application of Bulk Sewage Sludge)
- \_\_\_\_\_ Section D (Surface Disposal)
- \_\_\_\_\_ Section E (Incineration)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the 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 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.

Name and official title \_\_\_\_\_

Signature \_\_\_\_\_ Date signed \_\_\_\_\_

Telephone number \_\_\_\_\_

Upon request of the permitting authority, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

**SEND COMPLETED FORMS TO:**

**B. GENERATION OF SEWAGE SLUDGE OR PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE**

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge.

**B.1. Amount Generated On Site.**

Total dry metric tons per 365-day period generated at your facility: \_\_\_\_\_ dry metric tons

**B.2. Amount Received from Off Site.** If your facility receives sewage sludge from another facility for treatment, use, or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary.

a. Facility name \_\_\_\_\_

b. Mailing Address \_\_\_\_\_

c. Contact person \_\_\_\_\_

Title \_\_\_\_\_

Telephone number \_\_\_\_\_

d. Facility Address (not P.O. Box) \_\_\_\_\_

e. Total dry metric tons per 365-day period received from this facility: \_\_\_\_\_ dry metric tons

f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics.

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

**B.3. Treatment Provided At Your Facility.**

a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?

\_\_\_\_\_ Class A    \_\_\_\_\_ Class B    \_\_\_\_\_ Neither or unknown

b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge:

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

c. Which vector attraction reduction option is met for the sewage sludge at your facility?

- \_\_\_\_\_ Option 1 (Minimum 38 percent reduction in volatile solids)
- \_\_\_\_\_ Option 2 (Anaerobic process, with bench-scale demonstration)
- \_\_\_\_\_ Option 3 (Aerobic process, with bench-scale demonstration)
- \_\_\_\_\_ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
- \_\_\_\_\_ Option 5 (Aerobic processes plus raised temperature)
- \_\_\_\_\_ Option 6 (Raise pH to 12 and retain at 11.5)
- \_\_\_\_\_ Option 7 (75 percent solids with no unstabilized solids)
- \_\_\_\_\_ Option 8 (90 percent solids with unstabilized solids)
- \_\_\_\_\_ None or unknown

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**B.3. Treatment Provided At Your Facility. (con't)**

d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge:

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

e. Describe, on this form or another sheet of paper, any other sewage sludge treatment or blending activities not identified in (a) - (d) above:

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

**Complete Section B.4 if sewage sludge from your facility meets the ceiling concentrations in Table 1 of 40 CFR 503.13, the pollutant concentrations in Table 3 of §503.13, the Class A pathogen reduction requirements in §503.32(a), and one of the vector attraction reduction requirements in § 503.33(b)(1)-(8) and is land applied. Skip this section if sewage sludge from your facility does not meet all of these criteria.**

**B.4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements, and One of Vector Attraction Reduction Options 1-8.**

a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land: \_\_\_\_\_ dry metric tons

b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away for application to the land?

\_\_\_\_\_ Yes \_\_\_\_\_ No

**Complete Section B.5. if you place sewage sludge in a bag or other container for sale or give-away for land application. Skip this section if the sewage sludge is covered in Section B.4.**

**B.5. Sale or Give-Away in a Bag or Other Container for Application to the Land.**

a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land: \_\_\_\_\_ dry metric tons

b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

**Complete Section B.6 if sewage sludge from your facility is provided to another facility that provides treatment or blending. This section does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this section if the sewage sludge is covered in Sections B.4 or B.5. If you provide sewage sludge to more than one facility, attach additional pages as necessary.**

**B.6. Shipment Off Site for Treatment or Blending.**

a. Receiving facility name \_\_\_\_\_

b. Mailing address \_\_\_\_\_  
\_\_\_\_\_

c. Contact person \_\_\_\_\_

Title \_\_\_\_\_

Telephone number \_\_\_\_\_

d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: \_\_\_\_\_

**B.6. Shipment Off Site for Treatment or Blending. (con't)**

e. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility?  Yes  No

Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?

Class A       Class B       Neither or unknown

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge:

\_\_\_\_\_

f. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge?

Yes  No

Which vector attraction reduction option is met for the sewage sludge at the receiving facility?

- Option 1 (Minimum 38 percent reduction in volatile solids)
- Option 2 (Anaerobic process, with bench-scale demonstration)
- Option 3 (Aerobic process, with bench-scale demonstration)
- Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
- Option 5 (Aerobic processes plus raised temperature)
- Option 6 (Raise pH to 12 and retain at 11.5)
- Option 7 (75 percent solids with no unstabilized solids)
- Option 8 (90 percent solids with unstabilized solids)
- None

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge.

\_\_\_\_\_

g. Does the receiving facility provide any additional treatment or blending activities not identified in (c) or (d) above?  Yes  No

If yes, describe, on this form or another sheet of paper, the treatment or blending activities not identified in (c) or (d) above:

\_\_\_\_\_

h. If you answered yes to (e), (f), or (g), attach a copy of any information you provide the receiving facility to comply with the "notice and necessary information" requirement of 40 CFR 503.12(g).

i. Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land?  Yes  No

If yes, provide a copy of all labels or notices that accompany the product being sold or given away.

**Complete Section B.7 if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in:**

- Section B.4 (it meets Table 1 ceiling concentrations, Table 3 pollutant concentrations, Class A pathogen requirements, and one of vector attraction reduction options 1-8); or
- Section B.5 (you place it in a bag or other container for sale or give-away for application to the land); or
- Section B.6 (you send it to another facility for treatment or blending).

**B.7. Land Application of Bulk Sewage Sludge.**

a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites: \_\_\_\_\_ dry metric tons

**B.7. Land Application of Bulk Sewage Sludge. (con't)**

b. Do you identify all land application sites in Section C of this application?  Yes  No

If no, submit a copy of the land application plan with application (see instructions).

c. Are any land application sites located in States other than the State where you generate sewage sludge or derive a material from sewage sludge?  Yes  No

If yes, describe, on this form or another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.

\_\_\_\_\_

\_\_\_\_\_

**Complete Section B.8 if sewage sludge from your facility is placed on a surface disposal site.**

**B.8. Surface Disposal.**

a. Total dry metric tons of sewage sludge from your facility placed on all surface disposal sites per 365-day period: \_\_\_\_\_ dry metric tons

b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?

Yes  No

If no, answer B.8.c through B.8.f for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one such surface disposal site, attach additional pages as necessary.

c. Site name or number \_\_\_\_\_

d. Contact person \_\_\_\_\_

Title \_\_\_\_\_

Telephone number \_\_\_\_\_

Contact is  Site owner  Site operator

e. Mailing address \_\_\_\_\_

f. Total dry metric tons of sewage sludge from your facility placed on this surface disposal site per 365-day period: \_\_\_\_\_ dry metric tons

**Complete Section B.9 if sewage sludge from your facility is fired in a sewage sludge incinerator.**

**B.9. Incineration.**

a. Total dry metric tons of sewage sludge from your facility fired in all sewage sludge incinerators per 365-day period: \_\_\_\_\_ dry metric tons

b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?  Yes  No

If no, complete B.9.c through B.9.f for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one such sewage sludge incinerator, attach additional pages as necessary.

c. Incinerator name or number: \_\_\_\_\_

d. Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Contact is:  Incinerator owner  Incinerator operator

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**B.9. Incineration. (con't)**

e. Mailing address: \_\_\_\_\_  
\_\_\_\_\_

f. Total dry metric tons of sewage sludge from your facility fired in this sewage sludge incinerator per 365-day period: \_\_\_\_\_ dry metric tons

**Complete Section B.10 if sewage sludge from this facility is placed on a municipal solid waste landfill.**

**B.10. Disposal in a Municipal Solid Waste Landfill.** Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.

a. Name of landfill \_\_\_\_\_

b. Contact person \_\_\_\_\_

Title \_\_\_\_\_

Telephone number \_\_\_\_\_

Contact is \_\_\_\_\_ Landfill owner \_\_\_\_\_ Landfill operator

c. Mailing address \_\_\_\_\_  
\_\_\_\_\_

d. Location of municipal solid waste landfill:

Street or Route # \_\_\_\_\_

County \_\_\_\_\_

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

e. Total dry metric tons of sewage sludge from your facility placed in this municipal solid waste landfill per 365-day period:  
\_\_\_\_\_ dry metric tons

f. List, on this form or an attachment, the numbers of all other Federal, State, and local permits that regulate the operation of this municipal solid waste landfill.

Permit Number	Type of Permit
_____	_____
_____	_____
_____	_____

g. Submit, with this application, information to determine whether the sewage sludge meets applicable requirements for disposal of sewage sludge in a municipal solid waste landfill (e.g., results of paint filter liquids test and TCLP test)

h. Does the municipal solid waste landfill comply with applicable criteria set forth in 40 CFR Part 258?

\_\_\_\_\_ Yes \_\_\_\_\_ No

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**C. LAND APPLICATION OF BULK SEWAGE SLUDGE**

Complete Section C for sewage sludge that is applied to the land, unless any of the following conditions apply:

- The sewage sludge meets the Table 1 ceiling concentrations, the Table 3 pollutant concentrations, Class A pathogen requirements, and one of vector attraction reduction options 1-8 (fill out B.4 Instead); or
- The sewage sludge is sold or given away in a bag or other container for application to the land (fill out B.5 Instead); or
- You provide the sewage sludge to another facility for treatment or blending (fill out B.6 instead).

Complete Section C for every site on which the sewage sludge that you reported in Section B.7 is applied.

**C.1. Identification of Land Application Site.**

- a. Site name or number \_\_\_\_\_
- b. Site location (Complete 1 and 2).
1. Street or Route # \_\_\_\_\_
- County \_\_\_\_\_
- City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
2. Latitude \_\_\_\_\_ Longitude \_\_\_\_\_
- Method of latitude/longitude determination
- \_\_\_\_\_ USGS map \_\_\_\_\_ Field survey \_\_\_\_\_ Other
- c. Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.

**C.2. Owner Information.**

- a. Are you the owner of this land application site? \_\_\_\_\_ Yes \_\_\_\_\_ No
- b. If no, provide the following information about the owner:
- Name \_\_\_\_\_
- Telephone number \_\_\_\_\_
- Mailing Address \_\_\_\_\_

**C.3. Applier Information.**

- a. Are you the person who applies, or who is responsible for application of, sewage sludge to this land application site?  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- b. If no, provide the following information for the person who applies:
- Name \_\_\_\_\_
- Telephone number \_\_\_\_\_
- Mailing Address \_\_\_\_\_

**C.4. Site Type:** Identify the type of land application site from among the following.

\_\_\_\_\_ Agricultural land \_\_\_\_\_ Forest \_\_\_\_\_ Public contact site  
\_\_\_\_\_ Reclamation site \_\_\_\_\_ Other. Describe: \_\_\_\_\_

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**C.5. Crop or Other Vegetation Grown on Site.**

- a. What type of crop or other vegetation is grown on this site?

\_\_\_\_\_

- b. What is the nitrogen requirement for this crop or vegetation?

\_\_\_\_\_

**C.6. Vector Attraction Reduction.**

Are any vector attraction reduction requirements met when sewage sludge is applied to the land application site?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, answer C.6.a and C.6.b;

- a. Indicate which vector attraction reduction option is met:

\_\_\_\_\_ Option 9 (Injection below land surface)

\_\_\_\_\_ Option 10 (Incorporation into soil within 6 hours)

- b. Describe, on this form or another sheet of paper, any treatment processes used at the land application site to reduce vector attraction properties of sewage sludge:

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

**Complete Question C.7 only if the sewage sludge applied to this site since July 20, 1993, is subject to the cumulative pollutant loading rates (CPLRs) in 40 CFR 503.13(b)(2).**

**C.7. Cumulative Loadings and Remaining Allotments.**

- a. Have you contacted the permitting authority in the State where the bulk sewage sludge subject to CPLRs will be applied, to ascertain whether bulk sewage sludge subject to CPLRs has been applied to this site on or since July 20, 1993? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, sewage sludge subject to CPLRs may not be applied to this site.

If yes, provide the following information:

Permitting authority \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone number \_\_\_\_\_

- b. Based upon this inquiry, has bulk sewage sludge subject to CPLRs been applied to this site since July 20, 1993?

\_\_\_\_\_ Yes \_\_\_\_\_ No

**If no, skip C.7.c.**

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- c. Provide the following information for every facility other than yours that is sending, or has sent, bulk sewage sludge to CPLRs to this site since July 20, 1993. If more than one such facility sends sewage sludge to this site, attach additional pages as necessary.

Facility name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Contact person \_\_\_\_\_

Title \_\_\_\_\_

Telephone number \_\_\_\_\_

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**D. SURFACE DISPOSAL**

Complete this section if you own or operate a surface disposal site.

Complete Sections D.1 - D.5 for each active sewage sludge unit.

**D.1. Information on Active Sewage Sludge Units.**

- a. Unit name or number: \_\_\_\_\_
- b. Unit location (Complete 1 and 2).
  - 1. Street or Route # \_\_\_\_\_  
County \_\_\_\_\_  
City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
  - 2. Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Method of latitude/longitude determination: \_\_\_\_\_ USGS map \_\_\_\_\_ Field survey \_\_\_\_\_ Other
- c. Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.
- d. Total dry metric tons of sewage sludge placed on the active sewage sludge unit per 365-day period: \_\_\_\_\_ dry metric tons
- e. Total dry metric tons of sewage sludge placed on the active sewage sludge unit over the life of the unit: \_\_\_\_\_ dry metric tons
- f. Does the active sewage sludge unit have a liner with a maximum hydraulic conductivity of  $1 \times 10^{-7}$  cm/sec? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, describe the liner (or attach a description):  
\_\_\_\_\_  
\_\_\_\_\_
- g. Does the active sewage sludge unit have a leachate collection system? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, describe the leachate collection system (or attach a description). Also describe the method used for leachate disposal and provide the numbers of any Federal, State, or local permit(s) for leachate disposal:  
\_\_\_\_\_  
\_\_\_\_\_
- h. If you answered no to either D.1.f. or D.1.g., answer the following question:  
Is the boundary of the active sewage sludge unit less than 150 meters from the property line of the surface disposal site?  
\_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, provide the actual distance in meters: \_\_\_\_\_  
Provide the following information:  
Remaining capacity of active sewage sludge unit, in dry metric tons: \_\_\_\_\_ dry metric tons  
Anticipated closure date for active sewage sludge unit, if known: \_\_\_\_\_ (MM/DD/YYYY)  
Provide, with this application, a copy of any closure plan that has been developed for this active sewage sludge unit.

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**D.2. Sewage Sludge from Other Facilities.** Is sewage sent to this active sewage sludge unit from any facilities other than your facility?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, provide the following information for each such facility. If sewage sludge is sent to this active sewage sludge unit from more than one such facility, attach additional pages as necessary.

a. Facility name \_\_\_\_\_

b. Mailing Address \_\_\_\_\_  
\_\_\_\_\_

c. Contact person \_\_\_\_\_

Title \_\_\_\_\_

Telephone number \_\_\_\_\_

d. Which class of pathogen reduction is achieved before sewage sludge leaves the other facility?

\_\_\_\_\_ Class A      \_\_\_\_\_ Class B      \_\_\_\_\_ None or unknown

e. Describe, on this form or another sheet of paper, any treatment processes used at the other facility to reduce pathogens in sewage sludge:

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

f. Which vector attraction reduction option is met for the sewage sludge at the receiving facility?

- \_\_\_\_\_ Option 1 (Minimum 38 percent reduction in volatile solids)
- \_\_\_\_\_ Option 2 (Anaerobic process, with bench-scale demonstration)
- \_\_\_\_\_ Option 3 (Aerobic process, with bench-scale demonstration)
- \_\_\_\_\_ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
- \_\_\_\_\_ Option 5 (Aerobic processes plus raised temperature)
- \_\_\_\_\_ Option 6 (Raise pH to 12 and retain at 11.5)
- \_\_\_\_\_ Option 7 (75 percent solids with no unstabilized solids)
- \_\_\_\_\_ Option 8 (90 percent solids with unstabilized solids)
- \_\_\_\_\_ None or unknown

g. Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge

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

h. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities performed by the other facility that are not identified in (d) - (g) above:

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

**D.3. Vector Attraction Reduction**

a. Which vector attraction option, if any, is met when sewage sludge is placed on this active sewage sludge unit?

- \_\_\_\_\_ Option 9 (Injection below and surface)
- \_\_\_\_\_ Option 10 (Incorporation into soil within 6 hours)
- \_\_\_\_\_ Option 11 (Covering active sewage sludge unit daily)

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**D.3. Vector Attraction Reduction. (con't)**

- b. Describe, on this form or another sheet of paper, any treatment processes used at the active sewage sludge unit to reduce vector attraction properties of sewage sludge:

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**D.4. Ground-Water Monitoring.**

- a. Is ground-water monitoring currently conducted at this active sewage sludge unit, or are ground-water monitoring data otherwise available for this active sewage sludge unit?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, provide a copy of available ground-water monitoring data. Also, provide a written description of the well locations, the approximate depth to ground-water, and the ground-water monitoring procedures used to obtain these data.

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- b. Has a ground-water monitoring program been prepared for this active sewage sludge unit? \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, submit a copy of the ground-water monitoring program with this permit application.

- c. Have you obtained a certification from a qualified ground-water scientist that the aquifer below the active sewage sludge unit has not been contaminated? \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, submit a copy of the certification with this permit application.

**D.5. Site-Specific Limits.** Are you seeking site-specific pollutant limits for the sewage sludge placed on the active sewage sludge unit?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, submit information to support the request for site-specific pollutant limits with this application.

**E. INCINERATION**

Complete this section if you fire sewage sludge in a sewage sludge incinerator.

Complete this section once for each incinerator in which you fire sewage sludge. If you fire sewage sludge in more than one sewage sludge incinerator, attach additional copies of this section s necessary.

**E.1. Incinerator Information.**

a. Incinerator name or number: \_\_\_\_\_

b. Incinerator location (Complete 1 and 2).

1. Street or Route # \_\_\_\_\_

County \_\_\_\_\_

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

Method of latitude/longitude determination: \_\_\_\_\_ USGS map \_\_\_\_\_ Field survey \_\_\_\_\_ Other

**E.2. Amount Fired.** Dry metric tons per 365-day period of sewage sludge fired in the sewage sludge incinerator: \_\_\_\_\_ dry metric tons

**E.3. Beryllium NESHAP.**

a. Is the sewage sludge fired in this incinerator "beryllium-containing waste," as defined in 40 CFR Part 61.31? \_\_\_\_\_ Yes \_\_\_\_\_ No

Submit, with this application, information, test data, and description of measures taken that demonstrate whether the sewage sludge incinerated is beryllium-containing waste, and will continue to remain as such.

b. If the answer to (a) is yes, **submit with this application** a complete report of the latest beryllium emission rate testing and documentation of ongoing incinerator operating parameters indicating that the NESHAP emission rate limit for beryllium has been and will continue to be met.

**E.4. Mercury NESHAP.**

a. How is compliance with the mercury NESHAP being demonstrated?

\_\_\_\_\_ Stack testing (if checked, complete E.4.b)

\_\_\_\_\_ Sewage sludge sampling (if checked, complete E.4.c)

b. If stack testing is conducted, submit the following information with this application:

A complete report of stack testing and documentation of ongoing incinerator operating parameters indicating that the incinerator has met, and will continue to meet, the mercury NESHAP emission rate limit.

Copies of mercury emission rate tests for the two most recent years in which testing was conducted.

c. If sewage sludge sampling is used to demonstrate compliance, submit a complete report of sewage sludge sampling and documentation of ongoing incinerator operating parameters indicating that the incinerator has met, and will continue to meet the mercury NESHAP emission rate limit.

**E.5. Dispersion Factor.**

a. Dispersion factor, in micrograms/cubic meter per gram/second: \_\_\_\_\_

b. Name and type of dispersion model: \_\_\_\_\_

c. Submit a copy of the modeling results and supporting documentation with this application.

**E.6. Control Efficiency.**

a. Control efficiency, in hundredths, for the following pollutants:

Arsenic: \_\_\_\_\_ Chromium: \_\_\_\_\_ Nickel: \_\_\_\_\_  
Cadmium: \_\_\_\_\_ Lead: \_\_\_\_\_

b. Submit a copy of the results or performance testing and supporting documentation (including testing dates) with this application.

**E.7. Risk Specific Concentration for Chromium.**

a. Risk specific concentration (RSC) used for chromium, in micrograms per cubic meter: \_\_\_\_\_

b. Which basis was used to determine the RSC?

\_\_\_\_ Table 2 in 40 CFR 503.43  
\_\_\_\_ Equation 6 in 40 CFR 503.43 (site-specific determination)

c. If Table 2 was used, identify the type of incinerator used as the basis:

\_\_\_\_ Fluidized bed with wet scrubber  
\_\_\_\_ Fluidized bed with wet scrubber and wet electrostatic precipitator  
\_\_\_\_ Other types with wet scrubber  
\_\_\_\_ Other types with wet scrubber and wet electrostatic precipitator

d. If Equation 6 was used, provide the following:

Decimal fraction of hexavalent chromium concentration to total chromium concentration in stack exit gas: \_\_\_\_\_

Submit results of incinerator stack tests for hexavalent and total chromium concentrations, including date(s) of test, with this application.

**E.8. Incinerator Parameters**

a. Do you monitor Total Hydrocarbons (THC) in the sewage sludge incinerator's exit gas? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you monitor Carbon Monoxide (CO) in the sewage sludge incinerator's exit gas? \_\_\_\_\_ Yes \_\_\_\_\_ No

b. Incinerator type: \_\_\_\_\_

c. Incinerator stack height, in meters: \_\_\_\_\_

Indicate whether value submitted is: \_\_\_\_\_ Actual stack height \_\_\_\_\_ Creditable stack height

**E.9. Performance Test Operating Parameters**

a. Maximum Performance Test Combustion Temperature: \_\_\_\_\_

b. Performance test sewage sludge feed rate, in dry metric tons/day: \_\_\_\_\_

indicate whether value submitted is:

\_\_\_\_ Average use \_\_\_\_\_ Maximum design

Submit, with this application, supporting documents describing how the feed rate was calculated.

c. Submit, with this application, information documenting the performance test operating parameters for the air pollution control device(s) used for this sewage sludge incinerator.

**FACILITY NAME AND PERMIT NUMBER:**

*Form Approved 1/14/99  
OMB Number 2040-0086*

**E.10. Monitoring Equipment.** List the equipment in place to monitor the following parameters:

- a. Total hydrocarbons or carbon monoxide: \_\_\_\_\_
- b. Percent oxygen: \_\_\_\_\_
- c. Moisture content: \_\_\_\_\_
- d. Combustion temperature: \_\_\_\_\_
- e. Other: \_\_\_\_\_

**E.11. Air Pollution Control Equipment.** Submit, with this application, a list of all air pollution control equipment used with this sewage sludge incinerator.

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

Additional Information, if provided, will appear on the following pages.

**Appendix J - Notice of Intent (NOI) Form and Instructions**

Part 1.4.1 requires you to use the NPDES eReporting Tool, or "NeT" system, to prepare and submit your NOI electronically. However, if the EPA Regional Office grants you a waiver to use a paper NOI form, and you elect to use it, you must complete and submit the following form.





Receiving Waters Information: (Attach a separate list if necessary)

<p>List all of the stormwater points of discharge from your site. Each point of discharge must be identified by a unique 3-digit ID (e.g., 001, 002). Also provide the latitude and longitude in decimal degrees for each point of discharge. Note that latitude and longitude does not need to be updated if the points of discharge change during the project.</p>		<p>For each point of discharge, provide the following receiving water information:</p>		
		<p>Provide the name of the first water of the U.S. that receives stormwater directly from the point of discharge and/or from the MS4 that the point of discharge discharges to:</p>	<p>If the receiving water is impaired (on the CWA 303(d) list), list the pollutants that are causing the impairment:</p>	<p>If a TMDL been completed for this receiving waterbody, providing the following information:</p>
<p>Outfall ID</p>				<p>TMDL Name and ID:</p>  <p>Pollutant(s) for which there is a TMDL:</p>
<p>Latitude</p> <p>_____._____._____._____._____._____. ° N (decimal degrees)</p>				
<p>Longitude</p> <p>_____._____._____._____._____._____. ° W (decimal degrees)</p>				
<p>Outfall ID</p>				<p>TMDL Name and ID:</p>  <p>Pollutant(s) for which there is a TMDL:</p>
<p>Latitude</p> <p>_____._____._____._____._____._____. ° N (decimal degrees)</p>				
<p>Longitude</p> <p>_____._____._____._____._____._____. ° W (decimal degrees)</p>				
<p>Outfall ID</p>				<p>TMDL Name and ID:</p>  <p>Pollutant(s) for which there is a TMDL:</p>
<p>Latitude</p> <p>_____._____._____._____._____._____. ° N (decimal degrees)</p>				
<p>Longitude</p> <p>_____._____._____._____._____._____. ° W (decimal degrees)</p>				
<p>Outfall ID</p>				<p>TMDL Name and ID:</p>  <p>Pollutant(s) for which there is a TMDL:</p>
<p>Latitude</p> <p>_____._____._____._____._____._____. ° N (decimal degrees)</p>				
<p>Longitude</p> <p>_____._____._____._____._____._____. ° W (decimal degrees)</p>				

<b>Outfall ID</b>				<b>TMDL Name and ID:</b>
<b>Latitude</b>	____.____.____ ° N (decimal degrees)			<b>Pollutant(s) for which there is a TMDL:</b>
<b>Longitude</b>	____.____.____ ° W (decimal degrees)			
<b>Outfall ID</b>				
<b>Latitude</b>	____.____.____ ° N (decimal degrees)			<b>Pollutant(s) for which there is a TMDL:</b>
<b>Longitude</b>	____.____.____ ° W (decimal degrees)			

Provide the following Information about your point(s) of discharge latitude/longitude:

Latitude/Longitude Data Source:  Map  GPS  Other \_\_\_\_\_ Horizontal Reference Datum:  NAD 27  NAD 83  WGS 84

Are any of the waters of the U.S. to which you discharge designated by the state or tribal authority under its antidegradation policy as a Tier 2 (or Tier 2.5) water (water quality exceeds levels necessary to support propagation of fish, shellfish, and wildlife and recreation in and on the water) or as a Tier 3 water (Outstanding National Resource Water)? (See Appendix F).

YES  NO

If yes, name(s) of receiving water(s) and its designation (Tier 2, Tier 2.5 or Tier 3): \_\_\_\_\_

**VI. Chemical Treatment Information**

Will you use polymers, flocculants, or other treatment chemicals at your construction site?  YES  NO

If yes, will you use cationic treatment chemicals at your construction site\*?  YES  NO

If yes, have you been authorized to use cationic treatment chemicals by your applicable EPA Regional Office in advance of filing your NOI\*?  
 YES  NO

If you have been authorized to use cationic treatment chemicals by your applicable EPA Regional Office, attach a copy of your authorization letter and include documentation of the appropriate controls and implementation procedures designed to ensure that your use of cationic treatment chemicals will not lead to a violation of water quality standards.

Please indicate the treatment chemicals that you will use: \_\_\_\_\_

\* Note: You are ineligible for coverage under this permit unless you notify your applicable EPA Regional Office in advance and the EPA office authorizes coverage under this permit after you have included appropriate controls and implementation procedures designed to ensure that your use of cationic treatment chemicals will not lead to a violation of water quality standards.

**VII. Stormwater Pollution Prevention Plan (SWPPP) Information**

Has the SWPPP been prepared in advance of filing this NOI, as required?  YES  NO

**SWPPP Contact Information:**

First Name, Middle Initial, Last Name: [Grid of boxes for name entry]

Professional Title: [Grid of boxes for title entry]

Phone: [Grid of boxes for phone number] Ext. [Grid of boxes for extension]

E-mail: [Grid of boxes for email address]

**VIII. Endangered Species Protection**

Using the instructions in Appendix D of the CGP, under which criterion listed below are you eligible for coverage under this permit? Check only 1 box, include the required information and provide a sound basis for supporting the criterion selected. You must consider Endangered Species Act listed threatened or endangered species (ESA-listed) and/or designated critical habitat(s) under the jurisdiction of both the U.S. Fish and Wildlife Service (USFWS) and National Marine Fisheries Service (NMFS) and select the most conservative criterion that applies.

