

FORM 616-GC3T	OKLAHOMA DEQ	APPLICATION FOR AUTHORIZATION UNDER GENERAL PERMIT NO. OKGC3T TOTAL RETENTION SURFACE IMPOUNDMENT SYSTEMS CONTAINING CLASS III INDUSTRIAL WASTEWATER			
A. TYPE OF AUTHORIZATION REQUESTED					
NEW		RENEWAL		MODIFICATION	
B. NAME OF FACILITY					
C. FACILITY CONTACT					
1. NAME & TITLE			2. PHONE (area code & number)		
D. FACILITY MAILING ADDRESS					
1. STREET OR P.O. BOX			2. TELEFAX (area code & number)		
3. CITY OR TOWN			4. STATE	5. ZIP CODE	
E. FACILITY LOCATION					
1. STREET, ROUTE NO., OR OTHER SPECIFIC IDENTIFIER			2. COUNTY		
3. CITY OR TOWN			4. STATE	5. ZIP CODE	
6. LEGAL DESCRIPTION (¼, ¼, ¼, Section, Township, Range)					
F. OPERATOR INFORMATION					
1. NAME			2. Is the operator also the owner?		
			YES	No	
3. STATUS OF OPERATOR (enter appropriate letter in box; if "Other," specify)			4. PHONE (area code & number)		
F = FEDERAL	M = PUBLIC (other than federal or state)		(specify)		
S = STATE	O = OTHER (specify)				
P = PRIVATE					
5. STREET OR P.O. BOX			6. TELEFAX (area code & number)		
7. CITY OR TOWN		8. STATE	9. ZIP CODE	G. Is the facility located on Indian land?	
				YES	
				NO	
H. MAP					
1. Attach a topographic map (or plat or aerial photo if a topographic map is unavailable) extending one mile beyond the property boundaries. The map must show the outline of the facility, the location of each of its surface impoundments, tank systems, storage facilities, and containment devices; and those wells, springs, other surface water bodies, and drinking water wells listed in public records or otherwise known to the applicant.					
2. Attach a facility site plan showing the location of any buildings, surface impoundments, tank systems, storage facilities, containment devices, driveways, parking areas, and other permanent structures. A site plan prepared for another state agency may be acceptable provided the wastewater storage, treatment, and disposal information is indicated thereon.					
I. SIC CODES (4-digit, up to 4 in order of priority)					
1. FIRST		2. SECOND			
(number)	(specify)	(number)	(specify)		
3. THIRD		4. FOURTH			
(number)	(specify)	(number)	(specify)		
J. STORMWATER PERMITTING					
Does this facility have a stormwater multi-sector general permit?		Yes	No	Permit No.	
FOR OFFICIAL USE ONLY					
AUTHORIZATION NO.		FACILITY ID NO.			
OKGC3T _____		I- _____		Date Stamp	

K. NATURE OF BUSINESS

1. PRODUCTS AND SERVICES

2. PLANT OPERATIONS

a. Process/Operation	b. Product	c. Daily Quantity (units)
3. Date facility began operations:		4. Number of employees at this location:
5. Plant normally operates:	hours per day,	days per week, in
		shifts.

L. SOURCES OF WATER SUPPLY AND AMOUNT USED

Identify all sources of facility water by entering the appropriate letter(s) in the boxes below and then providing the appropriate description(s), as indicated in parentheses. List each source on a separate line. If you have more than one source of a given type, indicate this by entering the letter, followed by two digits (e.g., if your water comes from three wells, the sources would be indicated as G01, G02, and G03). For each source, estimate of the average daily use. Continue on additional sheets if needed.

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|---------------------------------------|--|
| G = GROUNDWATER WELL | (legal description of well location) |
| S = SURFACE WATER | (name of stream, river, lake, etc., and legal description of intake) |
| P = PUBLIC WATER SUPPLY | (name of entity from which water is obtained) |
| W = WASTEWATER TREATMENT PLANT | (name of entity from which water is obtained) |
| O = OTHER | (source of supply, and legal description if applicable) |

1. SOURCE	2. DESCRIPTION	3. AVG. DAILY USE (GPD)

M. INVENTORY OF CHEMICALS AND RAW MATERIALS

List all chemical compounds and raw materials in containers of 55 gallons or more, used in plant operations and stored outside a building (e.g., solvents, cleaning compounds, water treatment chemicals). Describe the storage location and the purpose for which each chemical is used. Continue on additional sheets if needed.

(Empty space for listing chemicals and raw materials)

N. IMPOUNDMENT LOCATION

For each industrial surface impoundment, provide the ID number, legal description, and indicate if the impoundment is located in the 100 year flood plain. If the impoundment(s) have previously been permitted, use the ID number(s) contained in the previous permit. If the impoundment(s) have not previously been permitted, ID numbers should be assigned using the appropriate letter followed by two digits (e.g., if you have three flow-through impoundments, their ID numbers would be F01, F02, and F03). Each type of impoundment should be numbered separately (e.g., if you have one flow-through and one total retention impoundment, their ID numbers would be F01 and T01, rather than F01 and T02). Use the same numbers throughout this form. Continue on additional sheets if needed.

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| F = FLOW-THROUGH SURFACE IMPOUNDMENT | T = TOTAL RETENTION SURFACE IMPOUNDMENT