**A** No ESA-listed species and/or designated critical habitat present in action area. Using the process outlined in Appendix D of this permit, you certify that ESA-listed species and designated critical habitat(s) under the jurisdiction of the USFWS or NMFS are not likely to occur in your site's "action area" as defined in Appendix A of this permit. **[Basis statement content: A basis statement supporting the selection of this criterion should identify the USFWS and NMFS information sources used. Attaching aerial image(s) of the site to this NOI is helpful to EPA, USFWS, and NMFS in confirming eligibility under this criterion. Please Note: NMFS' jurisdiction includes ESA-listed marine and estuarine species that spawn in inland rivers.]**

**B** Eligibility requirements met by another operator under the 2017 CGP. The construction site's discharges and discharge-related activities were already addressed in another operator's valid certification of eligibility for your "action area" under eligibility Criterion A, C, D, E, or F of the 2017 CGP and you have confirmed that no additional ESA-listed species and/or designated critical habitat under the jurisdiction of USFWS and/or NMFS not considered in the that certification may be present or located in the "action area." To certify your eligibility under this criterion, there must be no lapse of NPDES permit coverage in the other CGP operator's certification. By certifying eligibility under this criterion, you agree to comply with any conditions upon which the other CGP operator's certification was based. You must include in your NOI the NPDES ID from the other 2017CGP operator's notification of authorization under this permit. If your certification is based on another 2017 CGP operator's certification under criterion C, you must provide EPA with the relevant supporting information required of existing dischargers in criterion C in your NOI form. **[Basis statement content: A basis statement supporting the selection of this criterion should identify the eligibility criterion of the other CGP NOI, the authorization date, and confirmation that the authorization is effective.]**

If you select criterion B, provide the NPDES ID from the other operator's notification of authorization under this permit: \_\_\_\_\_

**C** Discharges not likely to adversely affect ESA-listed species and/or designated critical habitat. ESA-listed species and/or designated critical habitat(s) under the jurisdiction of the USFWS and/or NMFS are likely to occur in or near your site's "action area," and you certify to EPA that your site's discharges and discharge-related activities are not likely to adversely affect ESA-listed threatened or endangered species and/or designated critical habitat. This certification may include consideration of any stormwater controls and/or management practices you will adopt to ensure that your discharges and discharge-related activities are not likely to adversely affect ESA-listed species and/or designated critical habitat. To certify your eligibility under this criterion, indicate 1) the ESA-listed species and/or designated habitat located in your "action area" using the process outlined in Appendix D of this permit; 2) the distance between the site and the listed species and/or designated critical habitat in the action area (in miles); and 3) a rationale describing specifically how adverse effects to ESA-listed species will be avoided from the discharges and discharge-related activities. You must also include a copy of your site map from your SWPPP showing the upland and in-water extent of your "action area" with this NOI. **[Basis statement content: A basis statement supporting the selection of this criterion should identify the information resources and expertise (e.g., state or federal biologists) used to arrive at this conclusion. Any supporting documentation should explicitly state that both ESA-listed species and designated critical habitat under the jurisdiction of the USFWS and/or NMFS were considered in the evaluation.]**

What ESA-listed species and/or designated critical habitat are located in your "action area":  
 \_\_\_\_\_  
 \_\_\_\_\_

Distance between your site and the ESA-listed species and/or designated critical habitat within the action area (in miles, state "on site" if the ESA-listed species and/or designated critical habitat is within the area to be disturbed):  
 \_\_\_\_\_  
 \_\_\_\_\_

**D** Coordination with USFWS and/or NMFS has successfully concluded. Coordination between you and the USFWS and/or NMFS has concluded. The coordination must have addressed the effects of your site's discharges and discharge-related activities on ESA-listed species and/or designated critical habitat under the jurisdiction of USFWS and/or NMFS, and resulted in a written concurrence from USFWS and/or NMFS that your site's discharges and discharge-related activities are not likely to adversely affect listed species and/or critical habitat. You must include copies of the correspondence with the participating agencies in your SWPPP and this NOI. **[Basis statement content: A basis statement supporting the selection of this criterion should identify whether USFWS or NMFS or both agencies participated in coordination, the field office/regional office(s) providing that coordination, and the date that coordination concluded.]**

- E** ESA Section 7 consultation has successfully concluded. Consultation between a Federal Agency and the USFWS and/or NMFS under section 7 of the ESA has concluded. The consultation must have addressed the effects of the construction site's discharges and discharge-related activities on ESA-listed species and/or designated critical habitat under the jurisdiction of USFWS and/or NMFS. To certify eligibility under this criterion, Indicate the result of the consultation:
- biological opinion from USFWS and/or NMFS that concludes that the action in question (taking into account the effects of your site's discharges and discharge-related activities) is not likely to jeopardize the continued existence of listed species, nor the destruction or adverse modification of critical habitat; or
  - written concurrence from USFWS and/or NMFS with a finding that the site's discharges and discharge-related activities are not likely to adversely affect ESA-listed species and/or designated critical habitat.

You must include copies of the correspondence between yourself and the USFWS and/or NMFS in your SWPPP and this NOI. **[Basis statement content: A basis statement supporting the selection of this criterion should identify the federal action agency(ies) involved, the field office/regional office(s) providing that consultation, any tracking numbers of identifiers associated with that consultation (e.g., IPaC number, PCTS number), and the date the consultation was completed.]**

- F** Issuance of section 10 permit. Potential take is authorized through the issuance of a permit under section 10 of the ESA by the USFWS and/or NMFS, and this authorization addresses the effects of the site's discharges and discharge-related activities on ESA-listed species and designated critical habitat. You must include copies of the correspondence between yourself and the participating agencies in your SWPPP and your NOI. **[Basis statement content: A basis statement supporting the selection of this criterion should identify whether USFWS or NMFS or both agencies provided a section 10 permit, the field office/regional office(s) providing permit(s), any tracking numbers of identifiers associated with that consultation (e.g., IPaC number, PCTS number), and the date the permit was granted.]**

Provide a brief summary of the basis for criterion selection listed above [the necessary content for a supportive basis statement is provided under the criterion you selected].

### IX. Historic Preservation

Are you installing any stormwater controls as described in Appendix E that require subsurface earth disturbance? (Appendix E, Step 1)  YES  NO

If yes, have prior surveys or evaluations conducted on the site have already determined historic properties do not exist, or that prior disturbances have precluded the existence of historic properties? (Appendix E, Step 2)  YES  NO

If no, have you determined that your installation of subsurface earth-disturbing stormwater controls will have no effect on historic properties? (Appendix E, Step 3)  YES  NO

If no, did the SHPO, THPO, or other tribal representative (whichever applies) respond to you within the 15 calendar days to indicate whether the subsurface earth disturbances caused by the installation of stormwater controls affect historic properties? (Appendix E, Step 4)  YES  NO

If yes, describe the nature of their response:

- Written indication that no historic properties will be affected by the installation of stormwater controls.
- Written indication that adverse effects to historic properties from the installation of stormwater controls can be mitigated by agreed upon actions.
- No agreement has been reached regarding measures to mitigate effects to historic properties from the installation of stormwater controls.
- Other:

### X. Certification Information

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 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 have no personal knowledge that the information submitted is other than 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.

First Name, Middle Initial, Last Name:

Title:

Signature:  Date:

Email:

**Notice of Intent for the 2017 NPDES Construction General Permit**

NPDES Form Date (2/17)

This Form Replaces Form 3510-9 (02/12)

Form Approved OMB No. 2040-0004

**Who Must File an NOI Form**

Under the provisions of the Clean Water Act, as amended (33 U.S.C. 1251 et. seq.; the Act), federal law prohibits stormwater discharges from certain construction activities to waters of the U.S. unless that discharge is covered under a National Pollutant Discharge Elimination System (NPDES) permit. Operators of construction sites where one or more acres are disturbed, smaller sites that are part of a larger common plan of development or sale where there is a cumulative disturbance of at least one acre, or any other site specifically designated by the Director, must obtain coverage under an NPDES general permit. For coverage under the 2017 CGP, each person, firm, public organization, or any other entity that meets either of the following criteria must file a Notice of Intent form: (1) they have operational control over construction plans and specifications, including the ability to make modifications to those plans and specifications; or (2) they have day-to-day operational control of those activities at the project necessary to ensure compliance with the permit conditions. If you have questions about whether you need a NPDES stormwater permit, or if you need information to determine whether EPA or your state agency is the permitting authority, contact your EPA Regional Office.

**Completing the Form**

Obtain and read a copy of the 2017 CGP, viewable at <https://www.epa.gov/npdes/stormwater-discharges-construction-activities#cgp>. To complete this form, type or print uppercase letters, in the appropriate areas only. Please place each character between the marks (abbreviate if necessary to stay within the number of characters allowed for each item). Use one space for breaks between words, but not for punctuation marks unless they are needed to clarify your response. If you have any questions on this form, telephone EPA's NOI Processing Center at (866) 352-7755. **Please submit the original document with signature in ink - do not send a photocopied signature.**

**Section I. Approval to Use Paper NOI Form**

You must indicate whether you have been granted a waiver from electronic reporting from the EPA Regional Office. Note that you are not authorized to use this paper NOI form unless the EPA Regional Office has approved its use. Where you have obtained approval to use this form, indicate the waiver that you have been granted, the name of the EPA staff person who granted the waiver, and the date that approval was provided.

See <https://www.epa.gov/npdes/contact-us-stormwater#regional>

for a list of EPA Regional Office contacts.

**Section II. Permit Number**

Provide the master permit number of the permit under which you are applying for coverage (see Appendix B of the general permit for the list of eligible master permit numbers)

**Section III. Operator Information**

Provide the legal name of the person, firm, public organization, or any other entity that operates the project described in this NOI. Refer to Appendix A of the permit for the definition of "operator".

Indicate whether you are seeking coverage under this permit as a "federal operator" as defined in Appendix A.

Also provide a point of contact, the operator's mailing address, county, telephone number, and e-mail address (to be notified via e-mail of NOI approval when available). Correspondence for the NOI will be sent to this address.

If the NOI was prepared by someone other than the certifier (for example, if the NOI was prepared by the facility SWPPP contact or a consultant for the certifier's signature), include the full name, organization, phone number, and email address of the NOI preparer.

**Section IV. Project/Site Information**

Enter the official or legal name and complete street address, including city, state, ZIP code, and county or similar government subdivision of the project or site. If the project or site lacks a street address, indicate the general location of the site (e.g., Intersection of State Highways 61 and 34). Complete site information must be provided for permit coverage to be granted.

Provide the latitude and longitude of your facility in decimal degrees format. The latitude and longitude of your facility can be determined in several different ways, including through the use of global positioning system (GPS) receivers, U.S. Geological Survey (U.S.G.S.) topographic or quadrangle maps, and web-based siting tools, among others. For consistency, EPA requests that measurements be taken from the approximate center of the construction site. For linear construction sites, the measurement should be taken midpoint of the site. If known, enter the horizontal reference datum for your latitude and longitude. The horizontal reference datum is shown on the bottom left corner of USGS topographic maps; it is also available for GPS receivers.

Indicate whether the project is in Indian country lands or located on a property of religious or cultural significance to an Indian tribe, and if so, provide the name of the Indian tribe associated with the area of Indian country (including name of Indian reservation, if applicable), or if not in Indian country, provide the name of the Indian tribe associated with the property.

Enter the estimated construction start and completion dates using four digits for the year (i.e., 10/06/2012). Indicate to the nearest quarter acre the estimated area to be disturbed.

Indicate the type of construction site, if demolition is occurring, and if so, if the structure has at least 10,000 square feet of floor space. Indicate whether the pre-development land use of the site was used for agriculture Appendix A defines "agricultural land" as cropland, grassland, rangeland, pasture, and other agricultural land, on which agricultural and forest-related products or livestock are produced and resource concerns may be addressed. Agricultural lands include cropped woodland, marshes, incidental areas included in the agricultural operation, and other types of agricultural land used for the production of livestock.

Indicate whether earth-disturbing activities have already commenced on your project/site. If earth-disturbing activities have commenced on your site because stormwater discharges from the site have been previously covered under a NPDES permit, you must provide the 2012 CGP NPDES ID or the NPDES permit number if coverage was under an individual permit.

**Section V. Discharge Information**

You must confirm that you understand that the CGP only authorizes the allowable stormwater discharges listed in Part 1.2.1 and the allowable non-stormwater discharges listed in Part 1.2.2.

**Notice of Intent for the 2017 NPDES Construction General Permit**

NPDES Form Date (2/17)

This Form Replaces Form 3510-9 (02/12)

Form Approved OMB No. 2040-0004

Any discharges not expressly authorized under the CGP are not covered by the CGP or the permit shield provision of the CWA Section 402(k) and they cannot become authorized or shielded by disclosure to EPA, state, or local authorities via the NOI to be covered by the permit or by any other means (e.g., in the SWPPP or during an inspection). If any discharges requiring NPDES permit coverage other than the allowable stormwater and non-stormwater discharges listed in Parts 1.2.1 and 1.2.2 will be discharged, they must either be eliminated or covered under another NPDES permit.

Indicate whether discharges from the site will enter into a municipal separate storm sewer system (MS4), as defined in Appendix A.

Also, indicate whether any waters of the U.S. exist within 50 feet from your site. Note that if "yes", you are required to comply with the requirement in Part 2.2.1 of the permit to provide natural buffers or equivalent erosion and sediment controls.

For each unique point of discharge you list, you must specify the name of the first water of the U.S. that receives stormwater directly from the point of discharge and/or from the MS4 that the point of discharge discharges to. You must specify whether any waters of the U.S. that you discharge to are listed as "impaired" as defined in Appendix A, and the pollutants for which the water is impaired. You must identify any Total Maximum Daily Loads (TMDL) that have been completed for any of the waters of the U.S. that you discharge to.

Indicate whether discharges from the site will enter into a water of the U.S. that is designated as a Tier 2, Tier 2.5, or Tier 3 water. A list of Tier 2, 2.5, and 3 waters is provided as Appendix F. If the answer is "yes", name all waters designated as Tier 2, Tier 2.5, or Tier 3 to which the site will discharge.

**Section VI. Chemical Treatment Information**

Indicate whether the site will use polymers, flocculants, or other treatment chemicals. Indicate whether the site will employ cationic treatment chemicals. If the answer is "yes" to either question, indicate which chemical(s) you will use. Note that you are not eligible for coverage under this permit to use cationic treatment chemicals unless you notify your applicable EPA Regional Office in advance and the EPA office authorizes coverage under this permit after you have included appropriate controls and implementation procedures designed to ensure that your use of cationic treatment chemicals will not lead to a violation of water quality standards. If you have been authorized to use cationic treatment chemicals by your applicable EPA Regional Office, attach a copy of your authorization letter and include documentation of the appropriate controls and implementation procedures designed to ensure that your use of cationic treatment chemicals will not lead to a violation of water quality standards. Examples of cationic treatment chemicals include, but are not limited to, cationic polyacrylamide (C-PAM), PolyDADMAC (POLYDIALLYLDIMETHYLAMMONIUM CHLORIDE), and chitosan.

**Section VII. Stormwater Pollution Prevention Plan (SWPPP) Information**

All sites eligible for coverage under this permit are required to prepare a SWPPP in advance of filing the NOI, in accordance with Part 7. Indicate whether the SWPPP has been prepared in advance of filing the NOI.

Indicate the street, city, state, and ZIP code where the SWPPP can be found. Indicate the contact information (name, organization, phone, and email) for the person who developed the SWPPP for this project.

**Section VIII. Endangered Species Information**

Using the instructions in Appendix D, indicate under which criterion (i.e., A, B, C, D, E, or F) of the permit the applicant is eligible with regard to protection of ESA-listed endangered and threatened species and designated critical habitat. A description of the basis for the criterion selected must also be provided.

If criterion B is selected, provide the NPDES Number for the other operator who had previously certified their eligibility for the CGP under criterion A, C, D, E, or F. The Tracking Number was assigned when the operator received coverage under this permit, and is included in the notice of authorization.

If criterion C is selected, you must attach copies of your site map. See Part 7.2.4 of the permit for information about what is required to be in your site map. You must also specify the federally-listed species and/or federally-designated critical habitat that are located in the "action area" of the project, and provide the distance between the construction site and any listed endangered species and/or their designated critical habitat.

If criterion D, E, or F is selected, attach copies of any communications between you and the U.S. Fish and Wildlife Service and National Marine Fisheries Service and identify the participating agencies and Field Offices/Regional Offices you worked with in the basis statement of this NOI.

**Section IX. Historic Preservation**

Use the instructions in Appendix E to complete the questions on the NOI form regarding historic preservation.

**Section X. Certification Information**

The NOI must be signed as follows:

*For a corporation:* By a responsible corporate officer. For the purpose of this Section, a responsible corporate officer means:

(i) 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- or decision-making functions for the corporation, or (ii) the manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

*For a partnership or sole proprietorship:* By a general partner or the proprietor, respectively; or

*For a municipality, state, federal, or other public agency:* By either a principal executive officer or ranking elected official. For purposes of this Part, a principal executive officer of a federal agency includes (i) the chief executive officer of the agency, or

**Notice of Intent for the 2017 NPDES Construction General Permit**

NPDES Form Date (2/17)

This Form Replaces Form 3510-9 (02/12)

Form Approved OMB No. 2040-0004

(ii) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrator of EPA). Include the name and title of the person signing the form and the date of signing. An unsigned or undated NOI form will not be considered eligible for permit coverage.

**Modifying Your NOI**

**If you have been granted a waiver from your Regional Office from electronic reporting, and if after submitting your NOI you need to correct or update any fields on this NOI form, you may do so by indicating changes on this same form. Paperwork Reduction Act Notice**

Public reporting burden for this NOI is estimated to average 3.95 hours. This estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding the burden estimate, any other aspect of the collection of information, or suggestions for improving this form, including any suggestions which may increase or reduce this burden to: Chief, Information Policy Branch 2136, U.S. Environmental Protection, Agency, 1200 Pennsylvania Avenue, NW, Washington, D.C. 20460. Include the OMB control number on

any correspondence. Do not send the completed form to this address.

**Submitting Your Form**

Submit your NOI form by mail to one of the following addresses:

**For Regular U.S. Mail Delivery:**

Stormwater Notice Processing Center  
Mail Code 4203M, ATTN: 2017 CGP  
U.S. EPA  
1200 Pennsylvania Avenue, NW  
Washington, DC 20460

**For Overnight/Express Mail Delivery:**

Stormwater Notice Processing Center  
William Jefferson Clinton East Building - Room 7420  
ATTN: 2017 CGP  
U.S. EPA  
1201 Constitution Avenue, NW  
Washington, DC 20004

Visit this website for instructions on how to submit electronically:

<https://www.epa.gov/npdes/stormwater-discharges-construction-activities#ereporting>

**Appendix K - Notice of Termination (NOT) Form and Instructions**

Part 8.3 requires you to use the NPDES eReporting Tool, or "NeT" system, to prepare and submit your NOT electronically. However, if you are given a waiver by the EPA Regional Office to use a paper NOT form, and you elect to use it, you must complete and submit the following form.



Submission of this Notice of Termination constitutes notice that the operator identified in Section III of this form is no longer authorized discharge pursuant to the NPDES Construction General Permit (CGP) from the site identified in Section IV of this form. All necessary information must be included on this form. Refer to the instructions at the end of this form.

**I. Approval to Use Paper NOT Form**

Have you been granted a waiver from electronic reporting from the Regional Office \*?  YES  NO

If yes, check which waiver you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date of approval:

- Waiver granted:
- The owner/operator's headquarters is physically located in a geographic area (i.e., ZIP code or census tract) that is identified as under-served for broadband Internet access in the most recent report from the Federal Communications Commission.
  - The owner/operator has issues regarding available computer access or computer capability.

Name of EPA staff person that granted the waiver: [Grid]

Date approval obtained: [Grid]

**\* Note: You must have been given approval by the Regional Office prior to using this paper NOT form. If you have not obtained a waiver, you must file this form electronically using the NPDES eReporting Tool (NeT).**

**II. Permit Information**

NPDES ID: [Grid]

Reason for Termination (Check only one):

- You have completed all construction activities at your site, and you have met all other requirements in Part 8.2.1.
- Another operator has assumed control over all areas of the site and that operator has submitted an NOI and obtained coverage under the CGP.
- You have obtained coverage under an individual permit or another general NPDES permit addressing stormwater discharges from the construction site.

**III. Operator Information**

Operator Name: [Grid]

Mailing Address:

Street: [Grid]

City: [Grid] State: [Grid] ZIP Code: [Grid] - [Grid]

County or Similar Government Division: [Grid]

Phone: [Grid] - [Grid] - [Grid] Ext. [Grid]

E-mail: [Grid]

**IV. Project/Site Information**

Project/Site Name: [Grid]

Project/Site Address:

Street/Location: [Grid]

City: [Grid] State: [Grid] ZIP Code: [Grid] - [Grid]

County or Similar Government Division: [Grid]

**V. Certification Information**

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 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.

First Name, Middle Initial, Last Name:

Title:

Signature: \_\_\_\_\_

Date:  /  /

Email:

**Notice of Termination for the 2017 NPDES  
Construction General Permit**

NPDES Form Date (2/17)

This Form Replaces Form 3510-13 (02/12)

Form Approved OMB No. 2040-0004

**Who May File an NOT Form**

Permittees who are presently covered under the EPA-issued 2017 Construction General Permit (CGP) for Stormwater Discharges Associated with Construction Activity may submit an NOT form when: (1) earth-disturbing activities at the site are completed and the conditions in Parts 8.2.1.a through 8.2.1.b are met; or (2) the permittee has transferred all areas under its control to another operator, and that operator has submitted and obtained coverage under this permit; or (3) the permittee has obtained coverage under a different NPDES permit for the same discharges.

**Completing the Form**

Type or print, using uppercase letters, in the appropriate areas only. Please place each character between the marks. Abbreviate if necessary to stay within the number of characters allowed for each item. Use only one space for breaks between words, but not for punctuation marks unless they are needed to clarify your response. If you have any questions about this form, refer to <https://www.epa.gov/npdes/stormwater-discharges-construction-activities#cgp> or telephone EPA's NOI Processing Center at (866) 352-7755. **Please submit original document with signature in ink - do not send a photocopied signature.**

**Section I. Approval to Use Paper NOT Form**

You must indicate whether you have been granted a waiver from electronic reporting from the EPA Regional Office. Note that you are not authorized to use this paper NOT form unless the EPA Regional Office has approved its use. Where you have obtained approval to use this form, indicate the waiver that you have been granted, the name of the EPA staff person who granted the waiver, and the date that approval was provided.

See <https://www.epa.gov/npdes/contact-us-stormwater#regional> for a list of EPA Regional Office contacts.

**Section II. Permit Information**

Enter the existing NPDES ID assigned to the project. If you do not know the permit tracking number, or contact EPA's NOI Processing Center at (866) 352-7755.

Indicate your reason for submitting this Notice of Termination by checking the appropriate box. Check only one.

**Section III. Operator Information**

Provide the legal name of the person, firm, public organization, or any other entity that operates the project described in this NOT and is covered by the NPDES ID identified in Section II. Enter the complete mailing address, telephone number, and email address of the operator.

**Section IV. Project/Site Information**

Enter the official or legal name and complete street address, including city, state, ZIP code, and county or similar government subdivision of the project or site. If the project or site lacks a street address, indicate the general location of the site (e.g., Intersection of State Highways 61 and 34). Complete site information must be provided for termination of permit coverage to be valid.

**Section V. Certification Information**

The NOT, must be signed as follows:

*For a corporation:* By a responsible corporate officer. For the purpose of this Part, a responsible corporate officer means: (i) 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- or decision-making functions for the corporation, or (ii) the manager of one or more manufacturing,

production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

*For a partnership or sole proprietorship:* By a general partner or the proprietor, respectively; or

*For a municipality, state, federal, or other public agency:* By either a principal executive officer or ranking elected official. For purposes of this Part, a principal executive officer of a federal agency includes (i) the chief executive officer of the agency, or (ii) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrator of EPA).

Include the name, title, and email address of the person signing the form and the date of signing. An unsigned or undated NOT form will not be considered valid termination of permit coverage.

**Paperwork Reduction Act Notice**

Public reporting burden for this NOT is estimated to average 0.5 hours per notice, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding the burden estimate, any other aspect of the collection of information, or suggestions for improving this form including any suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, 2136, U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460. Include the OMB number on any correspondence. Do not send the completed form to this address.

**Submitting Your Form:**

Submit your NOT form by mail to one of the following addresses:

**For Regular U.S. Mail Delivery:**

Stormwater Notice Processing Center  
Mail Code 4203M, ATTN: 2017 CGP  
U.S. EPA  
1200 Pennsylvania Avenue, NW  
Washington, DC 20460

**For Overnight/Express Mail Delivery:**

Stormwater Notice Processing Center  
William Jefferson Clinton East Building - Room 7420  
ATTN: 2017 CGP  
U.S. EPA  
1201 Constitution Avenue, NW  
Washington, DC 20004

Visit this website for instructions on how to submit electronically:

<https://www.epa.gov/npdes/stormwater-discharges-construction-activities#ereporting>

## **Appendix D. Notice of Intent Form**

Part 7.8 requires you to use the NPDES eNOI System to prepare and submit your NOI unless the electronic system is unavailable. If you are given a waiver by the EPA Regional Office to use a paper NOI form, and you elect to use it, you must complete and submit the following form.



**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, DC 20460  
NOTICE OF INTENT (NOI) OF COVERAGE UNDER THE PESTICIDE  
GENERAL PERMIT (PGP) FOR DISCHARGES FROM THE APPLICATION  
OF PESTICIDES**

Form Approved  
OMB No.  
**2040-0284**

Submission of this completed Notice of Intent (NOI) constitutes notice that the Operator identified in Section B intends to be authorized to discharge pollutants to waters of the United States within the pest management area identified in Section C under EPA's Pesticide General Permit. Submission of this NOI constitutes notice that the party identified in Section B of this form has read, understands, and meets the eligibility conditions of Part 1 of the permit; agrees to comply with all applicable terms and conditions of the permit; and understands that continued authorization under the permit is contingent on maintaining eligibility for coverage. To be granted coverage, all information required on this form must be completed. Please read and make sure you comply with all permit requirements, including the requirement for large entities to prepare a Pesticide Discharge Management Plan (PDMP) prior to NOI submittal. Refer to the instructions at the end of this form to complete your NOI.

**Approval to Use Paper NOI Form (Electronic Submission Waiver)**

Has the EPA Regional Office granted you a waiver from electronic reporting\*?  YES  NO

If yes, check which waiver you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date of approval:

- Waiver granted:  The Decision-maker is physically located in a geographical area (i.e., ZIP code or census tract) that is identified as under-served for broadband Internet access in the most recent report from the Federal Communications Commission.  
 The Decision-maker has limitations regarding available computer access or computer capability.

Name of EPA staff person who granted the waiver: \_\_\_\_\_

Date approval obtained: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*Note: You are required to obtain approval from the applicable EPA Regional Office prior to using this paper NOI form. If you have not obtained a waiver, you must file this form electronically using the NPDES eNOI system at <https://www.epa.gov/npdes/pesticide-permitting>.**

**A. Notice of Intent Status**

1. Mark whether this is the first time you are requesting coverage under the 2016 PGP, or if this is a change of information for a discharge already covered under the 2016 PGP. If this is a change of information, supply the NPDES permit tracking number for the discharge.

a.  Original NOI Submission

b.  NOI Change of Information: \_\_\_\_\_ (NPDES Permit Tracking Number)

Please note: When selecting A.1.b please fill out Section B (Operator Name and Mailing Address) and the fields of the NOI that need to be modified.

**B. Operator Information**

1. Operator Name: \_\_\_\_\_

2. Operator Type (check one):

- a.  Federal government                      b.  State government                      c.  Local government  
d.  Mosquito control district (or similar)    e.  Irrigation control district (or similar)    f.  Weed control district (or similar)

g.  Other: If other, provide brief description of type of Operator: \_\_\_\_\_

3. Are you a large entity as defined in Appendix A of the permit? (check one):  Yes  No

Please note: If you answer "Yes" to question 3 you are required to develop a Pesticide Discharge Management Plan (PDMP) and submit an Annual Report reflecting all pesticide uses for which you are requesting permit coverage under this NOI.

4. In which state are your pest management areas located? Please specify only one state per NOI: \_\_\_\_

5. Mailing Address:

a. Street: \_\_\_\_\_

b. City: \_\_\_\_\_ c. State: \_\_\_\_ d. ZIP Code: \_\_\_\_\_-\_\_\_\_

e. Telephone: \_\_\_\_\_-\_\_\_\_-\_\_\_\_ Ext \_\_\_\_\_ f. Fax: \_\_\_\_\_-\_\_\_\_-\_\_\_\_

g. Contact Name: \_\_\_\_\_

h. E-mail: \_\_\_\_\_



**D. Endangered Species Protection: Complete Section D for each Pest Management Area for which coverage under EPA's Pesticide General Permit is desired. Copy this section for additional Pest Management Areas.**

Pest Management Area # \_\_\_ of ## \_\_\_

1. Identify the criterion for which you are eligible for permit coverage as it applies to Federally Listed Threatened or Endangered Species (i.e., Species) and/or Federally Designated Critical Habitat (i.e., Habitat). Check one:

- a.  Pesticide application activities will not result in a point source discharge to one or more waters of the United States containing National Marine Fisheries Service (NMFS) Listed Resources of Concern, as defined in Appendix A, of the PGP.
- b.  Pesticide application activities for which permit coverage is being requested will discharge to one or more waters of the United States containing NMFS Listed Resources of Concern, as defined in Appendix A of the PGP, but consultation with NMFS under Section 7 of the Endangered Species Act (ESA) has been concluded for pesticide application activities covered under the PGP. Consultations can be either formal or informal, and would have occurred only as a result of a separate federal action. The consultation addressed the effects of pesticide discharges and discharge-related activities on federally-listed threatened or endangered species and federally-designated critical habitat, and must have resulted in either:
  - i. A biological opinion from NMFS finding no jeopardy to federally-listed species and no destruction/adverse modification of federally-designated critical habitat; or
  - ii. Written concurrence from NMFS with a finding that the pesticide discharges and discharge-related activities are not likely to adversely affect federally-listed species or federally-designated critical habitat.
- c.  Pesticide application activities for which permit coverage is being requested will discharge to one or more waters of the United States containing NMFS Listed Resources of Concern, as defined in Appendix A of the PGP, but all "take" of these resources associated with such pesticide application activities has been authorized through NMFS' issuance of a permit under section 10 of the ESA, and such authorization addresses the effects of the pesticide discharges and discharge-related activities on federally-listed species and federally-designated critical habitat. (The term "take" means to harass, pursue, hunt, shoot, wound, kill, trap, capture, or collect, or to attempt to engage in any such conduct. See Section 3 of the Endangered Species Act, 16 U.S.C. § 1532 (19).)
- d.  Pesticide application activities were, or will be, discharged to one or more waters of the United States containing NMFS Listed Resources of Concern, as defined in Appendix A of the PGP, but only in response to a Declared Pest Emergency Situation.
- e.  Pesticide application activities for which permit coverage is being requested in the NOI will discharge to one or more waters of the United States containing NMFS Listed Resources of Concern, as defined in Appendix A of the PGP. Eligible discharges include those where the Decision-maker includes in the NOI written correspondence from NMFS that pesticide application activities performed consistent with appropriate measures will avoid or eliminate the likelihood of adverse effects to NMFS Listed Resources of Concern.
- f.  Pesticide application activities for which permit coverage is being requested in the NOI will discharge to one or more waters of the United States containing NMFS Listed Resources of Concern, as defined in Appendix A of the PGP. Eligible discharges include those from pesticide application activities that are demonstrated by the Decision-maker as not likely to adversely affect NMFS Listed Resources of Concern or that the pest poses a greater threat to the NMFS Listed Resources of Concern than does the discharge of the pesticide.

2. If you checked criterion **d** or criterion **f** above, provide the following information for all discharges to waters of the United States containing NMFS Listed Resources of Concern identified within the pest management area for which permit coverage is being requested. For discharges pursuant to criterion **d**, Declared Pest Emergency Situations, information for items **a** through **g** should also include any discharges that have already occurred prior to NOI submission as well as the activities you performed in the 15 day period before submission of this NOI was required. In some cases, implementation of pest management measures as specified in the permit involves a degree of "adaptive management" such that exact timing and quantities of applications cannot be determined in advance for the duration of the permit. In such cases, the permittee must provide the required information to the extent feasible and consistent with the implementation of the selected pest management measures.

- a. Describe the location of the pest management area in detail or provide a map of the location
- b. Pest(s) to be controlled:

\_\_\_\_\_

\_\_\_\_\_

- c. Pesticide product(s) to be discharged and method of application: \_\_\_\_\_
- d. Planned quantity and rate of discharge(s) for each method of application: \_\_\_\_\_
- e. Number of planned discharges: \_\_\_\_\_
- f. Approximate date(s) of planned discharge(s): \_\_\_\_\_

g. Your rationale supporting your determination that you meet the criterion for which you are submitting this NOI, for example, the *specific* BMPs applied, visual monitoring, equipment and/or site inspections, and other appropriate measures that will be undertaken to avoid or eliminate the likelihood of adverse effects. For certifications pursuant to criterion **d**, indicate whether the discharge is likely to adversely affect NMFS Listed Resources of Concern in response to a pest emergency and, if so, any feasible measures to avoid or eliminate such adverse effects; for example, it is not sufficient to state that "integrated pest management procedures will be applied" without describing the specific measures to be taken (attach additional pages as necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Instructions for Completing the Notice of Intent (NOI) for Coverage Under the Pesticide General Permit (PGP) for Discharges from the Application of Pesticides

### Who Must File a NOI with EPA?

Any Operator, as described in Part 1.2.2 of the permit and meeting the eligibility requirements identified in Part 1.1 of the permit and Table 1-1 below must submit a complete and accurate NOI. As required in the permit, only certain Operators who are also Decision-makers must submit NOIs.

**Table 1-1. Decision-Makers Required to Submit NOIs**

PGP Part/ Pesticide Use	Which Decision-Makers Must Submit NOIs?	For Which Pesticide Application Activities?
<b>All four use patterns identified in Part 1.1.1</b>	Any Decision-maker with an eligible discharge to a Tier 3 water (Outstanding National Resource Water) consistent with Part 1.1.2.2	Activities resulting in a discharge to a Tier 3 water
<b>All four use patterns identified in Part 1.1.1</b>	Any Decision-maker with an eligible discharge to waters of the United States containing NMFS Listed Resources of Concern, as defined in Appendix A	Activities resulting in a discharge to waters of the United States containing NMFS Listed Resources of Concern, as defined in Appendix A
<b>1.1.1(a) - Mosquito and Other Flying Insect Pest Control</b>	Any Agency for which pest management for land resource stewardship is an integral part of the organization's operations.	All activities resulting in a discharge for which the Federal or State agency is responsible for pest control
	Mosquito control districts, or similar pest control districts	All activities resulting in a discharge for which the Decision-maker is responsible for pest control
	Local governments or other entities who exceed the annual treatment area threshold identified here	Adulticide treatment if more than 6,400 acres during a calendar year
<b>1.1.1(b) - Weed and Algae Pest Control</b>	Any Agency for which pest management for land resource stewardship is an integral part of the organization's operations.	All activities resulting in a discharge for which the Federal or State agency is responsible for pest control
	Irrigation and weed control districts, or similar pest control districts	All activities resulting in a discharge for which the Decision-maker is responsible for pest control
	Local governments or other entities who exceed the annual treatment area threshold identified here	Treatment during a calendar year if more than either: 20 linear miles OR 80 acres of water (i.e., surface area)
<b>1.1.1(c) - Animal Pest Control</b>	Any Agency for which pest management for land resource stewardship is an integral part of the organization's operations.	All activities resulting in a discharge for which the Federal or State agency is responsible for pest control
	Local governments or other entities who exceed the annual treatment area threshold identified here	Treatment during a calendar year if more than either: 20 linear miles OR 80 acres of water (i.e., surface area)
<b>1.1.1(d) - Forest Canopy Pest Control</b>	Any Agency for which pest management for land resource stewardship is an integral part of the organization's operations.	All activities resulting in a discharge for which the Federal or State agency is responsible for pest control
	Local governments or other entities who exceed the annual treatment area threshold identified here	Treatment if more than 6,400 acres during a calendar year

If you have questions about whether you need to file an NOI or questions about completing the form, see <https://www.epa.gov/npdes/pesticide-permitting> or contact the NOI Center toll free at 866-352-7755.

One NOI can be submitted for multiple pest management areas in a state for which you are seeking permit coverage; however, no more than one state can be included on any single NOI form.

### When to File the NOI?

Do not file your NOI until you have obtained and thoroughly read a copy of the permit. A copy of the permit is on EPA's website (<https://www.epa.gov/npdes/pesticide-permitting>). The permit describes procedures to ensure your eligibility, prepare your Pesticide Discharge Management Plan (PDMP), and complete the NOI form questions—all of which must be done before you sign the NOI certification statement attesting to the accuracy and completeness of your NOI. You will also need a copy of the permit once you have obtained coverage so that you can comply with the implementation requirements of the permit. Note: PDMP is not required for 1) any application made in response to a Declared Pest Emergency Situation, as defined in Appendix A of the permit; and 2) any Decision-maker who is required to submit an NOI solely because their application results in a point source discharge to waters of the United States containing NMFS Listed Resources of Concern, as defined in Appendix A of the permit.

**Approval to Use Paper NOI Form:** Note that you are not authorized to use this paper NOI form unless the EPA Regional Office has approved its use. Where you have obtained approval to use this form, indicate the waiver that you have been granted, the name of the EPA staff person who granted the waiver, and the date that approval was provided.

**For any discharges after October 31, 2016:** All eligible discharges are authorized for permit coverage through January 12, 2017 without submission of an NOI. For any discharges after January 12, 2017, Decision-makers meeting the eligibility requirements identified in the Part 1.1 of the permit and Table 1-1 must submit a complete and accurate NOI according to Table 1-2 and Table 1-3 and consistent with the requirements of Part 1.2 of the permit. Note: NOIs submitted under the 2011 PGP are automatically terminated on October 31, 2016. Decision-makers who are required to submit an NOI must submit a new NOI by January 12, 2017 to obtain coverage under the 2016 PGP.

**Table 1-2. NOI Submittal Deadlines and Discharge Authorization Dates for Discharges from the Application of Pesticides<sup>1</sup>**

After January 12, 2017, any eligible discharge for which an NOI is required must submit an NOI consistent with the earliest due date identified below. If EPA receives an NOI on or before January 2, 2017 (or on or before December 12, 2016, for discharges to waters of the United States containing NMFS Listed Resources of Concern), uninterrupted coverage continues. NOI due dates for any discharges occurring on or after January 12, 2017 are as follows:		
Operator Type	NOI Submission Deadline	Discharge Authorization Date <sup>2</sup>
Any Decision-maker with any discharge to waters of the United States containing NMFS Listed Resources of Concern, except for those discharges in response to a Declared Pest Emergency Situation, as defined in Appendix A.	At least 30 days before any discharge to waters of the United States containing NMFS Listed Resources of Concern, as defined in Appendix A. <sup>5</sup>	No earlier than 30 days after EPA posts on the Internet a receipt of a complete and accurate NOI. <sup>3,5</sup>
Any Decision-maker with a discharge in response to a Declared Pest Emergency Situation for which that activity triggers the NOI requirement identified in Part 1.2.2, except for any discharges to waters of the United States containing NMFS Listed Resources of Concern.	No later than 30 days after beginning discharge.	Immediately upon beginning to discharge for activities conducted in response to a Declared Pest Emergency Situation.
Any Decision-maker with any discharge to waters of the United States containing NMFS Listed Resources of Concern, in response to a Declared Pest Emergency Situation, as defined in Appendix A.	No later than 15 days after beginning to discharge in response to a Declared Pest Emergency Situation.	Immediately upon beginning to discharge for activities conducted in response to a Declared Pest Emergency Situation for a period of at least 60 days. <sup>4</sup>
Any Decision-maker who exceeds any annual treatment area threshold.	At least 10 days before exceeding an annual treatment area threshold.	No earlier than 10 days after EPA posts on the Internet receipt of a complete and accurate NOI.

Operator Type	NOI Submission Deadline	Discharge Authorization Date <sup>2</sup>
Any Decision-maker otherwise required to submit an NOI as identified in Table 1-1	At least 10 days before any discharge for which an NOI is required	No earlier than 10 days after EPA posts on the Internet receipt of a complete and accurate NOI.

- State, territory and tribal specific requirements in addition to the requirements in this table are provided in Part 9 of the permit.
- On the basis of a review of an NOI or other information, EPA may delay authorization to discharge beyond any timeframe identified in Table 1-2, determine that additional technology-based and/or water quality-based effluent limitations or other conditions are necessary, or deny coverage under this permit and require submission of an application for an individual NPDES permit, as detailed in Part 1.3 of the permit.
- Within 30 days after EPA posts on the Internet receipt of a complete and accurate NOI, for those areas with NMFS Listed Resources of Concern, as defined in Appendix A of the permit, NMFS will provide EPA with a determination as to whether it believes the eligibility criterion of "not likely to adversely affect listed species or designated critical habitat" has been met, could be met with conditions that NMFS identifies, or has not been met. EPA expects to rely on NMFS' determination in deciding whether to withhold authorization. If NMFS does not provide EPA with this information within 30 days of EPA posting on the Internet receipt of a complete and accurate NOI, the discharges will be authorized 30 days after EPA posts on the Internet receipt of a complete NOI.
- In any Declared Pest Emergency Situation in areas with waters of the United States containing NMFS Listed Resources of Concern, NMFS will have 30 days after submission of an NOI to provide EPA with a determination as to whether the eligibility criteria of "not likely to adversely affect listed species or designated critical habitat" has been met, could be met with conditions that NMFS identifies, or has not been met. EPA expects to rely on NMFS' determination in deciding whether to allow continued permit coverage and if additional conditions are necessary. If NMFS does not provide EPA with a recommendation within 30 days of EPA posting on the Internet receipt of a complete and accurate NOI, authorization for these discharges will continue. If EPA identifies additional permit conditions, or includes additional permit conditions recommended by NMFS, as necessary to qualify discharges as eligible for coverage beyond 60 days under the PGP, those conditions remain in effect for the life of the permit.
- EPA may authorize certain discharges in less than 30 days, but no fewer than 10 days, for any discharges authorized under Criterion B, C, or E of Part 1.1.2.4 (for which NMFS has already evaluated the effects of these discharges).

**Table 1-3. NOI Change of Information Submittal Deadlines and Discharge Authorization Dates**

Operator Type	NOI Submission Deadline	Discharge Authorization Date
Any Decision-maker requiring permit coverage for a pest management area not identified on a previously submitted NOI for this permit, except for discharges to any; (1) Tier 3 water, or (2) waters of the United States containing NMFS Listed Resources of Concern. Except for such waters, changes other than identification of a new pest management area or a new pesticide use pattern do not require a revised NOI submittal.	At least 10 days before beginning to discharge in that newly identified area unless discharges are in response to a Declared Pest Emergency Situation in which case not later than 30 days after beginning discharge.	No earlier than 10 days after EPA posts on the Internet the receipt of a complete and accurate NOI unless discharges are in response to a Declared Pest Emergency Situation in which case coverage is available immediately upon beginning to discharge from activities conducted in response to Declared Pest Emergency Situation.
Any Decision-maker discharging to a Tier 3 water not identified by name on a previously submitted NOI for this permit, except for Tier 3 waters containing NMFS Listed Resources of Concern	At least 10 days before beginning to discharge in that newly identified area unless discharges are in response to a Declared Pest Emergency Situation in which case not later than 30 days after beginning discharge.	No earlier than 10 days after EPA posts on the Internet the receipt of a complete and accurate NOI unless discharges are in response to a Declared Pest Emergency Situation in which case coverage is available immediately upon beginning to discharge from activities conducted in response to Declared Pest Emergency Situation.

Operator Type	NOI Submission Deadline	Discharge Authorization Date
Any Decision-maker with any discharge to waters of the United States containing NMFS Listed Resources of Concern, as defined in Appendix A, not identified on a previously submitted NOI for this permit. This includes changes in any treatment area, pesticide product, method or rate of application, or approximate dates of applications.	At least 30 days before beginning to discharge in that newly identified treatment area unless discharges are in response to a Declared Pest Emergency Situation in which case not later than 15 days after beginning discharge.	No earlier than 30 days after EPA posts on the Internet receipt of a complete and accurate NOI unless discharges are in response to a Declared Pest Emergency Situation in which case coverage is available immediately upon beginning to discharge from activities conducted in response to Declared Pest Emergency Situation.

**Where to File the NOI**

The Decision-maker must prepare and submit the NOI using EPA's electronic Notice of Intent system (eNOI) available on EPA's website (<https://www.epa.gov/npdes/pesticide-permitting>) unless the Decision-maker is granted a waiver from the requirement to use eNOI for submission of the NOI. See Part 8 of the PGP for EPA Regional contacts. The Electronic Submission Waiver is at the top of this form.

EPA will immediately post on the pesticides eNOI Website all NOIs received. Late NOIs will be accepted, but authorization to discharge will not be retroactive.

If you are granted a waiver from using eNOI; you must send the NOI form to one of the addresses listed below.

Via United States Mail:  
 United States Environmental Protection Agency  
 Office of Water, Water Permits Division  
 Mail Code 4203M, ATTN: NPDES Pesticides  
 1200 Pennsylvania Avenue, NW  
 Washington, DC 20460

Via overnight/express delivery:  
 United States Environmental Protection Agency  
 Office of Water, Water Permits Division  
 EPA East Building - Room 7420, ATTN: NPDES Pesticides  
 1201 Constitution Avenue, NW  
 Washington, DC 20004  
 Phone: 202-564-9545

If you have questions, contact EPA's Pesticides Notice Processing Center toll free at 866-352-7755.

- If you file a paper NOI, submit the original with a signature in ink. Do not send copies. Also, faxed copies will not be accepted.
- If you are required to develop a PDMP, that document does not need to be submitted for review unless specifically requested by EPA. You must keep a copy of your PDMP on-site or otherwise make it available to facility personnel responsible for implementing provisions of the permit.

**Completing the NOI Form**

To complete this form, type or print in uppercase letters in the appropriate areas only. Please make sure you complete all questions. Make sure you make a photocopy for your records before you send the completed original form to the address above. You may also use this paper form as a checklist for the information you will need when filing an NOI electronically via EPA's Pesticides eNOI System.

**Section A. NOI Status**

- Indicate if this is the first time you are requesting coverage under the permit or if this is a change of information.
  - Check this box if this is the first time you are requesting coverage under the permit for these discharges. If this is the first time you are requesting coverage, refer to Table 1-2 for NOI submittal deadlines and discharge authorization dates.
  - Check this box if this is a change of information for a discharge already covered under the permit. If this is a change of information, supply the NPDES permit tracking number that you received in your confirmation letter or e-mail from EPA's Pesticide Notice Processing Center. You can find the tracking number assigned to your previous NOI using EPA's eNOI System (<https://www.epa.gov/npdes/pesticide-permitting>). For additional details regarding a change of information, see Table 1-3. Also fill out Section B of this form (Operator Name and Mailing Address) and the associated fields of information that need to be modified on the NOI.

## Section B. Operator Information

1. Provide the legal name of the person, firm, public organization or any other public entity who is the Decision-maker for the pesticide applications described in this notice. A Decision-maker is an Operator who has control over the decision to perform pesticide applications including the ability to modify those decisions that result in a discharge to waters of the United States.
2. Indicate the type of Operator: federal government, state government, local government, mosquito control district (or similar), irrigation control district (or similar), weed control district (or similar), or other. If other, provide brief description of type of Operator in the space provided.
3. Indicate whether or not you are a "large entity" as defined in Appendix A of the permit. Note that if you are a large entity, you are required to develop a Pesticide Discharge Management Plan (PDMP) and submit future Annual Reports reflecting all pesticide uses for which you are requesting permit coverage under this NOI.
4. Indicate which state your pest management areas are located. Specify only one state per NOI. If there is more than one state, additional NOIs must be submitted.
5. Provide the Decision-maker's mailing address, telephone number, fax number (optional), name, and e-mail address. Correspondence will be sent to this address.

## Section C. Pest Management Area: Information for each Pest Management Area for which coverage under EPA's Pesticide General Permit is desired.

1. Indicate whether you are submitting an NOI for multiple pest management areas. A pest management area is the area of land, including any water, for which you have responsibility and are authorized to conduct pest management activities as covered by this permit (e.g., if you are a mosquito control district, your pest management area is the total area of the district). You must complete a Section C for each pest management area. If you are submitting an NOI for only one area, enter "1" of "1." If you are submitting NOIs for multiple pest management areas, enter the number for the NOI for which you are requesting coverage followed by the total number of pest management areas for which you are requesting coverage. Enter the name of the pest management area. Attach a map of the pest management area or describe the location of the pest management area in the space provided. A mapping tool is available at <https://www.epa.gov/npdes/pesticide-permitting-PGP-eNOI>.
2. Indicate whether pesticide application will occur on Indian Country, and if so, provide the name of the reservation, if applicable.
3. Indicate whether pesticide application will occur on a Federal Facility, as defined in Appendix A of the permit.
4. Enter the mailing address of the contact person for the pest management area. If this address is the same as the Decision-maker's mailing address, indicate that by checking the box. If it is a different address, enter the mailing address, telephone number, fax number (optional), contact name, and e-mail address.
5. Indicate the pesticide use patterns for the pest management area for which the NOI is required. For additional information regarding pesticide use patterns, see Part 1.1.1 of the permit. Check all the use patterns that apply to the pest management area.
6. Indicate if permit coverage is being requested for all waters of the United States within the pest management area or if permit coverage is being requested to specific waters of the United States within the pest management area. If specific waters are being requested, write the names of the waterbodies. If permit coverage is being requested for all waters of the United States within the pest management area except for specific waterbodies, name those specific waterbodies in the space provided. EPA's Water Locator Tool can help you identify the closest receiving water to your facility (<http://www.epa.gov/waterdata/waters-tools>).
7. Indicate if permit coverage is being requested to discharge to a Tier 3 (Outstanding National Resource Water) water of the United States. If yes, write the name(s) of the Tier 3 water(s) in the space provided. Describe and demonstrate why it is necessary to apply the pesticide discharge to protect the water quality, environment, and/or public health and that any such discharge will not degrade water quality or will degrade water quality only on a short-term or temporary basis.
8. Verify that waters within the pest management area are either not impaired by substances which are either active ingredients in the pesticide planned for use or degradates of such active ingredients, OR that evidence shows that the target waters in question are no longer impaired. See Part 1.1.2.1 of the permit for more information on discharges to Water Quality Impaired Waters.

## Section D. Endangered Species Protection. Complete Section D for each Pest Management Area for which coverage under EPA's PGP is desired.

Identify the Pest Management Areas, corresponding to those in Part C.

1. Coverage under the permit is available only for discharges and discharge-related activities, as defined in Appendix A of the permit, that are not likely to jeopardize the continued existence of any species that are federally-listed as endangered or threatened ("listed") under the Endangered Species Act (ESA) and not likely to result in the adverse modification or destruction of habitat that is federally-designated as critical under the ESA ("critical habitat") except as provided in criterion b, c, and for at least 60 days, d, below. For a subset of listed species and critical habitat, identified as NMFS Listed Resources of Concern and defined in Appendix A of the permit, there are

specific criteria for determining eligibility. To demonstrate eligibility, you must meet one or more of the six criteria (a-f) for the entire term of coverage under the permit.

2. If you checked criterion d or criterion f, you are required to provide a description of the location of the pest management area or a map of the location of the pest management area, the pest(s) to be controlled, pesticide product(s) to be discharged and method of application, planned quantity and rate of discharge(s) for each application method, number of planned discharges, approximate date(s) of planned discharge(s), and the rational supporting your determination that you meet the criterion for which the Decision-maker is submitting this NOI and documentation demonstrating the finding of "not likely to adversely affect." If you certify under criteria f and do not hear from EPA within 30 days, you may assume your discharge is authorized. For certifications pursuant to criterion d, indicate whether the discharge is likely to adversely affect NMFS Listed Resources of Concern and, if so, any feasible measures to avoid or eliminate such adverse effects. If you are certifying under criterion d (which allows you to discharge 15 days before you even submit your NOI), your NOI should describe both the pest emergency activities you plan to do after you submit your NOI as well as the activities you performed in that 15 day period before you had to submit the NOI. See Part 1.1.2.4 of the permit for more information regarding Endangered and Threatened Species and Critical Habitat Protection. If you certify under criterion d and do not hear from EPA, you may assume that permit authorization continues unless notified otherwise. EPA may authorize certain discharges in less than 30 days, but no fewer than 10 days, for any discharges authorized under criterion b, c, or e (for which NMFS has already evaluated the effects of these discharges). If you certify under one of these criteria and do not hear from EPA within 30 days, you may assume your discharge is authorized.

## Section E. Certification

Enter the certifier's printed name and title. Sign and date the form. For more information about the certification statement and signature, see Appendix B of the permit. (CAUTION: An unsigned or undated form will not be accepted.) Federal statutes provide for severe penalties for submitting false information. Federal regulations require this application to be signed as follows:

*For a corporation:* by a responsible corporate officer, means:

- (i) president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or
- (ii) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions that govern the operation of the regulated activity including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures;

*For a partnership or sole proprietorship:* by a general partner or the proprietor; or  
*For a municipal, state, federal, or other public facility:* by either a principal executive or ranking elected official.

If the NOI was prepared by someone other than the certifier (for example, if the NOI was prepared by the PDMP contact or a consultant for the certifier's signature), include the name, organization, phone number and e-mail address of the NOI preparer.

## Paperwork Reduction Act Notice

The public reporting and recordkeeping burden for this collection of information is estimated to average 2.5 hours or 150 minutes per response.

Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed NOI form to that address.

## **Appendix E. Notice of Termination Form**

Part 7.8 requires you to use the NPDES eNOI System to prepare and submit your NOT unless the electronic system is unavailable. If you are given a waiver by the EPA Regional Office to use a paper NOT form, and you elect to use it, you must complete and submit the following form.



**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, DC 20460  
NOTICE OF TERMINATION (NOT) OF COVERAGE UNDER THE PESTICIDE GENERAL PERMIT  
(PGP) FOR DISCHARGES FROM THE APPLICATION OF PESTICIDES**

Form Approved  
OMB No.  
**2040-0284**

**Approval to Use Paper NOT Form (Electronic Submission Waiver)**

Has the EPA Regional Office granted you a waiver from electronic reporting\*?  YES  NO

If yes, check which waiver you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date of approval:

- Waiver granted:  The Decision-maker is physically located in a geographical area (i.e., ZIP code or census tract) that is identified as under-served for broadband Internet access in the most recent report from the Federal Communications Commission.  
 The Decision-maker has limitations regarding available computer access or computer capability.

Name of EPA staff person who granted the waiver:

Date approval obtained:

**\*Note: You are required to obtain approval from the applicable EPA Regional Office prior to using this paper NOT form. If you have not obtained a waiver, you must file this form electronically using the NPDES eNOI system at <https://www.epa.gov/npdes/pesticide-permitting>.**

**A. Permit Information**

1. NPDES Permit Tracking Number:

2. Reason for termination (check one only):

- a. You have ceased all discharges from the application of pesticides for which you obtained permit coverage and you do not expect to discharge during the remainder of the permit term.
- b. You have obtained permit coverage under an NPDES individual permit or alternative NPDES general permit for all pesticide discharges requiring NPDES permit coverage.
- c. A new Operator has taken over decision-making responsibility for the pest control activities covered under an existing NOI. Provide the transfer date and the new Operator information. Date of transfer:

New Operator Name:

Street:

City:  State:  ZIP Code:

Telephone: -- Ext.

E-mail:

**B. Operator Information**

1. Operator Name:

2. Mailing Address:

Street:

City:  State:  ZIP Code:

Telephone: -- Ext.

3. Contact Name:

E-mail:



**INSTRUCTIONS FOR COMPLETING THE NOTICE OF TERMINATION (NOT) OF COVERAGE UNDER THE PESTICIDE GENERAL PERMIT (PGP) FOR  
DISCHARGES FROM THE APPLICATION OF PESTICIDES**

**Who Must File an NOT with EPA?**

Any Operator required to submit a Notice of Intent (NOI) is required to submit a Notice of Termination (NOT) to end coverage under this permit. However, if EPA notifies the Operator to apply for an NPDES individual permit or alternative general permit, coverage under this permit terminates automatically. Dischargers automatically covered under this permit as identified in Part 1.2.3 of the permit are likewise automatically terminated upon permanent cessation of discharge consistent with any of the criteria identified in Part 1.2.5.3 of the permit. As required in the permit, only certain Operators who are also Decision-makers must submit NOIs. Note: NOIs submitted under the 2011 PGP are **automatically** terminated on October 31, 2016. Decision-maker who are required to submit an NOI must submit a new NOI to obtain coverage under the 2016 PGP.

If you have questions about whether you need to file an NOT or questions about completing the form, see <https://www.epa.gov/npdes/pesticide-permitting> or contact the NOI Center toll free at 866-352-7755.

**When to File the NOT?**

Approval to Use Paper NOT Form: Note that you are not authorized to use this paper NOT form unless the EPA Regional Office has approved its use. Where you have obtained approval to use this form, indicate the waiver that you have been granted, the name of the EPA staff person who granted the waiver, and the date that approval was provided.

Operators must file the NOT form within 30 days after one or more of the conditions in Part 1.2.5.2 of the permit have been met.

**Where to File the NOT?**

Consistent with Part 1.2.5.1 of the permit, the Operator must submit the NOT using EPA's electronic Notice of Intent (eNOI) System available on EPA's website (<https://www.epa.gov/npdes/pesticide-permitting>) unless the Operator is granted a waiver from the requirement to use eNOI for submission of the NOT. See Part 8 of the PGP for EPA Regional contacts. The Electronic Submission Waiver is at the top of this NOT form.

Filing electronically is the fastest way to terminate permit coverage and help ensure that your NOT is complete.

If you are granted a waiver from using eNOI; you must send the NOT form to one of the addresses listed below.

Via United States Mail:

United States Environmental Protection Agency  
Office of Water, Water Permits Division  
Mail Code 4203M, ATTN: NPDES Pesticides  
1200 Pennsylvania Avenue, NW  
Washington, DC 20460

Via overnight/express delivery:

United States Environmental Protection Agency  
Office of Water, Water Permits Division  
EPA East Building - Room 7420, ATTN: NPDES Pesticides  
1201 Constitution Avenue, NW  
Washington, DC 20004  
Phone: 202-564-9545

If you file a paper NOT, submit the original form with a signature in ink. Do not send copies. Also, faxed copies will not be accepted.

**Completing the NOT Form**

To complete this form, type or print in uppercase letters in the appropriate areas only. Make sure you complete all questions. Make sure you make a photocopy for your records before you send the completed original form to the address above. You can also use this paper form as a checklist for the information you will need when filing an NOT electronically via EPA's Pesticides eNOI system.

**Section A. Permit Information**

1. Enter the existing NPDES Permit Tracking Number assigned by eNOI or the EPA's Pesticides Processing Center. You can find the tracking number assigned to your previous NOI using EPA's eNOI System (<https://www.epa.gov/npdes/pesticide-permitting>).
2. Select the appropriate box to indicate why you are submitting an NOT to end permit coverage. Select one of the three termination options:
  - a. Select this box if you have ceased all discharges from the application of pesticides for which you obtained permit coverage and you do not expect to discharge during the remainder of the permit term.

- b. Select this box if you have obtained NPDES individual permit coverage or alternative NPDES permit coverage.
- c. Select this box if a new Operator has taken over decision-making responsibility of pest control activities covered under an existing NOI and you are no longer the Operator. Provide the date of transfer and the name and contact information of the new Operator.

**Section B. Operator Information**

1. Provide the full legal name of the person, firm, public organization, or other entity that is the Operator who is the Decision-maker for the pesticide application described in this application.
2. Provide the Operator's mailing address and telephone number. Correspondence will be sent to this address.
3. Provide a contact person's full legal name and e-mail address. This person will be contacted regarding any NOT communication.

**Section C. Certification**

Carefully read the certification statement. By completing and submitting the NOT, the Operator certifies that the Operator is no longer authorized to discharge pesticides to waters of the United States. Provide the printed full legal name, title and email address of the certifier. Sign and date the form. (CAUTION: An unsigned or undated NOT form will prevent the termination of permit coverage.) Federal statutes provide for severe penalties for submitting false information on this application form. Federal regulations require this application to be signed as follows:

For a corporation: by a responsible corporate officer, which means:

- (i) president, secretary, treasurer, or vice president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or
- (ii) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions that govern the operation of the regulated activity including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures;

For a partnership or sole proprietorship: by a general partner or the proprietor; or

For a municipal, state, federal, or other public facility: by either a principal executive or ranking elected official.

If the NOT was prepared by someone other than the certifier (for example, if the NOT was prepared by the PDMP contact or a consultant for the certifier's signature), include the name, organization, phone number and e-mail address of the NOT preparer.

**Paperwork Reduction Act Notice**

The public reporting and recordkeeping burden for this collection of information is estimated to average 0.5 hours or 30 minutes per response.

Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed NOT form to that address.

## **Appendix F. Pesticide Discharge Evaluation Worksheet**



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
 WASHINGTON, DC 20460  
 PESTICIDE DISCHARGE EVALUATION WORKSHEET FOR THE  
 PESTICIDE GENERAL PERMIT (PGP) FOR DISCHARGES FROM THE  
 APPLICATION OF PESTICIDES

Form Approved  
 OMB No.  
 2040-0284

This worksheet is for any Operator who is also a Decision-maker required to submit a Notice of Intent (NOI) and is a small entity, as defined in Appendix A of the Pesticide General Permit (PGP). The information on this worksheet must be retained for each pesticide application activity.

**A. General Information**

1. Operator Name: \_\_\_\_\_
- NPDES Permit Tracking Number: \_\_\_\_\_
2. Worksheet Preparer Name: \_\_\_\_\_
3. Pest Management Area: # \_\_\_ of ## \_\_\_\_
4. Pest Management Area Name: \_\_\_\_\_
5. Indicate the pesticide use pattern for the Pest Management Area:
- a.  Mosquito and Other Flying Insect Pests      b.  Weed and Algae Pests      c.  Animal Pests      d.  Forest Canopy Pests
6. For each treatment area (use additional pages for each treatment area):
- a. Provide a description of the treatment area within this Pest Management Area, including location description:
- \_\_\_\_\_
- \_\_\_\_\_
- b. Size of treatment area (in acres or linear feet): \_\_\_\_\_ acres or \_\_\_\_\_ linear feet.
- c. Name or location of any waters of the United States to which discharges occurred:
- \_\_\_\_\_
- \_\_\_\_\_

**B. Pest Evaluation**

1. Identify the target pest(s) and explain why pest control is needed:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
2. Describe Pest Management Measure(s) implemented before the first pesticide application:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**C. Pesticide Application**

1. Name and contact information for pesticide Applicator(s):
- Company Name: \_\_\_\_\_
- Street: \_\_\_\_\_
- City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_
- Contact Name: \_\_\_\_\_
- Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_
- E-mail: \_\_\_\_\_

2. Pesticide application start date: [ ]/[ ]/[ ] Pesticide application end date: [ ]/[ ]/[ ]

3. Name of each pesticide product used, EPA registration number, and quantity of pesticide applied (as packaged or as formulated): Circle lbs or gallons.

Product Name	[ ]	Product Name	[ ]	Product Name	[ ]
EPA Reg. No.	[ ]	EPA Reg. No.	[ ]	EPA Reg. No.	[ ]
Quantity (lbs or gallons)	[ ]	Quantity (lbs or gallons)	[ ]	Quantity (lbs or gallons)	[ ]
Application method:	_____	Application method:	_____	Application method:	_____

4. Was visual monitoring conducted during pesticide application and/or post-application?  Yes.  No. If no, describe why not?  
\_\_\_\_\_  
\_\_\_\_\_

5. Were any adverse effects identified during visual monitoring?  Yes.  No. If yes, describe.  
\_\_\_\_\_  
\_\_\_\_\_

**D. 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 gather and evaluate the information submitted. On the basis of my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information contained is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for recording false information, including the possibility of fine and imprisonment for knowing violations.

Printed Name: [ ]

Title: [ ]

E-Mail: [ ]

Signature/Responsible Official: \_\_\_\_\_ Date: [ ]/[ ]/[ ]

**Pesticide Discharge Evaluation Worksheet Preparer (Complete if worksheet was prepared by someone other than the certifier)**

Preparer Name: [ ]

Organization: [ ]

Phone: [ ]-[ ]-[ ] Ext. [ ] Date: [ ]/[ ]/[ ]

E-Mail: [ ]

## Instructions for Completing the Pesticide Discharge Evaluation Worksheet (PDEW) for the PESTICIDE GENERAL PERMIT (PGP) FOR DISCHARGES FROM THE APPLICATION OF PESTICIDES

### Who Must Complete a PDEW?

Any Operator, who is a Decision-maker required to submit a Notice of Intent (NOI) and is a small entity as defined in Appendix A of the permit may complete this Pesticide Discharge Evaluation Worksheet (PDEW) to meet the requirements of Part 7.4 of the PGP.

Pest management area, as defined in Appendix A of the permit, can be a large area (e.g., an entire town) or a very specific well-defined management area (e.g., a lake). Thus, a pest management area can have one or more treatment areas. Operators required to retain the information contained on this worksheet must do so for each treatment area. For treatment areas with the same or similar pests, the Operator can use one worksheet to document pest management activities for those multiple treatment areas.

### When to Complete a PDEW?

Before any pesticide application, any Operator using this form to meet its obligations under the PGP must complete Section B of this worksheet. Section C, except for the pesticide application end date and total quantity of pesticide applied, must be completed as soon as possible but no later than 14 days after the first pesticide application. The total quantity of pesticide applied and the pesticide application end date must be completed as soon as possible but no later than 14 days after completion of pesticide application for this project.

Any Operator using this form to meet its obligations under the PGP must retain this worksheet for at least 3 years from the date that coverage is granted under the PGP or when the permit expires or is terminated. These Operators must make this worksheet available to EPA, including an authorized representative of EPA, upon request.

### Completing the PDEW

To complete this form, type or print in uppercase letters in the appropriate areas only. Make sure you complete all questions.

### Section A. General Information

1. Enter the Operator's full legal name and the existing NPDES Permit Tracking Number assigned by eNOI or the EPA's Pesticides Processing Center. You can find the tracking number assigned to your previous NOI using EPA's eNOI System (<https://www.epa.gov/hpdes/pesticide-permitting>).
2. Enter the full legal name of the person completing the form.
3. Section A should be completed for each Pest Management Area. Indicate which Pest Management Area out of the total number of Pest Management Areas for which the section is being completed (i.e., Pest Management Area 1 of 10 total Pest Management Areas).
4. Enter the name of the Pest Management Area.
5. Identify the pesticide use pattern(s) for the Pest Management Area.
6. For each treatment area, provide a brief description and location description of the treatment area within the Pest Management Area; size of the treatment area in acres or linear feet, and name or location of any waters of the United States to which discharges occur.

### Section B. Pest Evaluation

1. Identify the target pest(s) and provide a brief description of why pest control is needed.
2. Provide a brief description of any Pest Management Measure(s) implemented before pesticide application. For example, identify if you have performed physical control techniques such as pulling weeds, removing breeding habitat, or trapping animals.

### Section C. Pesticide Application

1. Provide the company name and contact information of the pesticide Applicator.
2. Enter the date that the pesticide application began and ended.
3. Enter the name of each pesticide product used including the EPA Pesticide Registration Number, the quantity of pesticide applied, and the method used to apply the pesticide (e.g., fixed wing aircraft, backpack sprayer).
4. Indicate if visual monitoring was conducted during the pesticide application and/or post-application. If visual monitoring was not performed, provide a brief description of why visual monitoring was not conducted.

5. Indicate if there were any adverse effects identified during visual monitoring. Provide a brief description of any adverse effects that were identified.

### Section D. Certification

Enter the certifier's printed name and title. Sign and date the form. For more information about the certification statement and signature, see Appendix B of the permit. (CAUTION: An unsigned or undated form will not be accepted.) Federal statutes provide for severe penalties for submitting false information. Federal regulations require this application to be signed as follows:

*For a corporation:* by a responsible corporate officer, means:

- (i) president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or
- (ii) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions that govern the operation of the regulated activity including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures;

*For a partnership or sole proprietorship:* by a general partner or the proprietor; or

*For a municipal, state, federal, or other public facility:* by either a principal executive or ranking elected official.

If the PDEW was prepared by someone other than the certifier (for example, if the PDEW was prepared by a consultant for the certifier's signature), include the name, organization, phone number and e-mail address of the PDEW preparer.

### Paperwork Reduction Act Notice

The public reporting and recordkeeping burden for this collection of information is estimated to average 1 hour or 60 minutes per response.

Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed Pesticide Discharge Evaluation Worksheet to this address.

## **Appendix G. Annual Report Template**

Part 7.8 requires you to use the NPDES eNOI System to prepare and submit your Annual Report unless the electronic system is unavailable. If you are given a waiver by the EPA Regional Office to use a paper Annual Report form, and you elect to use it, you must complete and submit the following form.



**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY**  
**WASHINGTON, DC 20460**  
**ANNUAL REPORTING FORM FOR THE PESTICIDE GENERAL PERMIT (PGP) FOR**  
**DISCHARGES FROM THE APPLICATION OF PESTICIDES**

Form Approved  
 OMB No.  
 2040-0284

This form is for any Operator who is a Decision-maker required to submit an NOI. The annual report must be submitted no later than February 15 of the following year for all pesticide activities covered under the permit occurring during the previous calendar year as detailed in Part 7 of the permit.

**Approval to Use Paper Annual Report Form (Electronic Submission Waiver)**

Has the EPA Regional Office granted you a waiver from electronic reporting\*?  YES  NO

If yes, check which waiver you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date of approval:

- Waiver granted:  The Decision-maker is physically located in a geographical area (i.e., ZIP code or census tract) that is identified as under-served for broadband Internet access in the most recent report from the Federal Communications Commission.  
 The Decision-maker has limitations regarding available computer access or computer capability.

Name of EPA staff person who granted the waiver: \_\_\_\_\_

Date approval obtained: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Note: You are required to obtain approval from the applicable EPA Regional Office prior to using this paper annual reporting form. If you have not obtained a waiver, you must file this form electronically using the NPDES eNOI system at <https://www.epa.gov/npdes/pesticide-permitting>.

**A. General Information - For pesticides activities in calendar year:** \_\_\_\_

1. NPDES Permit Tracking Number: \_\_\_\_\_

2. Operator Name: \_\_\_\_\_

3. Operator Contact Information:

a. Street: \_\_\_\_\_

b. City: \_\_\_\_\_ c. State: \_\_\_\_ d. ZIP Code: \_\_\_\_\_-\_\_\_\_

e. Telephone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Ext \_\_\_\_ f. Fax: \_\_\_\_-\_\_\_\_-\_\_\_\_

4. Contact Information:

a. Contact Name: \_\_\_\_\_

b. Title: \_\_\_\_\_

c. E-mail: \_\_\_\_\_

**B. Adverse Incidents and Corrective Actions**

1. Was an adverse incident observed and/or corrective actions taken for any Pest Management Area for which you have coverage under the permit?

- a.  No adverse incidents were observed or no corrective action was taken. (Proceed to Section C)  
 b.  Yes, an adverse incident was observed and/or a corrective action was taken. (Complete questions 2-6 for each Pest Management Area in which adverse incidents were observed or corrective actions were taken. Copy this section for additional Pest Management Areas).

Pest Management Area # \_\_\_\_ of ## \_\_\_\_

2. Pest Management Area Name: \_\_\_\_\_

3. If applicable, provide the date for any adverse incidents as a result of those treatment(s), as described in Part 6.4 of the permit (use additional pages, if needed):

Date of adverse incident observation: \_\_\_\_/\_\_\_\_/\_\_\_\_

4. Date and time the Operator contacted EPA to notify the Agency of the adverse incident, who the Operator spoke with at EPA, and any instructions received from EPA.

a. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ c. Who the Operator spoke with at EPA: \_\_\_\_\_

b. Time: \_\_\_\_\_ d. Instructions received from EPA: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Date of submission of Thirty (30)-Day Adverse Incident Written Report: \_\_\_\_/\_\_\_\_/\_\_\_\_

6. Describe any corrective action(s), including spill responses, resulting from pesticide application activities and the rationale for such action(s), subsequent to those steps described in the Thirty (30)-Day Adverse Incident Written Report:

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





## Instructions for Completing the Annual Reporting Form for the Pesticide General Permit (PGP) for Discharges from the Application of Pesticides

### Who Must File an Annual Report with EPA?

Any Operator who is a Decision-maker required to submit a Notice of Intent (NOI) and is a large entity as defined in Appendix A of the permit and any Decision-maker required to submit an NOI solely because of their application results in a discharge to waters of the United States containing NMFS Listed Resources of Concern, must submit an annual report to EPA each calendar year. Once required to submit an annual report for one year, an annual report must be filed each subsequent year of this permit whether or not you have discharges from the application of pesticides in accordance with Section 7.6 of the permit.

### When to File an Annual Report?

Any Operator required to file an annual report must submit the annual report no later than February 15 of the following year for all pesticide activities covered under this permit occurring during the previous calendar year. If the Operator is required to submit an NOI based on an annual treatment area threshold, the annual report must include information for the calendar year, with the first annual report required to include activities for the portion of the calendar year after the point at which the Operator exceeded the annual treatment area threshold. If the Operator first exceeds an annual treatment area threshold after December 1 in a calendar year, an annual report is not required for that first partial year but annual reports are required thereafter, with the first annual report submitted also including information from the first partial year.

When Operator terminates permit coverage, as specified in Part 1.2.5 of the permit, an annual report must be submitted for the portion of the year up through the date of termination. The annual report is due no later than February 15 of the following year.

### Where to File the Annual Report?

The Operator must prepare and submit the Annual Report using EPA's electronic Notice of Intent (eNOI) system available on EPA's website (<https://www.epa.gov/npdes/pesticide-permitting>) unless the Operator is granted a waiver from the requirement to use eNOI for submitting the Annual Report. See Part 8 of the PGP for EPA Regional contacts. The Electronic Submission Waiver is at the top of this form.

If you are granted a waiver from using eNOI, you must send the Annual Report to one of the addresses listed below.

#### Via United States Mail:

United States Environmental Protection Agency  
Office of Water, Water Permits Division  
Mail Code 4203M, ATTN: NPDES Pesticides  
1200 Pennsylvania Avenue, NW  
Washington, DC 20460

#### Via overnight/express delivery:

United States Environmental Protection Agency  
Office of Water, Water Permits Division  
EPA East Building - Room 7420, ATTN: NPDES Pesticides  
1201 Constitution Avenue, NW  
Washington, DC 20004  
Phone: 202-564-9545

If you have questions, contact EPA's Pesticides Notice Processing Center toll free at (866) 352-7755.

If you file a paper Annual Report, please submit the original with a signature in ink. Do not send copies. Also, faxed copies will not be accepted.

### Completing the Annual Report Form

To complete this form, type or print in uppercase letters in the appropriate areas only. Make sure you complete all questions. Make sure you make a photocopy for your records before you send the completed original form to the address above. You may also use this paper form as a checklist for the information you will need when filing an Annual Report electronically via EPA's Pesticides eNOI system.

Approval to Use Paper Annual Reporting Form: You must indicate whether you have been granted a waiver from electronic reporting from the EPA Regional Office. Note that you are not authorized to use this paper Annual Reporting form unless the EPA Regional Office has approved its use. Where you have obtained approval to use this form, indicate the waiver that you have been granted, the name of the EPA staff person who granted the waiver, and the date that approval was provided.

### Section A. General Information

1. Enter your permit tracking number that you received in your NOI confirmation letter or e-mail from EPA's Pesticide Notice Processing Center. You can find the tracking number assigned to your NOI by using EPA's eNOI System (<https://www.epa.gov/npdes/pesticide-permitting>).
2. Provide the legal name of the person, firm, public organization or any other public entity who is the Decision-maker for the pesticides applications described in this report. A Decision-maker is an Operator who has control over the decision to perform pesticide applications including the ability to modify those decisions that result in a discharge to waters of the United States.
3. Enter the address, telephone number, and fax number of the Operator.
4. Provide the full legal name, title and e-mail address of a contact person for the Annual Report.

### Section B. Adverse Incidents and Corrective Actions

1. Identify if an adverse incident was observed and corrective actions were taken for any Pest Management Area for which you have coverage under the permit. If no, proceed to Section C. If yes, complete Section B for each Pest Management Area for which an adverse incident was observed or corrective action was taken.
2. Enter the name of the Pest Management Area.
3. If applicable, enter the date of any adverse incidents resulting from the treatments, as described in Part 6.4 of the permit. Use additional pages if there are multiple dates to be described.
4. Enter the date and time the Operator contacted EPA to notify the Agency of the adverse incident, pursuant to Part 6.4.1.1 of the permit.
  - a. Indicate the date of the contact.
  - b. Indicate the time of the contact.
  - c. Indicate who the Operator spoke with at EPA.
  - d. Indicate any instructions received from EPA.
5. Enter the date that the Thirty (30)-Day Adverse Incident Written Report was submitted, pursuant to Part 6.4.2 of the permit.
6. Provide a description of any corrective action(s) resulting from pesticide application activities and the rationale for the action(s), performed subsequently to or in addition to any actions described in the Thirty (30)-Day Adverse Incident Written Report.

### Section C. Pest Management Area(s)

Section C should be completed for each Pest Management Area. Indicate which Pest Management Area out of the total number of Pest Management Areas for which the section is being completed (i.e., Pest Management Area 1 of 10 total Pest Management Areas).

1. Identify if you had a discharge from pest control activities this calendar year. Check yes if you had discharge from pest control activities this calendar year. Check no if you had no discharge from pest control activities this calendar year. Note: Checking the no box completes Section C.
2. Select the box for the type of pesticide use pattern for the treatment area (use additional pages for each treatment area).
3. Provide a description of the treatment area.
  - a. Provide a map or description of the treatment area, including a description of the location.
  - b. Provide the size of the treatment area in acres or linear feet.
  - c. Provide the name or location of any waters of the United States to which discharges occur.
  - d. Provide a description of the target pest(s).
  - e. Indicate whether any pesticide application activities resulted in a discharge to waters of the United States containing NMFS Listed Resources of Concern, as defined in Appendix A of the permit. If yes, provide approximate date(s) of the discharge. Additional information on NMFS Listed Resources of Concern is available on EPA's website at <https://www.epa.gov/npdes/pesticide-permitting>.

4. Provide the company name(s), mailing address, a contact person, contact person's title, telephone number and e-mail address of the pesticide Applicator(s). If the information is the same as Section A, check the appropriate box and proceed to the next question.
5. Indicate if the pest control activity was addressed in your PDMP before pesticide application.
6. Enter the total amount of each pesticide product applied for the reporting year by the product name, EPA Pesticide Registration Number(s) and by application method. Circle whether the quantity applied is in pounds or gallons or briquettes, if applicable. Copy and attach additional pages, as necessary.

#### **Section D. Certification**

Enter the certifier's printed name and title. Sign and date the form. For more information about the certification statement and signature, see Appendix B of the permit. (CAUTION: An unsigned or undated form will not be accepted.) Federal statutes provide for severe penalties for submitting false information. Federal regulations require this application to be signed as follows:

*For a corporation:* by a responsible corporate officer, means:

- (i) president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision making functions for the corporation, or
- (ii) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the operation of the regulated activity including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures;

*For a partnership or sole proprietorship:* by a general partner or the proprietor; or

*For a municipal, state, Federal, or other public facility:* by either a principal executive or ranking elected official.

If the Annual Report was prepared by someone other than the certifier (for example, if the Annual Report was prepared by the PDMP contact or a consultant for the certifier's signature), include the name, organization, phone number and e-mail address of the Annual Report preparer.

#### **Paperwork Reduction Act Notice**

The public reporting and recordkeeping burden for this collection of information is estimated to average 8 hours or 480 minutes per response.

Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed Annual Report Form to this address.

## **Appendix H. Adverse Incident Report Template**



**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, DC 20460  
THIRTY (30)-DAY ADVERSE INCIDENT WRITTEN REPORT FOR  
THE PESTICIDE GENERAL PERMIT (PGP)  
FOR DISCHARGES FROM THE APPLICATION OF PESTICIDES**

Form Approved  
OMB No.  
2040-0284

This form is for Operators required to submit a written report of any reportable adverse incidents to the appropriate EPA Regional office and to the state lead agency for pesticide regulation. Where multiple Operators are authorized for a discharge that results in an adverse incident, reporting by any one of the Operators constitutes compliance for all of the Operators, provided a copy of this report is also provided to all of the other authorized Operators within 30 days of the reportable adverse incident.

**A. Reportable Adverse Incident**

**Is the adverse incident reportable?** Reporting of adverse incidents is not required under the PGP in the following situations: (a) An Operator is aware of facts that indicate that the adverse incident was not related to toxic effects or exposure from the pesticide application; (b) An Operator has been notified by EPA, and retains such notification, that the reporting requirement has been waived for this incident or category of incidents; (c) An Operator receives information of an adverse incident, but that information is clearly erroneous; or (d) An adverse incident occurs to pests that are similar in kind to potential target pests identified on the FIFRA label.

- Yes. You must complete this report and submit it to the appropriate EPA Regional office and to the state lead agency for pesticide regulation.
- No. STOP. You are not required to complete this report. However, you may consider using this form to document the incident and your rationale for why reporting of the adverse incident is not required. This information may be useful to support your rationale should you be questioned on such.

**B. Information from the 24-Hour Adverse Incident Notification**

When an Operator observes or is otherwise made aware of an adverse incident, which may have resulted from a discharge from a pesticide application, the Operator must immediately notify the appropriate EPA Incident Reporting Contact, as identified at <https://www.epa.gov/npdes/pesticide-permitting>. This notification must be made by telephone within 24 hours of the Operator becoming aware of the adverse incident. Operators must include in the written report the information provided to EPA in the 24-hour adverse incident notification (PGP Part 6.4.1.1). Attach additional information if necessary.

1. Caller's Contact Information:

a. Name:

b. Telephone Number: -- Ext

2. Operator Information:

a. Operator Name:

b. Mailing Address:

Street:

City:  State:  ZIP Code: -

3. NOI NPDES Permit Tracking Number:  (Enter "NA" if not applicable)

4. Contact person, if different than the person providing the 24-hour notice under item 1 above:

a. Name:

b. Telephone Number: -- Ext

5. Describe how and when the Operator became aware of the adverse incident:

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

6. Describe the location of the adverse incident:

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



**D. Other Information Required in the Thirty (30) Day Adverse Incident Report**

Please attach additional information if necessary.

1. Location of incident, including the names of any waters affected and appearance of those waters (sheen, color, clarity, etc.):

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2. Describe the circumstances of the adverse incident including species affected, estimated number of affected individuals, and approximate size of dead or distressed organisms:

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3. Describe the magnitude and scope of the affected area (e.g. aquatic square area or total stream distance affected):

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4. Provide the pesticide application rate, intended use site (e.g., on the bank, above waters, or directly to water), method of application, and the name of pesticide product and EPA pesticide registration number (EPA Reg. No.).

Pesticide application rate:	<input type="text"/>	Pesticide application rate:	<input type="text"/>
Intended use site:	<input type="text"/>	Intended use site:	<input type="text"/>
Method of application:	<input type="text"/>	Method of application:	<input type="text"/>
Pesticide Product:	<input type="text"/>	Pesticide Product:	<input type="text"/>
EPA Reg. No.:	<input type="text"/>	EPA Reg. No.:	<input type="text"/>

5. Describe the habitat and the circumstances under which the adverse incident occurred (including any available ambient water data for pesticides applied):

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6. Provide an indication of which laboratory test(s), if any, were performed, and when. (Note: A summary of the test results must be provided within 5 days after they become available, if not available at the time of submission of this report.):

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7. Describe the actions to be taken to prevent recurrence of adverse incidents:

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# Instructions for Completing and Submitting the Thirty (30) Day Adverse Incident Written Report for the Pesticide General Permit (PGP) for Discharges from the Application of Pesticides

## Who Must Submit a 30-day Adverse Incident Report?

All Operators who observe or are otherwise made aware of a reportable adverse incident pursuant to Part 6.4 of the permit must submit an adverse incident report.

However, even for those identified adverse incidents for which the Operator is not required to report, EPA recommends that Operators consider using this form to document the incident and the rationale for why reporting of the adverse incident is not required. This information may be useful to support a rationale should this determination be questioned.

An adverse incident, as defined in the Appendix A of the permit, is an unusual or unexpected incident that an Operator has observed upon inspection or of which the Operator otherwise became aware, in which: (1) there is evidence that a person or non-target organism has likely been exposed to a pesticide residue, and (2) the person or non-target organism suffered a toxic or adverse effect. See Appendix A of the permit, for the complete definition of adverse incident.

Where multiple Operators are authorized for a discharge that results in an adverse incident, notification and reporting by any one of the Operators constitutes compliance for all of the Operators, provided a copy of the written report required in Part 6.4.2 of the permit is also provided to all of the other authorized Operators within 30 days of the reportable adverse incident.

## When to File the Adverse Incident Report

Operators must provide a written report of any reportable adverse incidents to the appropriate EPA Regional office and to the state lead agency for pesticide regulation within 30 days of the adverse incident pursuant to Part 6.4.1.1 of the permit.

## Where to File the 30-day Adverse Incident Report

The Operator must immediately notify the appropriate EPA Incident Reporting Contact, as identified at <https://www.epa.gov/npdes/pesticide-permitting>, of the adverse incident within 24 hours. The Operator(s) must provide a written report of the adverse incident to the appropriate EPA Regional office at the address listed in Part 8 of the permit and to the state lead agency for pesticide regulation (see <http://npic.orst.edu/state1.htm>).

If an Operator becomes aware of an adverse incident affecting a federally listed threatened or endangered species or federally designated critical habitats which may have resulted from a discharge from the Operator's pesticide application, the Operator must immediately notify the National Marine Fisheries Service (NMFS) in the case of an anadromous or marine species, (see <http://www.nmfs.noaa.gov>) or the United States Fish and Wildlife Service (FWS) in the case of a terrestrial or freshwater species (see <http://www.fws.gov>).

## Completing the 30-day Adverse Incident Report

To complete this form, type or print in uppercase letters in the appropriate areas only. Please make sure you complete all questions. Make sure you make a photocopy for your records before you send the completed original form to the appropriate EPA Regional office.

### Section A. Reportable Adverse Incident

The Operator is required to submit this Adverse Incident Report if the adverse incident is reportable. Check yes if the adverse incident is reportable. If an Adverse Incident Report is not required, check no. No further action is needed on this form. Reporting of adverse incidents is not required under the PGP in the following situations:

- a. An Operator is aware of facts that indicate that the adverse incident was not related to toxic effects or exposure from the pesticide application;
- b. An Operator has been notified by EPA, and retains such notification, that the reporting requirement has been waived for this incident or category of incidents;
- c. An Operator receives information notifying the Operator of an adverse incident, but that information is clearly erroneous; or
- d. An adverse incident occurs to pests that are similar in kind to potential target pests identified on the FIFRA label.

### Section B. Information from the 24-hour Adverse Incident Notification

1. Provide contact information for the person who called EPA to report the adverse incident.
  - a. Enter the legal name of the caller.
  - b. Enter the phone number of the caller.
2. Provide the Operator's contact information.
  - a. Enter the legal name of the Operator.
  - b. Enter the mailing address of the Operator.
3. If an NOI was filed as required in Part 1.2 of the permit, enter the NPDES Permit Tracking Number assigned by eNOI or the EPA's Pesticides Processing Center. You can find the tracking number assigned to your NOI using EPA's eNOI System (<https://www.epa.gov/npdes/pesticide-permitting>). If no NOI submitted, enter "NA" for not applicable.
4. Provide information for a contact person, if different than the person who called EPA to report the adverse incident.
  - a. Enter the legal name of the contact person.
  - b. Enter the phone number of the contact person.
5. Provide a description of how and when the Operator became aware of the adverse incident.
6. Provide a description of the location of the adverse incident.
7. Provide a description of the adverse incident and the pesticide product used in the adverse incident. Include the EPA pesticide registration number for each product applied in the area of the adverse incident. Attach additional pages if necessary.
8. Provide a description of any steps the Operator has taken to correct, repair, remedy, clean up or otherwise address the adverse effects of the incident.
9. Identify any other Operators authorized for coverage under the permit for discharges from the pesticide application activities that resulted in the adverse incident. If other Operators are authorized under this permit, provide details of your notification of those other Operator(s).

### Section C. Date and Time the Operator Notified EPA of the Adverse Incident

1. Enter the date that EPA was contacted to report the adverse incident.
2. Enter the time EPA was contacted to report the adverse incident.
3. Provide the legal name and title of the person contacted at EPA.
4. Provide a description of the instructions received by EPA.

### Section D. Other Information Required in the Thirty (30) Day Adverse Incident Report

1. Enter the location of the adverse incident and include the names of any waters affected. Please include the appearance of those waters (sheen, color, clarity, etc.).
2. Provide a description of the circumstances of the adverse incident including species affected, estimated number of affected individuals and approximate size of dead or distressed organisms.
3. Provide a description of the magnitude and scope of the affected area. Include aquatic square area or total stream distance affected, if possible.
4. Provide the pesticide application rate, intended use site (e.g., on the bank, above waters, or directly to water), method of application, and the name of pesticide product and EPA pesticide registration number.
5. Provide a description of the habitat and the circumstances under which the adverse incident occurred (including any available ambient water data for pesticides applied).
6. Indicate which laboratory test(s) were performed and when, if laboratory tests were performed. The summary of the test results must be provided within 5 days after they become available, if not available at the time of submission of this report.
7. Provide a description of the actions to be taken to prevent recurrence of adverse incidents.

## Section E. Certification

Enter the certifier's printed name and title. Sign and date the form. For more information about the certification statement and signature, see Appendix B of the permit. (CAUTION: An unsigned or undated form will not be accepted.) Federal statutes provide for severe penalties for submitting false information. Federal regulations require this application to be signed as follows:

*For a corporation:* by a responsible corporate officer, which means:

- (i) president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or
- (ii) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions that govern the operation of the regulated activity including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures;

*For a partnership or sole proprietorship:* by a general partner or the proprietor; or

*For a municipal, state, federal, or other public facility:* by either a principal executive or ranking elected official.

If the report was prepared by someone other than the certifier (for example, if the report was prepared by a consultant for the certifier's signature), include the name, organization, phone number and e-mail address of the report preparer and the date that the report was prepared.

### Paperwork Reduction Act Notice

The public reporting and recordkeeping burden for this collection of information is estimated to average 4 hours or 240 minutes per response.

Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed Adverse Incident Report to this address.

**Appendix G - Notice of Intent (NOI) Form**

Part 7.1 requires you to use the NPDES eReporting Tool, or “NeT”, to prepare and submit your NOI. However, if you are given a waiver by the EPA Regional Office to use a paper NOI form, and you elect to use it, you must complete and submit the following form.



Submission of this Notice of Intent (NOI) constitutes notice that the operator identified in Section C of this form requests authorization to discharge pursuant to the NPDES Stormwater Multi-Sector General Permit (MSGP) permit number identified in Section B of this form. Submission of this NOI also constitutes notice that the operator identified in Section C of this form meets the eligibility conditions of Part 1.1 of the MSGP for the facility identified in Section D of this form. To obtain authorization, you must submit a complete and accurate NOI form. Discharges are not authorized if your NOI is incomplete or inaccurate or if you were never eligible for permit coverage. Refer to the instructions at the end of this form to complete your NOI.

**A. Approval to Use Paper NOI Form**

1. Have you been granted a waiver from electronic reporting from the EPA Regional Office\*?  YES  NO

If yes, check which waiver you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date of approval:

- Waiver granted:  The owner/operator's headquarters is physically located in a geographic area (i.e., ZIP code or census tract) that is identified as under-served for broadband Internet access in the most recent report from the Federal Communications Commission.
- The owner/operator has issues regarding available computer access or computer capability.

Name of EPA staff person that granted the waiver:

Date approval obtained:  /  /

\* Note: You are required to obtain approval from the applicable EPA Regional Office prior to using this paper NOI form. If you have not obtained a waiver, you must file this form electronically using the NPDES eReporting Tool (NeT) at <http://water.epa.gov/polwaste/npdes/stormwater/Stormwater-eNOI-System-for-EPAs-MultiSector-General-Permit.cfm>

**B. Permit Information**

NPDES ID (EPA Use Only):

1. Master Permit Number:  (see Appendix C of the MSGP for the list of eligible master permit numbers)

2. Are you a new discharger or a new source as defined in Appendix A?  YES  NO (If yes, skip to Part C of this form).

3. If you are not a new discharger or a new source, have stormwater discharges from your facility been covered previously under an NPDES permit?  
 YES  NO

If yes, provide the NPDES ID if you had coverage under EPA's 2008 MSGP or the NPDES ID if you had coverage under an EPA individual permit:

**C. Facility Operator Information**

1. Operator Information:

Operator Name:

Mailing Address:

Street:

City:  State:  ZIP Code:  -

County or Similar Government Subdivision:

Phone:  -  -  Ext.

E-mail:

2. Operator Point of Contact Information:

First Name, Middle Initial, Last Name:

Title:

3. NOI Preparer Information (Complete if NOI was prepared by someone other than the certifier):

First Name, Middle Initial, Last Name:

Organization:

Phone:  -  -  Ext.

E-mail:



If yes, which effluent limitation guidelines apply to your stormwater discharges?

40 CFR Part/Subpart	Eligible Discharges	Affected MSGP Sector	New Source Date	Check if Applicable
Part 411, Subpart C	Runoff from material storage piles at cement manufacturing facilities	E	2/20/1974	<input type="checkbox"/>
Part 418 Subpart A	Runoff from phosphate fertilizer manufacturing facilities that comes into contact with any raw materials, finished product, by-products or waste products (SIC 2874)	C	4/8/1974	<input type="checkbox"/>
Part 423	Coal pile runoff at steam electric generating facilities	O	11/19/1982 10/8/1974 <sup>1</sup>	<input type="checkbox"/>
Part 429, Subpart I	Discharges resulting from spray down or intentional wetting of logs at wet deck storage areas	A	1/26/1981	<input type="checkbox"/>
Part 436, Subpart B, C, or D	Mine dewatering discharges at crushed stone mines, construction sand and gravel mines, or industrial sand mines	J	N/A	<input type="checkbox"/>
Part 443, Subpart A	Runoff from asphalt emulsion facilities	D	7/28/1975	<input type="checkbox"/>
Part 445, Subparts A & B	Runoff from hazardous waste and non-hazardous waste landfills	K, L	2/2/2000	<input type="checkbox"/>
Part 449	Runoff containing urea from airfield pavement deicing at existing and new primary airports with 1,000 or more annual non-propeller aircraft departures	S	6/15/2012	<input type="checkbox"/>

<sup>1</sup>NSPS promulgated in 1974 were not removed via the 1982 regulation; therefore wastewaters generated by Part 423-applicable sources that were New Sources under the 1974 regulations are subject to the 1974 NSPS.

3. Receiving Waters Information: (Attach a separate list if necessary)

List all of the stormwater outfalls from your facility. Each outfall must be identified by a unique 3-digit ID (e.g., 001, 002). Also provide the latitude and longitude in degrees decimal for each outfall.		For each outfall, provide the following receiving water information:		
		Provide the name of the first water of the U.S. that receives stormwater directly from the outfall and/or from the MS4 that the outfall discharges to:	If the receiving water is impaired (on the CWA 303(d) list), list the pollutants that are causing the impairment:	If a TMDL been completed for this receiving waterbody, providing the following information:
Outfall ID				TMDL Name and ID:
Latitude				Pollutant(s) for which there is a TMDL:
Longitude				
Outfall ID				TMDL Name and ID:
Latitude				Pollutant(s) for which there is a TMDL:
Longitude				
If substantially identical to other outfall, list identical outfall ID: _____				

Outfall ID				TMDL Name and ID:
Latitude				Pollutant(s) for which there is a TMDL:
Longitude				

If substantially identical to other outfall, list identical outfall ID: \_\_\_\_\_

Outfall ID				TMDL Name and ID:
Latitude				Pollutant(s) for which there is a TMDL:
Longitude				

If substantially identical to other outfall, list identical outfall ID: \_\_\_\_\_

Outfall ID				TMDL Name and ID:
Latitude				Pollutant(s) for which there is a TMDL:
Longitude				

If substantially identical to other outfall, list identical outfall ID: \_\_\_\_\_

Outfall ID				TMDL Name and ID:
Latitude				Pollutant(s) for which there is a TMDL:
Longitude				

If substantially identical to other outfall, list identical outfall ID: \_\_\_\_\_







**Notice of Intent (NOI) for Stormwater Discharges  
Associated with Industrial Activity Under the NPDES Multi-Sector General Permit**

NPDES Form Date (06/15)

This Form Replaces From 3510-6 (09/08)

Form Approved OMB No. 2040-0004

**Who Must File an NOI Form**

Under section 402(p) of the Clean Water Act (CWA) and regulations at 40 CFR Part 122, stormwater discharges associated with industrial activity are prohibited to waters of the United States unless authorized under a National Pollutant Discharge Elimination System (NPDES) permit. You can obtain coverage under the MSGP by submitting a completed Notice of Intent (NOI) if you are an operator a facility:

- that is located in a jurisdiction where EPA is the permitting authority, listed in Appendix C of the MSGP,
- that discharges stormwater associated with industrial activities, identified in Appendix D of the MSGP,
- that meets the eligibility requirements in Part 1.1 of the permit,
- that has developed a stormwater pollution prevention plan (SWPPP) in accordance with Part 5 of the MSGP; and
- that installs and implements control measures in accordance with Part 2 and Part 8 to meet numeric and non-numeric effluent limits.

**Completing the Form**

Obtain and read a copy of the 2015 MSGP, viewable at <http://water.epa.gov/polwaste/npdes/stormwater/EPA-Multi-Sector-General-Permit-MSGP.cfm>. To complete this form, type or print, using uppercase letters, in the appropriate areas only. Please place each character between the marks. Abbreviate if necessary to stay within the number of characters allowed for each item. Use only one space for breaks between words, but not for punctuation marks unless they are needed to clarify your response. **Please submit original document with signature in ink - do not send a photocopied signature.**

**Section A. Approval to Use Paper NOI Form**

You must indicate whether you have been granted a waiver from electronic reporting from the EPA Regional Office. Note that you are not authorized to use this paper NOI form unless the EPA Regional Office has approved its use. Where you have obtained approval to use this form, indicate the waiver that you have been granted, the name of the EPA staff person who granted the waiver, and the date that approval was provided.

See <http://water.epa.gov/polwaste/npdes/stormwater/Stormwater-Contacts.cfm> for a list of EPA Regional Office contacts.

**Section B. Permit Information**

Provide the master permit number of the permit under which you are applying for coverage (see Appendix C of the general permit for the list of eligible master permit numbers).

You must indicate whether you are a new discharger or a new source (see Appendix A for the definitions). If you are not a new discharger or a new source, you must indicate whether stormwater discharges from your facility have been previously covered under another NPDES permit. If yes, you must provide the unique NPDES ID (i.e., permit tracking number) for the previous permit your facility was covered under.

**Section C. Facility Operator Information**

Provide the legal name of the person, firm, public organization, or any other entity that operates the facility described in this NOI. An operator of a facility is the legal entity that controls the operation of the facility. Refer to Appendix A of the permit for the definition of "operator". Provide the operator's mailing address, phone number,

and e-mail. Correspondence for the NOI will be sent to this address. Also provide the name and title for the operator point of contact (note that the point of contact name may be the same as the operator name).

If the NOI was prepared by someone other than the certifier (for example, if the NOI was prepared by the facility SWPPP contact or a consultant for the certifier's signature), include the full name, organization, phone number, and email address of the NOI preparer.

**Section D. Facility Information**

Enter the official or legal name and complete address, including city, state, ZIP code, and county or similar government subdivision of the facility. If the facility lacks a street address, indicate the general location of the facility (e.g., Intersection of State Highways 61 and 34). Complete facility information must be provided for permit coverage to be granted.

Provide the latitude and longitude of your facility in decimal degrees format. The latitude and longitude of your facility can be determined in several different ways, including through the use of global positioning system (GPS) receivers, U.S. Geological Survey (U.S.G.S.) topographic or quadrangle maps. Refer to <http://transition.fcc.gov/mb/audio/bickel/DDDMSS-decimal.html/> for assistance in providing the proper latitude/longitude format. For consistency, EPA requests that measurements be taken from the approximate center of the facility. Specify which method you used to determine latitude and longitude. If a U.S.G.S. topographic map is used, specify the scale of the map used. Enter the horizontal reference datum for your latitude and longitude. The horizontal reference datum used on USGS topographic maps is shown on the bottom left corner of USGS topographic maps; it is also available for GPS receivers.

Indicate whether the facility is on Indian country lands, and if so, provide the name of the Indian tribe associated with the area of Indian country (including name of Indian reservation, if applicable).

Indicate whether you are seeking coverage under this permit as a "federal operator" as defined in Appendix A. Also check the ownership type for the facility (e.g., Federal Facility, Privately Owned Facility, Municipality, County Government, Corporation, State Government, Tribal Government, School District, District, Mixed Ownership [e.g., public/private], Municipal or Water District).

Enter the estimated area of industrial activity at your facility exposed to stormwater to the nearest quarter acre.

List the four-digit Standard Industrial Classification (SIC) code or two character activity code that best describes the primary industrial activities performed by your facility under which you are required to obtain permit coverage. Your primary industrial activity includes any activities performed on-site which are (1) identified by the facility's primary SIC code and included in the descriptions of 40 CFR 122.26(b)(14)(ii), (iii), (vi), or (viii); or (2) included in the narrative descriptions of 40 CFR 122.26(b)(14)(i), (iv), (v), (vii), or (ix). See Appendix D of the MSGP for a complete list of SIC codes and activities codes covered under the MSGP. Also provide the applicable sector and subsector associated with the SIC code or activity code for your primary industrial activities. For a complete list of sector and subsector codes, see Appendix D of the MSGP.

If your facility has co-located industrial activities that are not identified as your primary industrial activity, identify the sector and subsector codes that describe these other industrial activities.

**Notice of Intent (NOI) for Stormwater Discharges  
Associated with Industrial Activity Under the NPDES Multi-Sector General Permit**

NPDES Form Date (06/15)    This Form Replaces From 3510-6 (09/08)    Form Approved OMB No. 2040-0004

For Sector S facilities (Air Transportation), indicate whether you anticipate that the entire airport facility will use more than 100,000 gallons of pure glycol in glycol-based deicing fluids and/or 100 tons or more of urea on an average annual basis. If so, additional effluent limits and monitoring conditions apply to your discharge (see Part 8.5 of the permit).

For Sector G facilities (Metal Mining), check the type of ore(s) mined at the facility.

Indicate whether your facility is currently inactive and unstaffed. Note that if your facility becomes inactive and unstaffed during the permit term, you must submit an NOI modification to reflect the change.

**Section E. Discharge Information**

You must confirm that you understand that the MSGP only authorizes the allowable stormwater discharges listed in Part 1.1.2 and the allowable non-stormwater discharges listed in Part 1.1.3. Any discharges not expressly authorized under the MSGP are not covered by the MSGP or the permit shield provision of the CWA Section 402(k) and they cannot become authorized or shielded by disclosure to EPA, state, or local authorities via the NOI to be covered by the permit or by any other means (e.g., in the SWPPP or during an inspection). If any discharges requiring NPDES permit coverage other than the allowable stormwater and non-stormwater discharges listed in Parts 1.1.2 and 1.1.3 will be discharged, they must either be eliminated or covered under another NPDES permit.

Depending on your industrial activities, your facility may be subject to federal effluent limitation guidelines which include additional effluent limits and monitoring requirements for your facility. Please review these requirements, described in Part 2.1.3 of the MSGP, and check any appropriate boxes on the NOI form.

You must identify all the outfalls from your facility that discharge stormwater. Each outfall must be assigned a unique 3-digit ID (e.g., 001, 002, 003). You must also provide the latitude and longitude for each outfall from your facility. Indicate whether any outfalls are substantially identical to an outfall already listed, and identify the outfall it is identical to. For each unique outfall you list, you must specify the name of the first water of the U.S. that receives stormwater directly from the outfall and/or from the MS4 that the outfall discharges to. You must specify whether any receiving waters that you discharge to are listed as "impaired" as defined in Appendix A, and the pollutants for which the water is impaired. You must also check identify any Total Maximum Daily Loads (TMDL) that have been completed for any of the waters of the U.S. that you discharge to. You must also provide information about the outfall latitude/longitude, including data source, the scale (if applicable), and the horizontal reference datum. See the instructions in Section D for more information about determining the latitude and longitude.

Identify whether your facility discharges into a Municipal Separate Storm Sewer System (MS4). If yes, provide the name of the MS4 operator. If you are uncertain of the MS4 operator, contact your local government for that information.

Indicate whether discharges from the facility will enter into a water of the U.S that is designated as a Tier 2, Tier 2.5, or Tier 3 water. A list of Tier 2, 2.5, and 3 waters is provided as Appendix L. If the answer is "yes", name all waters designated as Tier 2, Tier 2.5, or Tier 3 to which the facility will discharge. Note that you are ineligible for coverage if you are a new discharger or a new source to waters designated as Tier 3 (outstanding national resource waters) for antidegradation purposes under 40 CFR 131.13(a)(3).

If you are subject to any benchmark monitoring requirements for metals (see the requirements applicable to your Sector(s) in Part 8 of the permit), indicate the hardness for your receiving water(s). See Appendix J of the permit for information about determining waterbody hardness.

If you are subject to benchmark monitoring requirements for hardness-dependent metals you must also answer whether your facility discharges into any saltwater receiving waters.

Indicate whether your facility will discharge to a federal CERCLA site listed in Appendix P. Note that if your facility will discharge into a federal CERCLA site listed in Appendix P, you are not eligible for coverage under this permit unless you notify the EPA Regional Office in advance and the EPA Regional Office authorizes overage under this permit after you have included adequate controls and/or procedures designed to ensure that discharges will not lead to recontamination of aquatic media at the CERCLA site such that your discharge will cause or contribute to an exceedance of a water quality standard.

**Section F. Stormwater Pollution Prevention Plan (SWPPP) Information**

All facilities eligible for coverage under this permit are required to prepare a SWPPP in advance of filing the NOI, in accordance with Part 5. Indicate whether the SWPPP has been prepared in advance of filing the NOI.

Indicate the contact information (name, phone, and email) for the person who developed the SWPPP for this facility.

You identify how your SWPPP information will be made available, consistent with Part 5.4 and 7.3 of the permit. If you are making your SWPPP publicly available on a web site, check Option 1 and provide the appropriate Internet URL address. If you are not providing a URL, check Option 2 and provide the selected SWPPP information on this NOI form. You may copy and paste this information directly from your SWPPP.

**Section G. Endangered Species Protection**

Using the instructions in Appendix E, indicate the Part 1.1.4.5 criterion (i.e., A, B, C, D, or E) you are eligible under with regard to the protection of federally listed endangered and threatened species and designated critical habitat. A description of the basis for the criterion selected must also be provided.

If criterion B is selected, provide the NPDES ID (i.e., permit tracking number) for the other operator who has certified their eligibility under this permit. The NPDES ID was assigned when the operator received coverage under this permit.

If criterion C is selected, you must specify the federally-listed species or designated critical habitat that are located in the "action area" of the facility. You must also indicate under which scenario you determined you were eligible to submit your NOI under criterion C using Appendix E, and answer any corresponding questions.

If criterion D or E is selected, attach copies of any communications between you and the U.S. Fish and Wildlife Service and National Marine Fisheries Service to this NOI.

**Section H. Historic Preservation**

If the project is not located in Indian country lands, indicate whether the project is located on a property of religious or cultural significance to an Indian tribe, and if so, provide the name of the Indian tribe associated with the property. Use the instructions in Appendix F to complete the questions on the NOI form regarding historic preservation.

**Notice of Intent (NOI) for Stormwater Discharges  
Associated with Industrial Activity Under the NPDES Multi-Sector General Permit**

NPDES Form Date (06/15)    This Form Replaces From 3510-6 (09/08)    Form Approved OMB No. 2040-0004

**Section I. Certification**

Certification statement and signature (see Section B.11 of Appendix B of the MSGP for more information). Enter certifier's printed name, title and email address. Sign and date the form. (CAUTION: An unsigned or undated NOI form will prevent the granting of permit coverage.) Federal statutes provide for severe penalties for submitting false information on this application form. Federal regulations require this application to be signed as follows:

*For a corporation:* by a responsible corporate officer, which means: (i) 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- or decision-making functions for the corporation, or (ii) the manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

*For a partnership or sole proprietorship:* By a general partner or the proprietor, respectively; or

*For a municipality, state, federal, or other public agency:* By either a principal executive officer or ranking elected official. For purposes of this Part, a principal executive officer of a federal agency includes (i) the chief executive officer of the agency, or (ii) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrator of EPA). Include the name and title of the person signing the form and the date of signing.

An unsigned or undated NOI form will not be considered eligible for permit coverage.

**Modifying Your NOI**

If you have been granted a waiver from your Regional Office from electronic reporting, and if after submitting your NOI you need to correct or update any fields on this NOI form, you may do so by indicating changes on this same form.

**Paperwork Reduction Act Notice**

Public reporting burden for this NOI is estimated to average 3.7 hours, plus an additional 2 hours for certain respondents required to gather hardness data. This estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding the burden estimate, any other aspect of the collection of information, or suggestions for improving this form, including any suggestions which may increase or reduce this burden to: Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number on any correspondence. Do not send the completed form to this address.

**Submitting Your Form**

If you have been granted a waiver from your Regional Office to submit a paper NOI form, you must send your NOI by mail to one of the following addresses:

**For Regular U.S. Mail Delivery:**

Stormwater Notice Processing Center  
Mail Code 4203M, ATTN: 2015 MSGP Reports  
U.S. EPA  
1200 Pennsylvania Avenue, NW  
Washington, DC 20460

**For Overnight/Express Mail Delivery:**

Stormwater Notice Processing Center  
William Jefferson Clinton East Building - Room 7420  
ATTN: 2015 MSGP Reports  
U.S. EPA  
1201 Constitution Avenue, NW  
Washington, DC 20004

Visit this website for instructions on how to submit electronically:  
<http://water.epa.gov/polwaste/npdes/stormwater/Stormwater-eNOI-System-for-EPAs-MultiSector-General-Permit.cfm>

**Appendix H - Notice of Termination (NOT) Form**

Part 7.1 requires you to use the NPDES eReporting Tool, or “NeT”, to prepare and submit your Notice of Termination (NOT). However, if you are given a waiver by the EPA Regional Office to use a paper NOT form, and you elect to use it, you must complete and submit the following form.

Submission of this Notice of Termination constitutes notice that the operator identified in Section C of this form is no longer authorized to discharge pursuant to the NPDES Multi-Sector General Permit (MSGP) from the facility identified in Section D of this form. All necessary information must be included on this form. Refer to the instructions at the end of this form.

**A. Approval to use Paper NOT Form**

1. Have you been granted a waiver from electronic reporting from the Regional Office\*?  YES  NO

If yes, check which waiver you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date of approval:

Waiver granted:  The owner/operator's headquarters is physically located in a geographic area (i.e., ZIP code or census tract) that is identified as under-served for broadband Internet access in the most recent report from the Federal Communications Commission.

The owner/operator has issues regarding available computer access or computer capability.

Name of EPA staff person that granted the waiver:

Date approval obtained:  /  /

**\* Note: You are required to obtain approval from the applicable Regional Office prior to using this paper NOT form. If you have not obtained a waiver, you must file this form electronically using the NPDES eReporting Tool (NeT) at <http://water.epa.gov/polwaste/npdes/stormwater/Stormwater-eNOI-System-for-EPAs-MultiSector-General-Permit.cfm>**

**B. Permit Information**

1. NPDES ID:

2. Reason for Termination (check one only):

A new owner or operator has taken over responsibility for the facility.

You have ceased operations at the facility, there are not or no longer will be discharges of stormwater associated with industrial activity from the facility, and you have already implemented necessary sediment and erosion controls as required by Part 2.1.2.5.

You are a Sector G, H, or J facility and you have met the applicable termination requirements.

You obtained coverage under an individual or alternative general permit for all discharges required to be covered by an NPDES permit.

**C. Facility Operator Information**

1. Operator Name:

2. Mailing Address:

Street:

City:  State:  ZIP Code:  -

3. Phone:  -  -  Ext.

4. E-mail:

**D. Facility Information**

1. Facility Name:

2. Facility Address:

Street:

City:  State:  ZIP Code:  -

County or similar government subdivision:

**E. Certification Information**

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 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.

First Name, Middle Initial, Last Name:

Title:

Signature: \_\_\_\_\_ Date:  /  /

E-mail:

**Notice of Termination for Stormwater Discharges  
Associated with Industrial Activity Under the NPDES Multi-Sector General Permit**

NPDES Form Date (06/15)

This Form Replaces Form 3510-7 (09/08)

Form Approved OMB No. 2040-0004

**Who May File Notice of Termination (NOT) Form**

Permittees currently covered by EPA's NPDES Stormwater Multi-Sector General must submit a Notice of Termination (NOT) within 30 days after one or more of the following conditions have been met:

- A new owner or operator has assumed responsibility for the facility;
- You have ceased operations at the facility and there are not or no longer will be discharges of stormwater associated with industrial activity from the facility and you have already implemented necessary sediment and erosion controls per Part 2.1.2.5;
- You are a Sector G, H, or J facility and you have met the applicable termination requirements; or
- You obtained coverage under an individual or alternative general permit for all discharges required to be covered by an NPDES permit.

See the MSGP Part 1.3.3 for more information.

**Completing the Form**

To complete this form, type or print, using uppercase letters, in the appropriate areas only. Please place each character between the marks. Abbreviate if necessary to stay within the number of characters allowed for each item. Use only one space for breaks between words, but not for punctuation marks unless they are needed to clarify your response. Please submit original document with signature in ink - do not send a photocopied signature.

**Section A. Approval to Use Paper NOT Form**

You must indicate whether you have been granted a waiver from electronic reporting from the EPA Regional Office. Note that you are not authorized to use this paper NOT form unless the EPA Regional Office has approved its use. Where you have obtained approval to use this form, indicate the waiver that you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date that approval was provided. See

<http://water.epa.gov/polwaste/npdes/stormwater/Stormwater-Contacts.cfm> for a list of EPA Regional Office contacts.

**Section B. Permit Information**

Enter the existing NPDES ID (i.e., NOI tracking number) assigned to your permit authorization.

Indicate your reason for submitting this Notice of Termination by checking the appropriate box. Check only one box (see MSGP Part 1.3.3 for more information).

**Section C. Facility Operator Information**

Provide the legal name of the person, firm, public organization, or any other entity that operates the facility described in this NOT. An operator of a facility is the legal entity that controls the operation of the facility. Refer to Appendix A of the permit for the definition of "operator". Provide the operator's mailing address, phone number, and e-mail.

**Section D. Facility Information**

Enter the official or legal name and complete street address, including city, state, ZIP code, and county or similar government subdivision of the facility. If the facility lacks a street address, indicate the general location of the facility (e.g., Intersection of State Highways 61 and 34). Complete facility information must be provided for termination of permit coverage to be valid.

**Section E. Certification Information**

All NOTs must be signed as follows:

*For a corporation:* By a responsible corporate officer. For the purpose of this Section, a responsible corporate officer means: (i) 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- or decision-making functions for the corporation, or (ii) the manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

*For a partnership or sole proprietorship:* By a general partner or the proprietor, respectively; or

*For a municipality, state, federal, or other public agency:* By either a principal executive officer or ranking elected official. For purposes of this Part, a principal executive officer of a federal agency includes (i) the chief executive officer of the agency, or (ii) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrator of EPA). Include the name and title of the person signing the form and the date of signing.

Include the name, title, and email address of the person signing the form and the date of signing. An unsigned or undated NOT form will not be considered valid termination of permit coverage.

**Paperwork Reduction Act Notice**

Public reporting burden for this Notice of Termination is estimated to average 0.5 hours, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of the collection of information, or suggestions for improving this form, including any suggestions which may increase or reduce this burden to: Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number of this form on any correspondence. Do not send the completed NOT form to this address.

Instructions for Completing EPA Form 3510-7

**Notice of Termination for Stormwater Discharges  
Associated with Industrial Activity Under the NPDES Multi-Sector General Permit**

NPDES Form Date (06/15) This Form Replaces Form 3510-7 (09/08) Form Approved OMB No. 2040-0004

**Submitting Your Form**

If you have been granted a waiver from your Regional Office to submit a paper NOT form, you must send your NOT by mail to one of the following addresses:

**For Regular U.S. Mail Delivery:**

Stormwater Notice Processing Center  
Mail Code 4203M, ATTN: 2015 MSGP Reports  
U.S. EPA  
1200 Pennsylvania Avenue, NW  
Washington, DC 20460

**For Overnight/Express Mail Delivery:**

Stormwater Notice Processing Center  
William Jefferson Clinton East Building - Room 7420  
ATTN: 2015 MSGP Reports  
U.S. EPA  
1201 Constitution Avenue, NW  
Washington, DC 20004

Visit this website for instructions on how to submit electronically:  
<http://water.epa.gov/polwaste/npdes/stormwater/Stormwater-eNOI-System-for-EPAs-MultiSector-General-Permit.cfm>

**Appendix M - Discharge Monitoring Report (DMR) Form**

Part 7.1 requires you to use the electronic NetDMR system to prepare and submit your Discharge Monitoring Report (DMR) form. However, if you are given approval by the EPA Regional Office to use a paper DMR form, and you elect to use it, you must complete and submit the following form.



**A. Approval to Use Paper DMR Form**

1. Have you been granted a waiver from electronic reporting from the EPA Regional Office\*?  YES  NO

If yes, check which waiver you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date of approval:

- Waiver granted:  The owner/operator's headquarters is physically located in a geographic area (i.e., ZIP code or census tract) that is identified as under-served for broadband Internet access in the most recent report from the Federal Communications Commission.
- The owner/operator has issues regarding available computer access or computer capability.

Name of EPA staff person that granted the waiver:

Date approval obtained:  /  /

**\* Note: You are required to obtain approval from the applicable EPA Regional Office prior to using this paper DMR form. If you have not obtained a waiver, you must file this form electronically using the NetDMR at <http://www.epa.gov/netdmr/>**

**B. Permit Information**

1. NPDES ID:

2. Reason(s) for Submission (Check all that apply):

- Submitting monitoring data (Fill in all Sections).
- Reporting no discharge for all outfalls for this monitoring period (Fill in Sections A, B, C, D, E.1, and G).
- Reporting that your site status has changed to inactive and unstaffed (Fill in Sections A, B, C, D, and F and include date of status change in comment field in Section F.4).
- Reporting that your site status has changed to active (Fill in all Sections and include date of status change in comment field in Section F.4).
- Reporting that no further pollutant reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the MSGP (Fill in Sections A, B, C, D, and G).

**C. Facility Operator Information**

**1. Operator Information**

Operator Name:

Mailing Address:

Street:

City:  State:  ZIP Code:  -

Phone:  -  -  Ext.

E-mail:

**2. DMR Preparer (Complete if DMR was prepared by someone other than the certifier):**

First Name, Middle Initial, Last Name:

Organization:

Phone:  -  -  Ext.

E-mail:





**G. 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 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.

First Name, Middle Initial, Last Name:

Title:

Signature: \_\_\_\_\_

Date:  /  /

E-mail:

**Discharge Monitoring Report (DMR) for Stormwater Discharges  
Associated with Industrial Activity Under the NPDES Multi-Sector General Permit**

NPDES Form Date (06/15)

Form Approved OMB No. 2040-0004

**Who Must Submit A Discharge Monitoring Report to EPA?**

Facilities covered under the Multi-Sector General Permit (MSGP or permit) that are required to monitor pursuant to Parts 6.2 and 8 of the permit must submit Discharge Monitoring Reports (DMRs) consistent with the reporting requirements specified in Part 7.1 of the permit.

**Completing the Form**

Obtain and read a copy of the 2015 MSGP, viewable at <http://water.epa.gov/polwaste/npdes/stormwater/EPA-Multi-Sector-General-Permit-MSGP.cfm>. To complete this form, type or print, using uppercase letters, in the appropriate areas only. Please place each character between the marks. Abbreviate if necessary to stay within the number of characters allowed for each item. Use only one space for breaks between words, but not for punctuation marks unless they are needed to clarify your response. Please submit original document with signature in ink - do not send a photocopied signature. **Photocopy your DMR form for your records before you send the completed original form to the appropriate address.**

**Section A. Approval to Use Paper DMR Form**

You must indicate whether you have been granted a waiver from electronic reporting from the EPA Regional Office. Note that you are not authorized to use this paper DMR form unless the EPA Regional Office has approved its use. Where you have obtained approval to use this form, indicate the waiver that you have been granted, the name of the EPA staff person who granted the waiver, and the date that approval was provided. See <http://water.epa.gov/polwaste/npdes/stormwater/EPA-Multi-Sector-General-Permit-MSGP.cfm> for a list of EPA Regional Office contacts.

**Section B. Permit Information**

Provide the NPDES ID (i.e., NOI tracking number) assigned to the facility for which this DMR is being submitted.

Indicate your reason(s) for submitting this DMR by checking all boxes that apply. The reasons for submission are defined as follows:

- *Submitting monitoring data:* For each storm sampled, submit one DMR form with data for all outfalls sampled. Select this reason even if you only have monitoring data for some of your outfalls (i.e., some outfalls did not discharge). If you select this reason you are required to complete all Sections of the form.
- *Reporting no discharge for all outfalls for this monitoring period:* Indicates that there were no discharges from all outfalls during this monitoring period. If you select this reason you are only required to complete Sections A, B, C, D, E.1, and G.
- *Reporting that your site status has changed to inactive and unstaffed:* Indicates that your facility is currently inactive and unstaffed (See Part 6.2.1.3 of the permit for more information). If you select this reason you are only required to complete Sections A, B, C, D, and F and include date of status change in comment field in Section F.4
- *Reporting that your site status has changed from inactive to active:* Indicates that your facility is currently active (See Part 6.2.1.3 of the permit for more information). If you select this reason you are required to complete all Sections of the form and include date of status change in the comment field in Section F.4.

- *Reporting that no further reductions are achievable for all outfalls and for all pollutants via Part 6.2.1.2 of the permit:* Indicates that you have determined that no further pollutant reductions are technologically and economically practicable in light of best industry practice to meet the technology-based effluent limits or are necessary to meet the water-quality-based effluent limitations in Parts 2 of the permit (See Part 6.2.1.2 of the permit for more information). If you select this reason you are required to complete Sections A, B, C, D and G. However, if you can make this finding for some outfalls and pollutants, but not for others, you cannot select this reason; you will instead be able to identify which outfalls and which pollutants you can make this finding for in Section F.

**Section C. Facility Operator Information.**

Provide the legal name of the person, firm, public organization, or any other entity that operates the facility for which this DMR is being submitted. An operator of a facility is the legal entity that controls the operation of the facility. Refer to Appendix A of the permit for the definition of "operator". Provide the operator's mailing address, phone number, and e-mail. The operator information in this Section should match the operator information provided on your NOI form.

Provide the name, organization, phone number, an email address for the person who prepared this DMR form.

**Section D. Facility Information**

Enter the official or legal name and complete street address, including city, state, ZIP code, and county or similar government subdivision of the facility. If the facility lacks a street address, indicate the general location of the facility (e.g., Intersection of State Highways 61 and 34). Complete facility information must be provided for permit coverage to be granted. The facility information in this Section should match the facility information provided on your NOI form.

**Section E. Discharge Information.**

Indicate the appropriate monitoring period (Quarter 1, 2, 3, or 4) covered by the DMR. "Alternative" monitoring periods can apply to facilities located in arid and semi-arid climates, or in areas subject to snow or prolonged freezing. To use alternative monitoring periods, you must provide a revised monitoring schedule here. If using alternative monitoring periods, identify the first day of the monitoring period through the last day of the monitoring period for each of the four periods. The dates should be displayed as month (Mo) / day (Day). See Parts 6.1.6 and 6.1.7 of the permit for more information.

If you are submitting benchmark monitoring data, identify if your facility is required to collect benchmark samples for one or more hardness-dependent metals (i.e., cadmium, copper, lead, nickel, silver, and zinc). If you select "yes" to this question provide the hardness level of the receiving water (in mg/L). If you select "no" to this question, you must identify if your facility discharges into any saltwater receiving waters.

**Discharge Monitoring Report (DMR) for Stormwater Discharges  
Associated with Industrial Activity Under the NPDES Multi-Sector General Permit**

NPDES Form Date (06/15)

Form Approved OMB No. 2040-0004

**F. Monitoring Information**

For the reported monitoring event indicate whether the discharge was from a rainfall or snowmelt event. If you select "rainfall" then indicate the duration (in hours) of the rainfall event, rainfall total (in inches) for that rainfall event, and time (in days) since the previous measurable storm event in line items 2.a-c. For both rainfall and snowmelt monitoring, you must identify the date of collection for the monitoring event in column 3.i. of the table. If the discharge occurs during a period of both rainfall and snowmelt, check both the rainfall and snowmelt boxes and report the appropriate rainfall information in item 2.a-c. To report multiple monitoring events in the same reporting period, copy this form and enter each monitoring event separately with data for all outfalls sampled.

Identify all the outfalls from your facility that discharge stormwater. Each outfall must be assigned a unique 3-digit number (e.g., 001, 002, 003), and should match the outfalls identified on your NOI form.

If any outfalls are substantially identical, check the box in 3.b and identify the outfall that the outfall in 3.a is substantially identical to. In 3.d – k, you only need to provide benchmark monitoring data for one of the outfalls.

For any outfall for which there was no discharge during the monitoring period, check the box in 3.

In 3.d, identify the type of monitoring using the specified codes, in parentheses, below:

- (QBM) – Quarterly benchmark monitoring
- (ELG) – Annual effluent limitations guidelines monitoring;
- (S/T) – State- or Tribal-specific monitoring;
- (I) – Impaired waters monitoring; or
- (O) – Other monitoring as required by EPA.

In 3.e, enter each "parameter" (or "pollutant") monitored. For QBM and ELG monitoring, use the same parameter name as in Part 8 of the permit.

In 3.f., enter a sample measurement value for each parameter analyzed and required to be reported. Enter "ND" (i.e., not detected) for any sample results below the method detection limit or "BQL" (i.e., below quantitation limit) for sample results above the detection limit but below the quantitation limit.

In 3.g., enter the units for sample measurement values (i.e., "mg/L" for milligrams per liter) for each parameter analyzed and required to be reported. For monitoring results reported as ND or BQL this space will be left blank and the units will be reported in Column 3.f.

3.h. must be completed for any monitoring results reported as ND or BQL in the "Quality or Concentration" column. For ND, report the laboratory detection level and units in this column. For BQL, report the laboratory quantitation limit and units in this column.

In 3.i. identify the sampling date for each parameter monitoring result reported on this form.

3.h. *Exceedance due to natural background pollutant levels:* Check box if following the first 4 quarters of benchmark monitoring (or sooner if the exceedance is triggered by less than 4 quarters of data) you have determined that the exceedance of the

benchmark is attributable solely to the presence of that pollutant in the natural background for that outfall and any substantially identical outfalls, or for impaired waters monitoring, the presence of the pollutant is caused solely by natural background. See Part 6.2.1.2 and 6.2.4.1 of the permit for more information.

In 3.j. check the box if after collection of 4 quarterly samples (or sooner if the exceedance is triggered by less than 4 quarters of data), the average of the 4 monitoring values for any parameter exceeds the benchmark and you have made the determination that no further pollutant reductions are technologically available and economically practicable and achievable in light of best industry practice to meet the technology-based effluent limits or are necessary to meet the water-quality-based effluent

Where violations of the permit requirements are reported, include a brief explanation to describe the cause and corrective actions taken, and reference each violation by date. Also, this section should include any additional comments such as are required when changing site status from inactive and unstaffed to active or vice versa. Attach additional pages if you need more space.

Attach additional copies of Section F as necessary to address all outfalls and parameters.

**Section G. Certification Information**

DMRs must be signed by a person described below, or by a duly authorized representative of that person.

*For a corporation:* By a responsible corporate officer. For the purpose of this Section, a responsible corporate officer means:

(i) 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- or decision-making functions for the corporation, or (ii) the manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

*For a partnership or sole proprietorship:* By a general partner or the proprietor, respectively; or

*For a municipality, state, federal, or other public agency:* By either a principal executive officer or ranking elected official. For purposes of this Part, a principal executive officer of a federal agency includes (i) the chief executive officer of the agency, or (ii) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrator of EPA). Include the name and title of the person signing the form and the date of signing.

**Discharge Monitoring Report (DMR) for Stormwater Discharges  
Associated with Industrial Activity Under the NPDES Multi-Sector General Permit**

NPDES Form Date (06/15)

Form Approved OMB No. 2040-0004

A person is a duly authorized representative only if:

1. The authorization is made in writing by a person described above;
2. The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity such as the position of plant manager, operator of a well or a well field, superintendent, position of equivalent responsibility, or an individual or position having overall responsibility for environmental matters for the company, (A duly authorized representative may thus be either a named individual or any individual occupying a named position.) and
3. The written authorization is submitted to the Director.

An unsigned or undated DMR form be considered incomplete.

**Paperwork Reduction Act Notice**

Public reporting burden for this form is estimated to average 7.25 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding the burden estimate, any other aspect of the collection of information, or suggestions for improving this form, including any suggestions which may increase or reduce this burden to: Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number of this form on any correspondence. Do not send the completed DMR form to this address.

**Submitting Your Form**

If you have been granted a waiver from your Regional Office to submit a paper DMR form, you must send your DMR form by mail to one of the following addresses:

Region 1

MSGP Discharge Monitoring Reports (OES4-SMR)  
EPA New England, Region 1  
5 Post Office Square - Suite 100  
Boston, MA 02109-3912

Region 2

MSGP Discharge Monitoring Reports  
290 Broadway  
DECA/CAPBS/DMT  
21st Floor  
New York, NY, 10007-1866

Region 3

Nancy Ford  
U.S. EPA Region 3  
1650 Arch Street  
Mail Code #3WP60  
Philadelphia, PA 19103

Region 5

U.S. Environmental Protection Agency Region 5  
77 West Jackson Boulevard (WN-16J)  
Chicago, Illinois 60604  
Attn: Brian Bell - Storm Water Coordinator

Region 6

U.S. EPA, Region 6 MSGP DMRs  
Water Enforcement Branch (6EN-WC)  
1445 Ross Avenue  
Dallas, TX 75202

Region 7

Neal Gilbert  
U.S. Environmental Protection Agency, Region 7  
Enforcement Coordination Office  
11201 Renner Blvd  
Lenexa, KS 66219

Region 8

U.S. EPA, Region 8 (ENF-PJ)  
Attention: DMR Coordinator  
1595 Wynkoop Street  
Denver, CO 80202-1129

Region 9

Sandra Chew  
U.S. EPA Region 9  
Information Management Section, ENF-4-1  
75 Hawthorne Street  
San Francisco, CA 94105

Region 10

U.S. EPA Region 10  
Attn: NPDES Data Manager, OCE-101  
1200 Sixth Avenue, Suite 900  
Seattle, WA 98101

Visit this website for instructions on how to submit electronically:  
<http://water.epa.gov/polwaste/npdes/stormwater/Stormwater-eNOI-System-for-EPAs-MultiSector-General-Permit.cfm>

**Appendix I - Annual Report Form**

Part 7.1 requires you to use the NPDES eReporting Tool, or "NeT", to prepare and submit your Annual Report. However, if you are given a waiver by the EPA Regional Office to use a paper annual report form, and you elect to use it, you must complete and submit the following form.



**A. Approval to Use Paper Annual Report Form**

1. Have you been granted a waiver from electronic reporting from the EPA Regional Office\*?  YES  NO

If yes, check which waiver you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date of approval:

- Waiver granted:  The owner/operator's headquarters is physically located in a geographic area (i.e., ZIP code or census tract) that is identified as under-served for broadband Internet access in the most recent report from the Federal Communications Commission.
- The owner/operator has issues regarding available computer access or computer capability.

Name of EPA staff person that granted the waiver:

Date approval obtained:  /  /

**\* Note: You are required to obtain approval from the applicable EPA Regional Office prior to using this paper annual report form. If you have not obtained a waiver, you must file this form electronically using the NPDES eReporting Tool (NeT) at <http://water.epa.gov/polwaste/npdes/stormwater/Stormwater-eNOI-System-for-EPA's-MultiSector-General-Permit.cfm>**

**B. Permit Information**

1. NPDES ID:

**C. Facility Information**

1. Facility Name:

2. Facility Phone:  -  -  Ext.

3. Facility Mailing Address:

Street:

City:  State:  ZIP Code:  -

County or Similar Government Subdivision:

4. Point of Contact:

First Name, Middle Initial, Last Name:

**D. General Findings**

1. Provide a summary of your past year's routine facility inspection documentation (see Part 3.1.2 of the permit). In addition, if you are an operator of an airport facility (Sector S) that is subject to the airport effluent limitations guidelines, and are complying with the MSGP Part 8.S.8.1 effluent limitation through the use of non-urea-containing deicers, provide a statement certifying that you do not use pavement deicers containing urea (e.g., "Urea was not used at [name of airport] for pavement deicing in the past year and will also not be used in 2015." (Note: Operators of airport facilities that are complying with Part 8.S.8.1 by meeting the numeric effluent limitation for ammonia do not need to include this statement.)

2. Provide a summary of your past year's quarterly visual assessment documentation (see Part 3.2.2 of the permit).

3. For any four-sample (minimum) average benchmark monitoring exceedance, if after reviewing the selection, design, installation, and implementation of your control measures and considering whether any modifications are necessary to meet the effluent limits in the permit, you determine that no further pollutant reductions are technologically available and economically practicable and achievable in light of best industry practice, provide your rationale for why you believe no further reductions are achievable (see Part 6.2.1.2 of the permit). Enter "NA" if not applicable.

4. Provide a summary of your past year's corrective action documentation (See Part 4.4 of the permit). (Note: If corrective action is not yet completed at the time of submission of this annual report, you must describe the status of any outstanding corrective action(s).) Also describe any incidents of noncompliance in the past year or currently ongoing, or if none, provide a statement that you are in compliance with the permit.

**E. Certification Information**

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 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.

First Name, Middle Initial, Last Name:

Title:

Signature: \_\_\_\_\_ Date:  /  /

E-mail:

**Annual Report for Stormwater Discharges  
Associated with Industrial Activity Under an NPDES General Permit**

**Who Must File an Annual Report**

Operators must submit an Annual Report to EPA electronically, per Part 7.5, by January 30<sup>th</sup> for each year of permit coverage containing information generated from the past calendar year.

**Completing the Form**

To complete this form, type or print, using uppercase letters, in the appropriate areas only. Please place each character between the marks. Abbreviate if necessary to stay within the number of characters allowed for each item. Use only one space for breaks between words, but not for punctuation marks unless they are needed to clarify your response. Please submit original document with signature in ink - do not send a photocopied signature.

**Section A. Approval to Use Paper Annual Report Form**

You must indicate whether you have been granted a waiver from electronic reporting from the EPA Regional Office. Note that you are not authorized to use this paper form unless the EPA Regional Office has approved its use. Where you have obtained approval to use this form, indicate the waiver that you have been granted, the name of the EPA staff person who granted the waiver, and the date that approval was provided. See <http://water.epa.gov/polwaste/npdes/stormwater/Stormwater-Contacts.cfm> for a list of EPA Regional Office contacts.

**Section B. Permit Information**

Provide the NPDES ID (i.e., NOI tracking number) assigned to your facility.

**Section C. Facility Information**

Enter the official or legal name, phone number, and complete street address, including city, state, ZIP code, and county or similar government subdivision, for the facility that is covered by the NPDES ID identified in Section B. If the facility lacks a street address, indicate the general location of the facility (e.g., Intersection of State Highways 61 and 34). Also provide a point of contact name for the facility.

**Section D. General Findings**

To complete this section you must provide the following information in your annual report:

1. A summary of your past year's routine facility inspection documentation required by Part 3.1.2 of the permit.
2. A summary of your past year's quarterly visual assessment documentation required by Part 3.2.2 of the permit.
3. If, after finding the average of your four monitoring values for any pollutant exceeds the benchmark, you decide no further pollutant reductions are technologically available and economically practicable and achievable in light of best industry practice, your rationale for why you believe no further reductions are achievable.
4. Information copied or summarized from the corrective action documentation required per Part 4.4 (if applicable). If corrective action is not yet completed at the time of submission of this Annual Report, you must describe the status of any outstanding corrective action(s). You must also describe any incidents of noncompliance in the past year or currently ongoing, or if none, provide a statement that you are in compliance with the permit.

**Section E. Certification Information**

The Annual Report must be signed by a person described below, or by a duly authorized representative of that person.

*For a corporation:* By a responsible corporate officer. For the purpose of this Section, a responsible corporate officer means:

(i) 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- or decision-making functions for the corporation, or (ii) the manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

*For a partnership or sole proprietorship:* By a general partner or the proprietor, respectively; or

*For a municipality, state, federal, or other public agency:* By either a principal executive officer or ranking elected official. For purposes of this Part, a principal executive officer of a federal agency includes (i) the chief executive officer of the agency, or (ii) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrator of EPA). Include the name and title of the person signing the form and the date of signing.

A person is a duly authorized representative only if:

1. The authorization is made in writing by a person described above;
2. The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity such as the position of plant manager, operator of a well or a well field, superintendent, position of equivalent responsibility, or an individual or position having overall responsibility for environmental matters for the company. (A duly authorized representative may thus be either a named individual or any individual occupying a named position.) and
3. The written authorization is submitted to the Director.

An unsigned or undated Annual Report form be considered incomplete.

**Paperwork Reduction Act Notice**

Public reporting burden for this form is estimated to average 2.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding the burden estimate, any other aspect of the collection of information, or suggestions for improving this form, including any suggestions which may increase or reduce this burden to: Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number of this form on any correspondence. Do not send the completed Annual Report form to this address.

Instructions for Completing the Annual Report Form

**Annual Report for Stormwater Discharges  
Associated with Industrial Activity Under an NPDES General Permit**

**Submitting Your Form**

If you have been granted a waiver from your Regional Office to submit a paper Annual Report form, you must send your Annual Report form by mail to one of the following addresses:

**For Regular U.S. Mail Delivery:**

Stormwater Notice Processing Center  
Mail Code 4203M, ATTN: 2015 MSGP Reports  
U.S. EPA  
1200 Pennsylvania Avenue, NW  
Washington, DC 20460

**For Overnight/Express Mail Delivery:**

Stormwater Notice Processing Center  
William Jefferson Clinton East Building - Room 7420  
ATTN: 2015 MSGP Reports  
U.S. EPA  
1201 Constitution Avenue, NW  
Washington, DC 20004

Visit this website for instructions on how to submit electronically:  
<http://water.epa.gov/polwaste/npdes/stormwater/Stormwater-eNOI-System-for-EPAs-MultiSector-General-Permit.cfm>

**Appendix K - No Exposure Certification Form**

Part 7.1 requires you to use the NPDES eReporting Tool, or "NeT", to prepare and submit your No Exposure Certification (NOE) form. However, if you are given a waiver by the EPA Regional Office to use a paper NOE form, and you elect to use it, you must complete and submit the following form.

Submission of this No Exposure Certification constitutes notice that the operator identified in Section C does not require permit authorization under EPA's Stormwater Multi Sector General Permit for its stormwater discharges associated with industrial activity from the facility identified in Section D of this form due to the existence of a condition of no exposure.

A condition of no exposure exists at an industrial facility when all industrial materials and activities are protected by a storm resistant shelter to prevent exposure to rain, snow, snowmelt, and/or runoff. Industrial materials or activities include, but are not limited to, material handling equipment or activities, industrial machinery, raw materials, intermediate products, by-products, final products, or waste products. Material handling activities include the storage, loading and unloading, transportation, or conveyance of any raw material, intermediate product, final product or waste product. A storm resistant shelter is not required for the following industrial materials and activities:

- drums, barrels, tanks, and similar containers that are tightly sealed, provided those containers are not deteriorated and do not leak. "Sealed" means banded or otherwise secured and without operational taps or valves;
- adequately maintained vehicles used in material handling; and
- final products, other than products that would be mobilized in stormwater discharges (e.g., rock salt).

A No Exposure Certification must be provided for each facility qualifying for the no exposure exclusion. In addition, the exclusion from NPDES permitting is available on a facility-wide basis only, not for individual outfalls. If any industrial activities or materials are or will be exposed to precipitation, the facility is not eligible for the no exposure exclusion.

By signing and submitting this No Exposure Certification form, the operator in Section C is certifying that a condition of no exposure exists at its facility or site, and is obligated to comply with the terms and conditions of 40 CFR 122.26(g).

**A. Approval to Use Paper NOE Form**

1. Have you been granted a waiver from electronic reporting from the EPA Regional Office\*?  YES  NO

If yes, check which waiver you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date of approval:

- Waiver granted:  The owner/operator's headquarters is physically located in a geographic area (i.e., ZIP code or census tract) that is identified as under-served for broadband Internet access in the most recent report from the Federal Communications Commission.
- The owner/operator has issues regarding available computer access or computer capability.

Name of EPA staff person that granted the waiver:

Date approval obtained:  /  /

**\* Note: You are required to obtain approval from the applicable EPA Regional Office prior to using this paper NOE form. If you have not obtained a waiver, you must file this form electronically using the NPDES eReporting Tool (NeT) at <http://water.epa.gov/polwaste/npdes/stormwater/Stormwater-eNOI-System-for-EPAs-MultiSector-General-Permit.cfm>**

**B. Reason for Submission**

Select the purpose for filling out this form (check only 1).

- To obtain a new No Exposure Certification.** Fill in Sections C, D, E and F.
- To discontinue an existing No Exposure Certification.** Select this option if you would like to discontinue an existing No Exposure Certification because your facility is no longer subject to regulation under 40 CFR 122.26 (e.g., the facility has ceased the industrial activity that necessitated the No Exposure Certification)\*. Provide the following information and fill out Section G.

Provide the existing NPDES ID for the No Exposure Certification that you would like to discontinue:

**\* Note that if your facility no longer qualifies for the No Exposure Certification because permit coverage is required for exposed industrial materials or activities, you should not check this box, and must instead file for coverage under the Multi-Sector General Permit or an individual permit. Your No Exposure Certification will be automatically discontinued after you obtain coverage under the MSGP or an individual permit.**

**C. Facility Operator Information**

1. Operator Name:

2. Mailing Address

Street:

City:  State:  ZIP Code:  -

3. Phone:  -  -  Ext.

4. E-mail:



**E. Exposure Checklist**

Are any of the following materials or activities exposed to precipitation, now or in the foreseeable future?

(Please check either "Yes" or "No" in the appropriate box.) **If you answer "Yes" to any of these questions, you are not eligible for the no exposure exclusion.**

	Yes	No
Using, storing or cleaning industrial machinery or equipment, and areas where residuals from using, storing or cleaning industrial machinery or equipment remain and are exposed to stormwater	<input type="checkbox"/>	<input type="checkbox"/>
Materials or residuals on the ground or in stormwater inlets from spills/leaks	<input type="checkbox"/>	<input type="checkbox"/>
Materials or products from past industrial activity	<input type="checkbox"/>	<input type="checkbox"/>
Material handling equipment (except adequately maintained vehicles)	<input type="checkbox"/>	<input type="checkbox"/>
Materials or products during loading/unloading or transporting activities	<input type="checkbox"/>	<input type="checkbox"/>
Materials or products stored outdoors (except final products intended for outside use [e.g., new cars] where exposure to stormwater does not result in the discharge of pollutants)	<input type="checkbox"/>	<input type="checkbox"/>
Materials contained in open, deteriorated or leaking storage drums, barrels, tanks, and similar containers	<input type="checkbox"/>	<input type="checkbox"/>
Materials or products handled/stored on roads or railways owned or maintained by the discharger	<input type="checkbox"/>	<input type="checkbox"/>
Waste material (except waste in covered, non-leaking containers [e.g., dumpsters])	<input type="checkbox"/>	<input type="checkbox"/>
Application or disposal of process wastewater (unless otherwise permitted)	<input type="checkbox"/>	<input type="checkbox"/>
Particulate matter or visible deposits of residuals from roof stacks and/or vents not otherwise regulated (i.e., under an air quality control permit) and evident in the stormwater outflow	<input type="checkbox"/>	<input type="checkbox"/>

**F. Certification Information**

I certify under penalty of law that I have read and understand the eligibility requirements for claiming a condition of "no exposure" and obtaining an exclusion from NPDES stormwater permitting.

I certify under penalty of law that there are no discharges of stormwater contaminated by exposure to industrial activities or materials from the industrial facility or site identified in this document (except as allowed under 40 CFR 122.26(g)(2)).

I understand that I am obligated to submit a no exposure certification form once every five years to the NPDES permitting authority and, if requested, to the operator of the local municipal separate storm sewer system (MS4) into which the facility discharges (where applicable). I understand that I must allow the NPDES permitting authority, or MS4 operator where the discharge is into the local MS4, to perform inspections to confirm the condition of no exposure and to make such inspection reports publicly available upon request. I understand that I must obtain coverage under an NPDES permit prior to any point source discharge of stormwater from the facility.

Additionally, 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 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.

First Name, Middle Initial, Last Name:

Title:

Signature: \_\_\_\_\_

Date:  /  /

E-mail:

**G. Discontinuation of No Exposure Certification Information**

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 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.

First Name, Middle Initial, Last Name:

Title:

Signature: \_\_\_\_\_

Date:  /  /

E-mail:

**No Exposure Certification (NOE) for Exclusion from Stormwater Discharges  
Associated with Industrial Activity Under an NPDES General Permit**

NPDES Form Date (06/15)

This Form Replaces Form 3510-11 (09/08)

Form Approved OMB No. 2040-0004

**Who May File a No Exposure Certification**

Federal law at 40 CFR Part 122.26 prohibits point source discharges of stormwater associated with industrial activity to waters of the U.S. without a National Pollutant Discharge Elimination System (NPDES) permit. However, NPDES permit coverage is not required for discharges of stormwater associated with industrial activities identified at 40 CFR 122.26(b)(14)(i)-(ix) and (xi) if the discharger can certify that a condition of "no exposure" exists at the industrial facility or site.

Stormwater discharges from construction activities identified in 40 CFR 122.26(b)(14)(x) and (b)(15) are not eligible for the no exposure exclusion.

**Obtaining and Maintaining the No Exposure Exclusion**

This form is used to certify that a condition of no exposure exists at the industrial facility or site described herein. This certification is only applicable in jurisdictions where EPA is the NPDES permitting authority and must be re-submitted at least once every five years.

The industrial facility operator must maintain a condition of no exposure at its facility or site in order for the no exposure exclusion to remain applicable. If conditions change resulting in the exposure of materials and activities to stormwater, the facility operator must obtain coverage under an NPDES stormwater permit immediately.

**Completing the Form**

You must type or print, using uppercase letters, in appropriate areas only. Enter only one character per space (i.e., between the marks). Abbreviate if necessary to stay within the number of characters allowed for each item. Use one space for breaks between words. One form must be completed for each facility or site for which you are seeking to certify a condition of no exposure. Please make sure you have addressed all applicable questions and have made a photocopy for your records before sending the completed form to the above address.

**Section A. Approval to Use Paper NOE Form**

You must indicate whether you have been granted a waiver from electronic reporting from the EPA Regional Office. Note that you are not authorized to use this paper No Exposure Certification (NOE) form unless the EPA Regional Office has approved its use. Where you have obtained approval to use this form, indicate the waiver that you have been granted, the name of the EPA Regional Office staff person who granted the waiver, and the date that approval was provided. See <http://water.epa.gov/polwaste/npdes/stormwater/Stormwater-Contacts.cfm> for a list of EPA Regional Office contacts.

**Section B. Reason for Submission**

You must check your reason for submitting this form. You may submit this form for obtaining a new No Exposure Certification, for renewing a previous No Exposure Certification, or for discontinuing an existing No Exposure Certification (for facilities that no longer need the exclusion from permit coverage for industrial stormwater discharges).

**Section C. Facility Operator Information**

Provide the legal name of the person, firm, public organization, or any other entity that operates the facility described in this certification form. An operator of a facility is the legal entity that controls the operation of the facility. Refer to Appendix A of the

MSGP for the definition of "operator". Provide the operator's mailing address, phone number, and e-mail. Correspondence for the NOE will be sent to this address. Also provide the name and title for the operator point of contact (note that the point of contact name may be the same as the operator name).

**Section D. Facility Information**

Enter the official or legal name and complete street address, including city, state, ZIP code, and county or similar government subdivision of the facility. If the facility lacks a street address, indicate the general location of the facility (e.g., Intersection of State Highways 61 and 34). Complete facility information must be provided for permit coverage to be granted.

Provide the latitude and longitude of your facility in decimal degrees format. The latitude and longitude of your facility can be determined in several different ways, including through the use of global positioning system (GPS) receivers and U.S. Geological Survey (U.S.G.S.) topographic or quadrangle maps. Refer to <http://transition.fcc.gov/mb/audio/bickel/DDDMSS-decimal.html/> for assistance in providing the proper latitude/longitude format. For consistency, EPA requests that measurements be taken from the approximate center of the facility. Specify which method you used to determine latitude and longitude. If a U.S.G.S. topographic map is used, specify the scale of the map used. Enter the horizontal reference datum for your latitude and longitude. The horizontal reference datum used on USGS topographic maps is shown on the bottom left corner of USGS topographic maps; it is also available for GPS receivers.

Indicate whether the facility is on Indian country lands, and if so, provide the name of the Indian tribe associated with the area of Indian country (including name of Indian reservation, if applicable).

Indicate whether you are a "federal operator" as defined in Appendix A of the MSGP. Also check the facility's ownership type.

Indicate whether the facility was previously covered under an NPDES stormwater permit. If so, include the NPDES ID (i.e., NOI tracking number).

List the four-digit Standard Industrial Classification (SIC) code or two character activity code that best describes the primary industrial activities performed by your facility.

Enter the total size of the site associated with industrial activity in acres.

Check "Yes" or "No" as appropriate to indicate whether you have paved or roofed over a formerly exposed, pervious area (i.e., lawn, meadow, dirt or gravel road/parking lot) in order to qualify for no exposure. If yes, also indicate approximately how much area was paved or roofed over and is now impervious area.

**No Exposure Certification (NOE) for Exclusion from Stormwater Discharges  
Associated with Industrial Activity Under an NPDES General Permit**

NPDES Form Date (06/15)

This Form Replaces Form 3510-11 (09/08)

Form Approved OMB No. 2040-0004

**Section E. Exposure Checklist**

Check "Yes" or "No" as appropriate to describe the exposure condition at your facility. If you answer "Yes" to **ANY** of the questions in this section, a potential for exposure exists at your site and you cannot certify to a condition of no exposure. You must obtain (or already have) coverage under an NPDES stormwater permit. After obtaining permit coverage, you can institute modifications to eliminate the potential for a discharge of stormwater exposed to industrial activity, and then certify to a condition of no exposure.

**Section F and G. Certification Information**

The NOE form must be signed as follows:

*For a corporation:* By a responsible corporate officer. For the purpose of this Section, a responsible corporate officer means:

(i) 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- or decision-making functions for the corporation, or (ii) the manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

*For a partnership or sole proprietorship:* By a general partner or the proprietor, respectively; or

*For a municipality, state, federal, or other public agency:* By either a principal executive officer or ranking elected official. For purposes of this Part, a principal executive officer of a federal agency includes (i) the chief executive officer of the agency, or (ii) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrator of EPA). Include the name and title of the person signing the form and the date of signing.

Include the name, title, and email address of the person signing the form and the date of signing.

An unsigned or undated NOE certification will not be considered valid.

**Paperwork Reduction Act Notice**

Public reporting burden for this certification is estimated to average 1.0 hour per certification, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose to provide information to or for a Federal agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and

disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Send comments regarding the burden estimate, any other aspect of the collection of information, or suggestions for improving this form, including any suggestions which may increase or reduce this burden to: Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number of this form on any correspondence. Do not send the completed No Exposure Certification form to this address.

**Submitting Your Form**

If you have been granted a waiver from your Regional Office to submit a paper No Exposure Certification form, you must send your No Exposure Certification form by mail to one of the following addresses:

**For Regular U.S. Mail Delivery:**

Stormwater Notice Processing Center  
Mail Code 4203M, ATTN: MSGP No Exposure  
U.S. EPA  
1200 Pennsylvania Avenue, NW  
Washington, DC 20460

**For Overnight/Express Mail Delivery:**

Stormwater Notice Processing Center  
William Jefferson Clinton East Building - Room 7420  
ATTN: MSGP No Exposure  
U.S. EPA  
1201 Constitution Avenue, NW  
Washington, DC 20004

Visit this website for instructions on how to submit electronically:  
<http://water.epa.gov/polwaste/npdes/stormwater/Stormwater-eNOI-System-for-EPAs-MultiSector-General-Permit.cfm>

NOI Form

NPDES **EPA** United States Environmental Protection Agency  
 Form Washington, DC 20460 Form Approved OMB No.  
 ----- - Notice of Intent (NOI) for Discharges Incidental to the Normal Operation 2040-0004  
 of a Vessel under the NPDES Vessel General Permit

Submission of this completed Notice of Intent (NOI) constitutes notice that the entity in Section A intends to be authorized to discharge pollutants to waters of the United States, from the vessel identified in Section B, under EPA's Vessel General Permit (VGP). Submission of the NOI also constitutes notice that the party identified in Section B of this form has read, understands, and meets the eligibility conditions of Part I of the VGP; agrees to comply with all applicable terms and conditions of the VGP; and understands that continued authorization under the VGP is contingent on maintaining eligibility for coverage. In order to be granted coverage, all information required on this form must be completed. Please read and make sure you comply with all permit requirements.

**A. Vessel Owner/Operator Information**

- 1. Name: \_\_\_\_\_
- 2a. IRS Employer Information Number: \_\_\_ - \_\_\_\_\_ (if applicable)
- 2b. Company IMO number \_\_\_\_\_ (if applicable)
- 3. Name of Certifying Official \_\_\_\_\_
- 4. Mailing Address: a. Street: \_\_\_\_\_
- b. City: \_\_\_\_\_ c. State/Province: \_\_ d. Zip code: \_\_\_\_\_
- e. Country: \_\_\_\_\_
- f. Phone (include country code): \_\_\_\_\_ g. Fax (Optional): \_\_\_\_\_
- h. E-mail: \_\_\_\_\_

**B. Vessel Information**

- 1. Vessel Name: \_\_\_\_\_
- 2. Did your vessel previously have permit coverage under the 2008 VGP?  Yes  No
- 2a. If yes, 2008 VGP Permit Tracking Number(s): \_\_\_\_\_
- 3a. Registered Number: \_\_\_\_\_ (if applicable)
- 3b. Vessel IMO number: \_\_\_\_\_ (if applicable)
- 4. Vessel Call Sign \_\_\_\_\_
- 5. Flag State/Port of Registry (complete spellings of state and port city names required) \_\_\_\_\_
- 6. Type of Vessel (select one primary vessel type, and secondary vessel type where appropriate)
 

<input type="checkbox"/> Commercial Fishing Vessel	<input type="checkbox"/> Emergency and Rescue Vessel
<input type="checkbox"/> Medium Cruise Ship (100 to 499 passengers)	<input type="checkbox"/> Bulk Carrier
<input type="checkbox"/> Large Cruise Ship (500+ passengers)	<input type="checkbox"/> Container Ship
<input type="checkbox"/> Large Ferry (250+ passengers or more than 100 tons of cargo, e.g., cars, trucks, trains, or other land-based transportation.)	<input type="checkbox"/> General Cargo Ship
<input type="checkbox"/> Barge ( <input type="checkbox"/> Hopper Barge, <input type="checkbox"/> Tank Barge, <input type="checkbox"/> Other Barge)	<input type="checkbox"/> Roll-on Roll-Off
<input type="checkbox"/> Oil or Gas Tanker	<input type="checkbox"/> Utility Vessel, including Tug boats and Offshore supply vessels ( <input type="checkbox"/> Tug, <input type="checkbox"/> Offshore supply vessel, <input type="checkbox"/> Other Utility)
<input type="checkbox"/> Research/Survey Vessel	<input type="checkbox"/> Reefer
	<input type="checkbox"/> Other: .
- 7. Vessel Dimensions: a. Tonnage: \_\_\_\_\_  gross tons or  gross registered tons
- b. Length: \_\_\_\_\_  feet or  meters
- 8. Ballast Water Capacity: \_\_\_\_\_  gallons or  meters<sup>3</sup>
- 9. Date and Year Vessel Built (i.e., build date or date keel laid): \_\_\_\_\_
- 10. a. Date of last dry-dock: \_\_\_\_\_ b. Date of next scheduled/anticipated dry-dock: \_\_\_\_\_
- 11. Does vessel currently have, or has vessel ever held, an NPDES permit, other than the VGP, for any part, discharge, or operation of the vessel?  
 Yes  No  
 If yes, please provide the following:

Final 2013 VGP

- 11a. Permit Number: \_\_\_\_\_
- 11b. Effective Date of Permit: \_\_\_\_\_ 11c. Expiration Date of Permit \_\_\_\_\_
- 11d. Discharges permitted: \_\_\_\_\_
- 12. Is this a transfer of ownership?  Yes  No
- 12a. If Yes, provide date of transfer: \_\_\_\_\_
- 12b. If yes, provide previous vessel permit tracking number(s): \_\_\_\_\_
- 13. Identify the North American Industry Classification System (NAICS) code that best represents your vessel service for which you are seeking coverage (if applicable): \_\_\_\_\_

**C. Vessel Voyage Information**

- 1. Home Port/Most Frequented US Port: \_\_\_\_\_
- 2. US Ports Vessel Anticipates Visiting During Permit Term: \_\_\_\_\_
- 3. Number of overnight berths: a. Passengers \_\_\_\_\_ b. Crew \_\_\_\_\_
- a. Maximum passenger capacity \_\_\_\_\_ b. Crew \_\_\_\_\_
- 4. Does vessel travel beyond the US EEZ **and** more than 200 nm from any shore?  Yes  No
- 5. Is the vessel engaged in Nearshore Voyages?  Yes  No

**D. Discharge Information:**

- 1. Select all applicable discharges vessel may generate:
 

<ul style="list-style-type: none"> <li><input type="checkbox"/> Deck Washdown and Runoff</li> <li><input type="checkbox"/> Bilgewater/Oily Water Separator Effluent</li> <li><input type="checkbox"/> Ballast Water</li> <li><input type="checkbox"/> Anti-fouling hull coatings</li> <li><input type="checkbox"/> Aqueous Film Forming Foams (AFFF)</li> <li><input type="checkbox"/> Boiler/Economizer Blowdown</li> <li><input type="checkbox"/> Cathodic Protection</li> <li><input type="checkbox"/> Chain Locker Effluent</li> <li><input type="checkbox"/> Controllable Pitch Propeller Hydraulic Fluid and other Oil-to-Sea Interfaces</li> <li><input type="checkbox"/> Distillation or Reverse Osmosis Brine</li> <li><input type="checkbox"/> Elevator Pit Effluent</li> <li><input type="checkbox"/> Firemain Systems</li> <li><input type="checkbox"/> Freshwater layup</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Gas Turbine Washwater</li> <li><input type="checkbox"/> Graywater</li> <li><input type="checkbox"/> Motor Gasoline and Compensating Discharge</li> <li><input type="checkbox"/> Non-Oily Machinery Wastewater</li> <li><input type="checkbox"/> Refrigeration and Air Condensate Discharge</li> <li><input type="checkbox"/> Seawater Cooling Overboard Discharge</li> <li><input type="checkbox"/> Seawater Piping Biofouling Prevention</li> <li><input type="checkbox"/> Small Boat Engine Wet Exhaust</li> <li><input type="checkbox"/> Sonar Dome Discharge</li> <li><input type="checkbox"/> Underwater Ship Husbandry</li> <li><input type="checkbox"/> Welldeck Discharges</li> <li><input type="checkbox"/> Graywater Mixed with Sewage</li> <li><input type="checkbox"/> Exhaust Gas Scrubber Washwater Discharge</li> <li><input type="checkbox"/> Fish Hold/ Fish Hold Cleaning Effluent</li> </ul>
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- 2. Does the vessel ever engage in or have capacity to engage in industrial operations?  Yes  No
  - a. If yes, please select appropriate box:
 

<ul style="list-style-type: none"> <li><input type="checkbox"/> Seafood processing</li> <li><input type="checkbox"/> Energy exploration</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Mining</li> <li><input type="checkbox"/> Other: _____</li> </ul>
--	--
- 3. Will the vessel be using a ballast water treatment system which discharges residual biocides?
  - Yes  No
  - b. If yes, are residual biocide concentrations expected to be below those listed in Part 2.2.3.5.1.1.5 of the Permit?
    - Yes  No
  - c. List the biocide residuals or derivatives that may be discharged by the ballast water treatment system: \_\_\_\_\_

4. Is your vessel required to collect analytical monitoring? If so, for which of the following discharges must you conduct monitoring:

- Ballast Water
- Bilgewater
- Exhaust Gas Scrubber Effluent
- Graywater If yes, please check the appropriate answer:  I use or  I do not use a treatment system for Graywater

5. Does the vessel have onboard treatment systems for any waste stream(s) covered by this permit?  Yes  No

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5.a. If yes, check all that apply and complete the following information for each treatment system:  Ballast Water,  Bilgewater,  Exhaust Gas Scrubber Effluent,  Graywater,  Graywater mixed with Sewage,  Other treatment system: \_\_\_\_\_

5.b. Treatment system type/design and manufacturer: \_\_\_\_\_

5.c. Treatment System Capacity: \_\_\_\_\_

5.d. Residuals (wastes) generated by this treatment system: \_\_\_\_\_

5.e. How they are disposed: \_\_\_\_\_

For ballast water, bilgewater, and graywater mixed with sewage, is the system type approved by the US Coast Guard:  Yes  No

For ballast water, has the system been determined by the US Coast Guard to be an alternate management system (AMS):  Yes  No

Average Treatment System Flow Rate: \_\_\_\_\_  gallons/hour  m<sup>3</sup>/hour

Peak Treatment System Flow Rate: \_\_\_\_\_  gallons/hour  m<sup>3</sup>/hour

Residuals (wastes) generated by this treatment system: \_\_\_\_\_

How they are disposed: \_\_\_\_\_

6. Ballast Water and Invasive Species Management-

a. How often is the ballast tank cleaned and sediment disposed of? \_\_\_\_\_

b. How and where do you typically dispose of ballast tank sediment? \_\_\_\_\_

c. Does vessel have an existing ballast water management plan?  Yes  No

7. a. Type of anti-fouling hull coating on the vessel and list specific product:

Copper Based  Non-Copper Based \_\_\_\_\_

b. When and where was anti-fouling hull coating last applied: \_\_\_\_\_

c. Describe hull husbandry practices, such as frequency of hull cleaning, method used, how niches and propellers are cleaned, etc:

\_\_\_\_\_

d. Date of last hull cleaning: \_\_\_\_\_

e. Method of last hull cleaning: \_\_\_\_\_

f. Location of last hull cleaning: \_\_\_\_\_

g. Date of next scheduled/anticipated hull cleaning: \_\_\_\_\_

h. Anticipated method of next cleaning: \_\_\_\_\_

i. Planned location of next cleaning: \_\_\_\_\_

**E. Certifier Name and Title**

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 contained therein. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information contained is, to the best of my knowledge and belief, true, accurate, and complete. I have no personal knowledge that the information submitted is other than 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: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_ - \_\_ - \_\_

**NOI Preparer (Complete if NOI was prepared by someone other than the certifier)**

Prepared By: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_ Ext: \_\_\_\_

Email: \_\_

Date: \_\_ - \_\_ - \_\_

NOT Form

NPDES FORM

Form Approved. OMB No 2040-0004  
Please See Instructions Before Completing This Form

-----

**EPA Notice of Termination (NOT) of Coverage under NPDES General Permit for Discharges Incidental to Normal Vessel Operation**

Submission of this Notice of Termination constitutes notice that the party identified in Section B of this form is no longer authorized to discharge any discharge incidental to the normal operation of a vessel under the NPDES program for the vessel identified in Section III of this form. All necessary information must be included on this form. Refer to the instructions at the end of this form.

**A. Permit Information**

- 1. NPDES Permit Tracking Number: \_\_\_\_\_
- 2. Reason for Termination (check one only):
  - a.  You transferred operational control to another operator.  
Date of transfer: \_\_\_\_\_
  - b.  You terminated vessel operations in waters subject to the General Permit.
  - c.  You obtained coverage under an individual or alternative NPDES permit.  
Permit Number: \_\_\_\_\_  
Effective Date: \_\_\_\_\_

4. Mailing Address:

- a. Street: \_\_\_\_\_
- b. City: \_\_\_\_\_
- c. State: \_\_                      d. Zip code: \_\_\_\_\_ - \_\_\_\_\_
- e. Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- f. Fax (Optional): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- g. E-mail: \_\_\_\_\_

**B. Vessel Owner/Operator Information**

- 1. Name: \_\_\_\_\_
- 2. IRS Employer Information Number: \_\_ - \_\_\_\_\_
- 3. Name of Certifying Official: \_\_\_\_\_

**C. Vessel Information**

- 1. Vessel Name: \_\_\_\_\_
- 2. Vessel ID/Registered Number \_\_\_\_\_
- 3. Vessel Call Sign \_\_\_\_\_
- 4. Port of Registry \_\_\_\_\_

**D. Certifier Name and Title:**

I certify under penalty of law that the information contained in this form is, to the best of my knowledge and belief, true, accurate and complete. I understand that by submitting this Notice of Termination, I am no longer authorized to discharge any effluent associated with normal vessel operation under this general permit, and that discharging pollutants related to the normal operation of a vessel into waters of the United States is unlawful under the CWA where the discharge is not authorized by an NPDES permit. I also understand that the submittal of this Notice of Termination does not release an operator from liability for any violations of this permit or the CWA.

Furthermore, 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 contained therein. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information contained is, to the best of my knowledge and belief, true, accurate, and complete. I have no personal knowledge that the information submitted is other than 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: \_\_\_\_\_ Date: \_\_ - \_\_\_\_ - \_\_\_\_

# Appendix K – Permit Authorization and Record of Inspection Form (PARI) (for vessels which need not complete NOIs)

## VGP Authorization and Record of Inspection (PARI) Form

<b>I. Vessel Owner/Operator Information</b>		
Vessel Owner/Operator _____	Phone _____	
Address and Email Address _____		
<b>II. Vessel Information</b>		
Vessel Name _____	Vessel Type _____	
Vessel Identifier _____	Registered number/operating number _____	IMO number _____
<b>III. Owner/Operator Acknowledgement</b>		
By signing this form, I acknowledge that I have read and am familiar with the VGP and that I am implementing all permit requirements contained in the VGP.		
<b>IV. Certification Information</b>		
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 contained therein. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information contained is, to the best of my knowledge and belief, true, accurate, and complete. I have no personal knowledge that the information submitted is other than 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.		
_____ Signature and Date		
<b>V. Annual Inspections by Year</b>		
<b>A. 2014</b>		
I certify that I have completed an annual inspection for 2014 in accordance with Part 4.1.3 of the VGP.		
_____ Signature and Date		
<b>B. 2015</b>		
I certify that I have completed an annual inspection for 2015 in accordance with Part 4.1.3 of the VGP.		
_____ Signature and Date		
<b>C. 2016</b>		
I certify that I have completed an annual inspection for 2016 in accordance with Part 4.1.3 of the VGP.		
_____ Signature and Date		
<b>D. 2017</b>		
I certify that I have completed an annual inspection for 2017 in accordance with Part 4.1.3 of the VGP.		
_____ Signature and Date		
<b>E. 2018</b>		
I certify that I have completed an annual inspection for 2018 in accordance with Part 4.1.3 of the VGP.		
_____ Signature and Date		

## Appendix H – Annual Report

**EPA** United States Environmental Protection Agency  
Washington, DC 20460 Form Approved OMB No.  
One Time Report for Discharges Incidental to the Normal Operation  
Of a Vessel under the NPDES Vessel General Permit

2040-0004

### Owner/Operator and Vessel Information

Date Submitted \_\_\_\_\_ Vessel NOI Number (if applicable) \_\_\_\_\_  
Vessel Owner/Operator \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ E-mail \_\_\_\_\_  
Vessel Name \_\_\_\_\_ Vessel Type \_\_\_\_\_  
Length \_\_\_\_\_ FEET/METERS (Circle One) Gross Tonnage \_\_\_\_\_  gross tons  gross  
registered tons  
Date of Vessel Construction \_\_\_\_\_  
Calendar Year for which you are submitting the report: \_\_\_\_\_  
Did your vessel operate in waters subject to this permit during the previous calendar year:  Yes  No  
If you answered No to this question, completion of the remainder the following questions are  
voluntary; however you must certify the bottom of the report.

### Questions

1. Please list your vessel's primary geographical regions of operation in U.S. waters last year and report the approximate percentage of time was your vessel in each region?  
 Gulf Coast \_\_\_  Pacific Coast \_\_\_  Atlantic Coast \_\_\_  Mississippi-Ohio River System \_\_\_  
 Great Lakes \_\_\_  Puerto Rico and the US Virgin Islands  Other: \_\_\_\_\_
- 2a. Did you conduct the following inspections in the last year? (Optional for inland vessels less than 300GT and unmanned, unpowered barges)  
Drydock Inspections  Yes  No Most recent drydock and inspection date: \_\_\_\_\_  
Next scheduled drydocking: \_\_\_\_\_  
Annual Inspections  Yes  No Most recent inspection date: \_\_\_\_\_  
All Required Routine Inspections  Yes  No  
If you checked no, how many routine inspections did you miss in the last year?  
 1-2  3-4  5-6  7 or more  
Last below water (or drydock) hull inspection: \_\_\_\_\_
- 2b. On average, how often did you conduct routine inspections in the last year?  
 Never  Once per week  Between once per week and once per day  Once per day  More than once per day  Other: \_\_\_\_\_
- 3a. Did your vessel discharge ballast water in U.S. waters?  Yes  No  
What is the capacity of your vessel's ballast tanks? \_\_\_\_\_  gallons  meters<sup>3</sup>  
How many ballast tanks are present on your vessel (include holds or other areas that were used to carry ballast water)? \_\_\_\_\_

Final 2013 VGP

For each tank or hold used to carry ballast, list type, capacity, and identifier: \_\_\_\_\_

Does your vessel have a ballast water treatment system?  Yes  No  N/A

If you answered yes, please attach analytical monitoring data for treated ballast water discharges required by Parts 2.2.3.5.1.1 of the permit (see VGP Ballast Water DMR below).

Did you operate outside the EEZ and enter the Great Lakes?  Yes  No  N/A

If yes, did you discharge ballast water?  Yes  No  N/A

If yes, did you conduct ballast water exchange and/or flushing as applicable?  Yes  No  N/A

3b. Does your vessel have an exhaust gas scrubber?  Yes  No

Did your vessel discharge washwater from its exhaust gas scrubber in U.S. waters?  Yes  No  N/A

If you answered yes, please attach analytical monitoring data for exhaust gas scrubber washwater (see VGP Exhaust Gas Scrubber DMR below)

Discharge required by Part 2.2.26 of the permit.

3c. Does your vessel have an oily water separator (OWS)?  Yes  No

If your vessel is greater than 400 GT did it discharge treated bilgewater within 1 nm of shore?  Yes  No  N/A Did you ever discharge into waters subject to this permit (within 3 nm)?  Yes  No  N/A

If you discharged within 1 nm, why did you discharge?

Never left waters subject to this permit, but the discharge met a 15 ppm standard.  Technically infeasible or unsafe to hold (if checked, please attach explanation as to why it was technically infeasible or unsafe to hold).

If you discharged within three nautical miles, did you collect analytical oil and grease monitoring data?  Yes  No  No, I qualified for the analytical monitoring waivers found in Part 2.2.2.1 of the permit (not available in the first two years of permit coverage).

If you answered yes, please attach analytical monitoring data for bilgewater sampling (see VGP Bilgewater DMR below)

3d. Did you discharge treated or untreated graywater in U.S. waters?  Treated  Untreated  None

Does your vessel have and use a treatment system for graywater or graywater mixed with sewage?  Yes  No  N/A

If yes, please list the system make and model: \_\_\_\_\_

Is your vessel subject to analytical monitoring requirements in Parts 2.2.15, 5.1, or 5.2  Yes  No. If yes, please attach analytical monitoring data for treated graywater discharges (see VGP Graywater DMR below).

3e. Do you use anti-foulant coating? Yes  No  N/A

If so, what is the type of anti-fouling hull coating on vessel and select specific product?

Date last applied: \_\_\_\_\_

4. Did your vessel store any discharges incidental to the normal operation of vessels on board for onshore disposal?

Yes (please list) \_\_\_\_\_  No

If yes, please list disposal method (e.g., onshore treatment, pump out truck) \_\_\_\_\_

*Final 2013 VGP*

5. Did your vessel use environmentally acceptable lubricants for oil to sea interfaces?

Yes (please name the brand(s)) \_\_\_\_\_  No

If not, why? \_\_\_\_\_

6. Did you have to claim a safety exemption for any discharge category, and were therefore unable to meet effluent limits of the VGP?

Yes (please list discharge types) \_\_\_\_\_  No

If yes, reason(s) safety exemptions claimed? \_\_\_\_\_

7. Did you receive any citations or warnings from EPA or the U.S. Coast Guard for any violations of environmental laws? If yes, please scan and attach.

Yes (explain) \_\_\_\_\_

\_\_\_\_\_  
 No

8. Did you have any instances of noncompliance this year (e.g., discharging untreated bilgewater, exceeding numeric effluent limits)?

Yes  No

If you answered yes, please fill out the table below. Please attach additional pages as necessary.

Date	VGP Requirement Affected	Description of Noncompliance	Cause of Noncompliance	Description of Corrective Action Performed or Scheduled

**Certification Information**

I certify under penalty of law that the information contained in this form is, to the best of my knowledge and belief, true, accurate and complete. Furthermore, 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 contained therein. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information contained is, to the best of my knowledge and belief, true, accurate, and complete. I have no personal knowledge that the information submitted is other than 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.

\_\_\_\_\_  
 Signature and Date

## Annual Report: Ballast Water Treatment System Reporting

### Supplemental Addendum (VGP Ballast Water DMR)

**A. Ballast Water Treatment System Information**      Facility Identifier (i.e., NOI number): \_\_\_\_\_

Treatment system description: \_\_\_\_\_

System supplier and model: \_\_\_\_\_

Installation Date: \_\_\_\_\_

First date of operation: \_\_\_\_\_

Technology type (check all that apply):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Akylamines                            | <input type="checkbox"/> Deoxygenation       | <input type="checkbox"/> Ozone          |
| <input type="checkbox"/> Bioremediation                        | <input type="checkbox"/> Electric pulse      | <input type="checkbox"/> Peracetic acid |
| <input type="checkbox"/> Cavitation                            | <input type="checkbox"/> Filtration          | <input type="checkbox"/> Plasma pulse   |
| <input type="checkbox"/> Chlorine addition/electrochlorination | <input type="checkbox"/> Heat                | <input type="checkbox"/> Shear          |
| <input type="checkbox"/> Chlorine dioxide                      | <input type="checkbox"/> Hydrocyclone        | <input type="checkbox"/> Ultrasound     |
| <input type="checkbox"/> Coagulation                           | <input type="checkbox"/> Menadione/Vitamin K | <input type="checkbox"/> Ultraviolet    |
| <input type="checkbox"/> Other (specify): _____                |  |   |

Is the ballast water treatment system type approved? Yes    No

If you answered "Yes" please provide the flag administration(s) that approved that system? \_\_\_\_\_

Are all type approval data available to US EPA or the US Coast Guard (see Part 2.2.3.5.1.1.1 of this permit)? Yes    No    Unknown

Has the system been determined by the US Coast Guard to be an "Alternate Management System?" Yes    No    Unknown

Note: if you responded "unknown" to the two questions above, you must follow the monitoring schedule for devices for which high quality data are not available.

**B. Monitoring Information**

Have all the permit monitoring conditions for the ballast water treatment system(s) that apply to your vessel (Part 2.2.3.5.1.1.1 of this permit) been completed during the previous calendar year? Yes    No

Please check which monitoring requirements were completed:

- Ballast water system functionality monitoring at least monthly.
- Calibration of probes/sensors that measure ballast water treatment performance at least annually.
- Biological monitoring. Number of sampling events: \_\_\_\_
- Residual biocide and derivative monitoring (if applicable). Number of initial: \_\_\_\_ Number of maintenance: \_\_\_\_

Provide ballast water treatment system functional monitoring information and ballast discharge analytical data for the previous calendar year in the attached tables. Provide any correlations and/or calculations between measured operating parameters and treatment concentrations in the space below (e.g., correlation between measured ORP and chlorine concentration in ballast water):

**C. Certifier Name and Title**

I certify under penalty of law that this document were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information contained therein. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information contained is, to the best of my knowledge and belief true, accurate, and complete. I have no personnel knowledge that the information submitted is other than 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: \_\_\_\_\_

Email: \_\_\_\_\_

**Ballast Water Treatment System Functionality Monitoring (provide information for each month for all that apply; attach pages as needed)**

Parameter Used to Measure System Functionality <sup>a</sup>	Units <sup>b</sup>	Measurement Method <sup>c</sup>	Month <sup>d</sup>	Number of Measurements per Month <sup>e</sup>	Minimum Monthly Measured Value	Average Monthly Measured Value	Maximum Monthly Measured Value	System Design Operating Range
---	--------------------	---------------------------------	--------------------	---	--------------------------------	--------------------------------	--------------------------------	-------------------------------

- a. Part 2.2.3.5.1.1.2 and Appendix J of the permit describes the types of measurements required to verify system functionality (e.g., chlorine concentration, ORP, ozone concentration, etc.).
- b. Units include items such as mg/L or ppm for chemical concentrations, lbs or gallons/month for chemical dosage amounts, watts/month for power consumption, etc.
- c. Measurement methods can include probe, sensor, sample analysis, counts, etc.
- d. Vessels need to provide information for only those months that ballast water was discharged into U.S. waters.
- e. If continuous measurements are recorded for the parameter, note “continuous” in the provided column.

**Biological Monitoring of Ballast Water Discharges (provide information for each sampling event for all that apply; attach pages as needed)**

Parameter	Analytical Method	Sample Date(s) <sup>a</sup>	Sample Result(s) <sup>a</sup>	Units	Discharge Location
Total live bacteria					
<i>E. coli</i>					
Enterococci					
Other (specify):					

- a. Part 2.2.3.5.1.1.4 of the permit provides the required sampling schedule. If you collected multiple samples during the calendar year, list the samples and corresponding results in order of date collected.

**Residual Biocide/Derivative Monitoring of Ballast Water Discharges (provide information for each sampling event for all that apply; attach pages as needed)**

Biocide/Derivative <sup>a</sup>	Analytical Method	Sample Date(s) <sup>b</sup>	Sample Result(s) <sup>b</sup>	Units	Discharge Location
---------------------------------	-------------------	-----------------------------	-------------------------------	-------	--------------------

- a. Section 2.2.3.5.1.1.5 of the permit lists biocides and derivatives the vessel must monitor for based on the type of treatment system (e.g., chlorine, haloacetic acid, trihalomethanes). You must report those results here.
- b. Section 2.2.3.5.1.1.5 provides the required sampling schedule. If you collected multiple samples during the calendar year, list the samples and corresponding results in order of date collected.

## Annual Report: Exhaust Gas Scrubber Discharge Monitoring Supplemental Addendum (VGP Exhaust Gas Scrubber Discharge Monitoring Report)

**Exhaust Gas Scrubber Analytical Monitoring (provide information for all that apply)**

Sample Date: \_\_\_\_\_ Sample Type (inlet water, water after the scrubber, discharge water): \_\_\_\_\_ Facility Identifier (i.e., NOI number): \_\_\_\_\_

Sample #: \_\_\_\_\_ (Please provide a separate page for each sampling event)

Parameter	Analytical Method <sup>a</sup>	Sample Date(s) <sup>b</sup> (MM/DD/YYYY)	Sample Result(s)	Units	Flow Rate	Discharge Location (Lat/Long) <sup>c</sup>	Was the Sample Taken in U.S. Waters?
Nitrate-Nitrite							
pH							
Arsenic							
Cadmium							
Chromium							
Copper							
Lead							
Nickel							
Selenium							
Vanadium							
Zinc							
Acenaphthylene							
Acenaphthene							
Anthracene							
Benz[a]anthracene							
Benzo[ghi]perylene							
Benzo[a]pyrene							
Benzo[b]fluoranthene + benzo[k]fluoranthene							
Chrysene							
Dibenz[a,h]anthracene							
Fluoranthene							
Fluorene							
Indeno[1,2,3,c,d]pyrene							
Naphthalene							
Phenanthrene							
Pyrene							

**Additional Detail:**

pH Probe Value (at same time sample collected): \_\_\_\_\_

PAH Probe Value (at same time sample collected): \_\_\_\_\_

Turbidity Probe Value (at same time sample collected): \_\_\_\_\_

Maximum continuous rating or 80 percent of the power rating of the fuel oil combustion unit in MWh: \_\_\_\_\_

Sampling performed downstream of the water treatment equipment but upstream of washwater dilution (or other reactant dosing) prior to discharge?  Yes  
 No

- a) Part 2.2.26.2.3 of the permit discusses appropriate methods for monitoring. Please select methods that correct for matrix interference.
- b) Part 2.2.26.2.2 of the permit provides the required sampling schedule. If you collected multiple samples during the calendar year, list the samples and corresponding results in order of date collected.
- c) Provide latitude and longitude of discharge location during sampling.

**Exhaust Gas Scrubber Continuous Monitoring (provide information for all that apply)**

Month: \_\_\_\_\_ (Please provide a separate page for each month of the discharge)

Parameter	Units <sup>a</sup>	Minimum Monthly Measured Value	Average Monthly Measured Value	Maximum Monthly Measured Value	Did You Operate in US Waters this Month?
pH	Standard Units				
PAH (if available)	μ/L PAHphe				
Turbidity					
Temperature					

**Additional Details:**

pH probe calibration date: \_\_\_\_\_

PAH probe calibration date (if available): \_\_\_\_\_

Turbidity probe calibration date: \_\_\_\_\_

Temperature probe calibration date: \_\_\_\_\_

Maximum continuous rating or 80 percent of the power rating of the fuel oil combustion unit in MWh: \_\_\_\_\_

Sampling performed downstream of the water treatment equipment but upstream of washwater dilution (or other reactant dosing) prior to discharge?  Yes  No

Exhaust gas scrubber treatment system additives (names of any additives and dosage (if available) used, i.e., coagulant, flocculant, reaction water): \_\_\_\_\_

a. Units for turbidity are either FNU or NTU, and units for temperature are either °C or °F.

## Annual Report: Graywater Discharge Monitoring Supplemental Addendum (VGP Graywater Discharge Monitoring Report)

**Graywater Monitoring (provide information for all that apply)**

My vessel had to conduct sampling \_\_\_\_\_ times in year \_\_\_\_\_ Facility Identifier (i.e., NOI number): \_\_\_\_\_

**Sample #:** \_\_\_\_\_ (Please provide a separate form for each sampling event)

Parameter	Analytical Method <sup>a</sup>	Sample Date(s) <sup>b</sup> (MM/DD/YYYY)	Sample Time	Sample Result(s)	Units	Discharge Location <sup>c</sup> (Lat/Long)	Overboard Discharge Port Location <sup>c</sup>	Analysis Date/Analyst <sup>d</sup> (MM/DD/YYYY)	Was the Sample Taken in U.S. Waters?
pH									
BOD									
Fecal coliform									
Suspended Solids									
Total Residual chlorine <sup>e</sup>									
<i>E. coli</i> <sup>f</sup>									
Total phosphorus(TP) <sup>f</sup>									
Ammonia <sup>f</sup>									
Nitrate + Nitrite <sup>f</sup>									
Total Kjeldahl Nitrogen (TKN) <sup>f</sup>									

- a. Part 2.2.15.2, 5.1.2 and 5.2.2 of the permit discusses appropriate methods for monitoring.
- b. Part 2.2.15.2, 5.1.2 and 5.2.2 of the permit provides the required sampling schedule.
- c. Provide latitude and longitude of discharge location during sampling and the sampled overboard discharge port location
- d. Provide both the name of analyst and analysis date in MM/DD/YYYY format.
- e. Parameter not required for medium and large cruise ships meeting certain criteria per Parts 5.1.2.2.1 and 5.2.2.2.1.
- f. Parameter must be analyzed only by medium and large cruise ships.

**Annual Report: Bilgewater Discharge Monitoring Supplemental Addendum  
(VGP Bilgewater Discharge Monitoring Report)**

**Bilgewater Monitoring (provide information for all that apply)**

Sample #: \_\_\_\_\_ (Please provide a separate form for each sampling event)      Facility Identifier (i.e., NOI number): \_\_\_\_\_

Parameter	Analytical Method <sup>a</sup>	Sample Date(s) (MM/DD/YYYY)	Sample Time	Sample Result(s)	Units	Discharge Location <sup>b</sup>	Overboard Discharge Port Location <sup>b</sup>	Analysis Date/ Analyst Name <sup>c</sup> (MM/DD/YYYY)	Was the Sample Taken in U.S. Waters?
Oil and Grease					ppm				

**Additional Details:**

OCM Value (at same time sample collected) \_\_\_\_\_

OCM Make and Model Number \_\_\_\_\_

OMC calibration date and name of calibrator \_\_\_\_\_

Oil/water separator additive type (name of any additives used, i.e, solidifier, flocculant): \_\_\_\_\_

- a. Part 2.2.2.1 of the permit discusses monitoring methods. Samples must be analyzed for oil by either Method ISO 9377-2 (2000) Water Quality–Determination of hydrocarbon oil index–Part 2: Method Using Solvent Extraction and Gas Chromatography (incorporation by reference, see 46 CFR §162.050–4) or EPA Method 1664.
- b. Provide latitude and longitude of discharge location during sampling and the sampled overboard discharge port location
- c. Provide both the name of analyst and analysis date in MM/DD/YYYY format.

**APPENDIX A – PERMIT AUTHORIZATION AND RECORD OF INSPECTION (PARI) FORM**

**Small Vessel General Permit (sVGP) Authorization and Record of Inspection (PARI) Form**

<b>I. Vessel Owner/Operator Information</b>				
Vessel Owner/Operator _____		Phone _____		
Address and Email Address: _____				
<b>II. Vessel Information</b>				
Vessel Name _____		Vessel Type _____		
Vessel Identifier _____ <input type="checkbox"/> Registered number/operating number <input type="checkbox"/> IMO number				
<b>III. Owner/Operator Acknowledgement</b>				
By signing this form, I acknowledge that I have read and am familiar with the sVGP and that I am implementing all permit requirements contained in the sVGP.				
<b>IV. Certification Information</b>				
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 contained therein. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information contained is, to the best of my knowledge and belief, true, accurate, and complete. I have no personal knowledge that the information submitted is other than 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.				
_____ (Signature and Date)				
<b>V. Quarterly Inspections by Year</b>				
<b>A. 2015</b>	<b>1<sup>st</sup> Qtr Inspection Completed:</b> <input type="checkbox"/>	<b>2<sup>nd</sup> Qtr Inspection Completed:</b> <input type="checkbox"/>	<b>3<sup>rd</sup> Qtr Inspection Completed:</b> <input type="checkbox"/>	<b>4<sup>th</sup> Qtr Inspection Completed:</b> <input type="checkbox"/>
Date Sign Here	___/___/_____	___/___/_____	___/___/_____	___/___/_____
I certify that I have completed all of my quarterly inspections for 2015 in accordance with Part 3.2 of the sVGP _____ (Signature and Date)				
<b>B. 2016</b>	<b>1<sup>st</sup> Qtr Inspection Completed:</b> <input type="checkbox"/>	<b>2<sup>nd</sup> Qtr Inspection Completed:</b> <input type="checkbox"/>	<b>3<sup>rd</sup> Qtr Inspection Completed:</b> <input type="checkbox"/>	<b>4<sup>th</sup> Qtr Inspection Completed:</b> <input type="checkbox"/>
Date Sign Here	___/___/_____	___/___/_____	___/___/_____	___/___/_____
I certify that I have completed all of my quarterly inspections for 2016 in accordance with Part 3.2 of the sVGP _____ (Signature and Date)				
<b>C. 2017</b>	<b>1<sup>st</sup> Qtr Inspection Completed:</b> <input type="checkbox"/>	<b>2<sup>nd</sup> Qtr Inspection Completed:</b> <input type="checkbox"/>	<b>3<sup>rd</sup> Qtr Inspection Completed:</b> <input type="checkbox"/>	<b>4<sup>th</sup> Qtr Inspection Completed:</b> <input type="checkbox"/>
Date Sign Here	___/___/_____	___/___/_____	___/___/_____	___/___/_____
I certify that I have completed all of my quarterly inspections for 2017 in accordance with Part 3.2 of the sVGP _____ (Signature and Date)				
<b>D. 2018</b>	<b>1<sup>st</sup> Qtr Inspection Completed:</b> <input type="checkbox"/>	<b>2<sup>nd</sup> Qtr Inspection Completed:</b> <input type="checkbox"/>	<b>3<sup>rd</sup> Qtr Inspection Completed:</b> <input type="checkbox"/>	<b>4<sup>th</sup> Qtr Inspection Completed:</b> <input type="checkbox"/>
Date Sign Here	___/___/_____	___/___/_____	___/___/_____	___/___/_____
I certify that I have completed all of my quarterly inspections for 2018 in accordance with Part 3.2 of the sVGP _____ (Signature and Date)				
<b>E. 2019</b>	<b>1<sup>st</sup> Qtr Inspection Completed:</b> <input type="checkbox"/>	<b>2<sup>nd</sup> Qtr Inspection Completed:</b> <input type="checkbox"/>	<b>3<sup>rd</sup> Qtr Inspection Completed:</b> <input type="checkbox"/>	<b>4<sup>th</sup> Qtr Inspection Completed:</b> <input type="checkbox"/>
Date Sign Here	___/___/_____	___/___/_____	___/___/_____	___/___/_____
I certify that I have completed all of my quarterly inspections for 2019 in accordance with Part 3.2 of the sVGP _____ (Signature and Date)				

Corrective Action Records for the sVGP

*If you need to take any corrective actions resulting from your quarterly visual inspections please record your findings on the next page*

Date	sVGP Requirement Affected	Description	Cause	Description of Corrective Action Performed or Scheduled

Please include additional pages as necessary.

---

**APPENDIX B – ANNUAL NONCOMPLIANCE FORM**

United States Environmental Protection Agency, Washington, DC 20460  
 Annual Noncompliance Form for Discharges Incidental to the Normal Operation  
 of a Vessel under the NPDES small Vessel General Permit (sVGP)

**A. Vessel Owner/Operator Information:**

Name:  
 Street:  
 City: State: Zip:  
 Country:  
 Phone: Fax (optional):  
 E-mail:

**B. Vessel Information:**

Vessel Name:  
 Vessel ID/ Registered Number/ IMO number:  
 Vessel Call Sign:  
 Flag State/Port of Registry:  
 Type of Vessel (select one):  
 Commercial Fishing Vessel  Barge  
 Ferry  Research Vessel  
 Rescue Vessel  Other: \_\_\_\_\_  
 Passenger Vessel  
 Vessel Weight:  Gross Tons  Gross Registered Tons  
 Vessel Length:  Feet  Meters

**C. Instances of Noncompliance**

Please fill out the information below describing your instances of noncompliance (e.g., not using phosphate free soaps). Use additional pages if necessary

Date	sVGP Requirement Affected	Description of Noncompliance	Cause of Noncompliance	Description of Corrective Action Performed or Scheduled

**D. Certification Information**

I certify under penalty of law that the information contained in this form is, to the best of my knowledge and belief, true, accurate and complete. Furthermore, 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 contained therein. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information contained is, to the best of my knowledge and belief, true, accurate, and complete. I have no personal knowledge that the information submitted is other than 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.

\_\_\_\_\_  
 Signature and Date

Print Name:  
 Title:  
 E-mail:

**APPLICATION FOR TRANSPORTATION AND  
UTILITY SYSTEMS AND FACILITIES  
ON FEDERAL LANDS**

FORM APPROVED  
OMB Control Number: 0596-0082  
Expiration Date: 1/31/2017

FOR AGENCY USE ONLY

NOTE: Before completing and filing the application, the applicant should completely review this package and schedule a preapplication meeting with representatives of the agency responsible for processing the application. Each agency may have specific and unique requirements to be met in preparing and processing the application. Many times, with the help of the agency representative, the application can be completed at the preapplication meeting.

Application Number

Date Filed

1. Name and address of applicant (*include zip code*)

2. Name, title, and address of authorized agent if different from item 1 (*include zip code*)

3. Telephone (area code)

Applicant

Authorized Agent

4. As applicant are you? (*check one*)

- a.  Individual
- b.  Corporation\*
- c.  Partnership/Association\*
- d.  State Government/State Agency
- e.  Local Government
- f.  Federal Agency

\* If checked, complete supplemental page

5. Specify what application is for: (*check one*)

- a.  New authorization
- b.  Renewing existing authorization No.
- c.  Amend existing authorization No.
- d.  Assign existing authorization No.
- e.  Existing use for which no authorization has been received \*
- f.  Other\*

\* If checked, provide details under item 7

6. If an individual, or partnership are you a citizen(s) of the United States?  Yes  No

7. Project description (describe in detail): (a) Type of system or facility, (*e.g., canal, pipeline, road*); (b) related structures and facilities; (c) physical specifications (*Length, width, grading, etc.*); (d) term of years needed; (e) time of year of use or operation; (f) Volume or amount of product to be transported; (g) duration and timing of construction; and (h) temporary work areas needed for construction (*Attach additional sheets, if additional space is needed.*)

8. Attach a map covering area and show location of project proposal

9. State or Local government approval:  Attached  Applied for  Not Required

10. Nonreturnable application fee:  Attached  Not required

11. Does project cross international boundary or affect international waterways?  Yes  No (*if "yes," indicate on map*)

12. Give statement of your technical and financial capability to construct, operate, maintain, and terminate system for which authorization is being requested.

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13a. Describe other reasonable alternative routes and modes considered.

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b. Why were these alternatives not selected?

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c. Give explanation as to why it is necessary to cross Federal Lands.

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14. List authorizations and pending applications filed for similar projects which may provide information to the authorizing agency. (Specify number, date, code, or name)

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15. Provide statement of need for project, including the economic feasibility and items such as: (a) cost of proposal (construction, operation, and maintenance); (b) estimated cost of next best alternative; and (c) expected public benefits.

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16. Describe probable effects on the population in the area, including the social and economic aspects, and the rural lifestyles.

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17. Describe likely environmental effects that the proposed project will have on: (a) air quality; (b) visual impact; (c) surface and ground water quality and quantity; (d) the control or structural change on any stream or other body of water; (e) existing noise levels; and (f) the surface of the land, including vegetation, permafrost, soil, and soil stability.

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18. Describe the probable effects that the proposed project will have on (a) populations of fish, plantlife, wildlife, and marine life, including threatened and endangered species; and (b) marine mammals, including hunting, capturing, collecting, or killing these animals.

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19. State whether any hazardous material, as defined in this paragraph, will be used, produced, transported or stored on or within the right-of-way or any of the right-of-way facilities, or used in the construction, operation, maintenance or termination of the right-of-way or any of its facilities. "Hazardous material" means any substance, pollutant or contaminant that is listed as hazardous under the Comprehensive Environmental Response, Compensation, and Liability Act of 1980, as amended, 42 U.S.C. 9601 et seq., and its regulations. The definition of hazardous substances under CERCLA includes any "hazardous waste" as defined in the Resource Conservation and Recovery Act of 1976 (RCRA), as amended, 42 U.S.C. 6901 et seq., and its regulations. The term hazardous materials also includes any nuclear or byproduct material as defined by the Atomic Energy Act of 1954, as amended, 42 U.S.C. 2011 et seq. The term does not include petroleum, including crude oil or any fraction thereof that is not otherwise specifically listed or designated as a hazardous substance under CERCLA Section 101(14), 42 U.S.C. 9601(14), nor does the term include natural gas.

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20. Name all the Department(s)/Agency(ies) where this application is being filed.

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I HEREBY CERTIFY, That I am of legal age and authorized to do business in the State and that I have personally examined the information contained in the application and believe that the information submitted is correct to the best of my knowledge.

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Signature of Applicant

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Date

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Title 18, U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious, or fraudulent statements or representations as to any matter within its jurisdiction.

GENERAL INFORMATION  
ALASKA NATIONAL INTEREST LANDS

This application will be used when applying for a right-of-way, permit, license, lease, or certificate for the use of Federal lands which lie within conservation system units and National Recreation or Conservation Areas as defined in the Alaska National Interest lands Conservation Act. Conservation system units include the National Park System, National Wildlife Refuge System, National Wild and Scenic Rivers System, National Trails System, National Wilderness Preservation System, and National Forest Monuments.

Transportation and utility systems and facility uses for which the application may be used are:

1. Canals, ditches, flumes, laterals, pipes, pipelines, tunnels, and other systems for the transportation of water.
2. Pipelines and other systems for the transportation of liquids other than water, including oil, natural gas, synthetic liquid and gaseous fuels, and any refined product produced therefrom.
3. Pipelines, slurry and emulsion systems, and conveyor belts for transportation of solid materials.
4. Systems for the transmission and distribution of electric energy.
5. Systems for transmission or reception of radio, television, telephone, telegraph, and other electronic signals, and other means of communications.
6. Improved right-of-way for snow machines, air cushion vehicles, and all-terrain vehicles.
7. Roads, highways, railroads, tunnels, tramways, airports, landing strips, docks, and other systems of general transportation.

This application must be filed simultaneously with each Federal department or agency requiring authorization to establish and operate your proposal.

In Alaska, the following agencies will help the applicant file an application and identify the other agencies the applicant should contact and possibly file with:

Department of Agriculture  
Regional Forester, Forest Service (USFS)  
Federal Office Building,  
P.O. Box 21628  
Juneau, Alaska 99802-1628  
Telephone: (907) 586-7847 (or a local Forest Service Office)

Department of the Interior  
Bureau of Indian Affairs (BIA)  
Juneau Area Office  
Federal Building Annex  
9109 Mendenhall Mall Road, Suite 5  
Juneau, Alaska 99802  
Telephone: (907) 586-7177

Department of the Interior  
Bureau of Land Management  
222 West 7th Avenue  
P.O. Box 13  
Anchorage, Alaska 99513-7599  
Telephone: (907) 271-5477 (or a local BLM Office)

U.S. Fish & Wildlife Service (FWS) Office of the Regional Director 1011 East Tudor Road Anchorage, Alaska 99503 Telephone: (907) 786-3440	National Park Service (NPA) Alaska Regional Office, 2225 Gambell St., Rm. 107 Anchorage, Alaska 99502-2892 Telephone: (907) 786-3440
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Note - Filings with any Interior agency may be filed with any office noted above or with the Office of the Secretary of the Interior, Regional Environmental Office, P.O. Box 120, 1675 C Street, Anchorage, Alaska 9513.

Department of Transportation  
Federal Aviation Administration  
Alaska Region AAL-4, 222 West 7th Ave., Box 14  
Anchorage, Alaska 99513-7587  
Telephone: (907) 271-5285

NOTE - The Department of Transportation has established the above central filing point for agencies within that Department. Affected agencies are: Federal Aviation Administration (FAA), Coast Guard (USCG), Federal Highway Administration (FHWA), Federal Railroad Administration (FRA).

OTHER THAN ALASKA NATIONAL INTEREST LANDS

Use of this form is not limited to National Interest Conservation Lands of Alaska.

Individual department/agencies may authorize the use of this form by applicants for transportation and utility systems and facilities on other Federal lands outside those areas described above.

For proposals located outside of Alaska, applications will be filed at the local agency office or at a location specified by the responsible Federal agency.

SPECIFIC INSTRUCTIONS  
(Items not listed are self-explanatory)

- 7 Attach preliminary site and facility construction plans. The responsible agency will provide instructions whenever specific plans are required.
- 8 Generally, the map must show the section(s), township(s), and range(s) within which the project is to be located. Show the proposed location of the project on the map as accurately as possible. Some agencies require detailed survey maps. The responsible agency will provide additional instructions.
- 9, 10, and 12 The responsible agency will provide additional instructions.
- 13 Providing information on alternate routes and modes in as much detail as possible, discussing why certain routes or modes were rejected and why it is necessary to cross Federal lands will assist the agency(ies) in processing your application and reaching a final decision. Include only reasonable alternate routes and modes as related to current technology and economics.
- 14 The responsible agency will provide instructions.
- 15 Generally, a simple statement of the purpose of the proposal will be sufficient. However, major proposals located in critical or sensitive areas may require a full analysis with additional specific information. The responsible agency will provide additional instructions.
- 16 through 19 Providing this information in as much detail as possible will assist the Federal agency(ies) in processing the application and reaching a decision. When completing these items, you should use a sound judgment in furnishing relevant information. For example, if the project is not near a stream or other body of water, do not address this subject. The responsible agency will provide additional instructions.

Application must be signed by the applicant or applicant's authorized representative.

EFFECT OF NOT PROVIDING INFORMATION: Disclosure of the information is voluntary. If all the information is not provided, the application may be rejected.

DATA COLLECTION STATEMENT

The Federal agencies collect this information from applicants requesting right-of-way, permit, license, lease, or certification for the use of Federal lands. The Federal agencies use this information to evaluate the applicant's proposal. The public is obligated to submit this form if they wish to obtain permission to use Federal lands.

**SUPPLEMENTAL**

NOTE: The responsible agency(ies) will provide instructions	CHECK APPROPRIATE BLOCK	
<b>I - PRIVATE CORPORATIONS</b>	ATTACHED	FILED*
a. Articles of Incorporation	<input type="checkbox"/>	<input type="checkbox"/>
b. Corporation Bylaws	<input type="checkbox"/>	<input type="checkbox"/>
c. A certification from the State showing the corporation is in good standing and is entitled to operate within the State	<input type="checkbox"/>	<input type="checkbox"/>
d. Copy of resolution authorizing filing	<input type="checkbox"/>	<input type="checkbox"/>
e. The name and address of each shareholder owning 3 percent or more of the shares, together with the number and percentage of any class of voting shares of the entity which such shareholder is authorized to vote and the name and address of each affiliate of the entity together with, in the case of an affiliate controlled by the entity, the number of shares and the percentage of any class of voting stock of that affiliate owned, directly or indirectly, by that entity, and in the case of an affiliate which controls that entity, the number of shares and the percentage of any class of voting stock of that entity owned, directly or indirectly, by the affiliate.	<input type="checkbox"/>	<input type="checkbox"/>
f. If application is for an oil or gas pipeline, describe any related right- of-way or temporary use permit applications, and identify previous applications.	<input type="checkbox"/>	<input type="checkbox"/>
g. If application is for an oil and gas pipeline, identify all Federal lands by agency impacted by proposal.	<input type="checkbox"/>	<input type="checkbox"/>
<b>II - PUBLIC CORPORATIONS</b>		
a. Copy of law forming corporation	<input type="checkbox"/>	<input type="checkbox"/>
b. Proof of organization	<input type="checkbox"/>	<input type="checkbox"/>
c. Copy of Bylaws	<input type="checkbox"/>	<input type="checkbox"/>
d. Copy of resolution authorizing filing	<input type="checkbox"/>	<input type="checkbox"/>
e. If application is for an oil or gas pipeline, provide information required by item "I - f" and "I - g" above.	<input type="checkbox"/>	<input type="checkbox"/>
<b>III - PARTNERSHIP OR OTHER UNINCORPORATED ENTITY</b>		
a. Articles of association, if any	<input type="checkbox"/>	<input type="checkbox"/>
b. If one partner is authorized to sign, resolution authorizing action is	<input type="checkbox"/>	<input type="checkbox"/>
c. Name and address of each participant, partner, association, or other	<input type="checkbox"/>	<input type="checkbox"/>
d. If application is for an oil or gas pipeline, provide information required by item "I - f" and "I - g" above.	<input type="checkbox"/>	<input type="checkbox"/>

\*If the required information is already filed with the agency processing this application and is current, check block entitled "Filed." Provide the file identification information (e.g., number, date, code, name). If not on file or current, attach the requested information.

## NOTICES

Note: This applies to the Department of Agriculture/Forest Service (FS)

This information is needed by the Forest Service to evaluate the requests to use National Forest System lands and manage those lands to protect natural resources, administer the use, and ensure public health and safety. This information is required to obtain or retain a benefit. The authority for that requirement is provided by the Organic Act of 1897 and the Federal Land Policy and Management Act of 1976, which authorize the secretary of Agriculture to promulgate rules and regulations for authorizing and managing National Forest System lands. These statutes, along with the Term Permit Act, National Forest Ski Area Permit Act, Granger-Thye Act, Mineral Leasing Act, Alaska Term Permit Act, Act of September 3, 1954, Wilderness Act, National Forest Roads and Trails Act, Act of November 16, 1973, Archeological Resources Protection Act, and Alaska National Interest Lands Conservation Act, authorize the Secretary of Agriculture to issue authorizations or the use and occupancy of National Forest System lands. The Secretary of Agriculture's regulations at 36 CFR Part 251, Subpart B, establish procedures for issuing those authorizations.

### **BURDEN AND NONDISCRIMINATION STATEMENTS**

*According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0596-0082. The time required to complete this information collection is estimated to average 8 hours hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.*

*The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720- 2600 (voice and TDD).*

*To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call toll free (866) 632-9992 (voice). TDD users can contact USDA through local relay or the Federal relay at (800) 877-8339 (TDD) or (866) 377-8642 (relay voice). USDA is an equal opportunity provider and employer.*

The Privacy Act of 1974 (5 U.S.C. 552a) and the Freedom of Information Act (5 U.S.C. 552) govern the confidentiality to be provided for information received by the Forest Service.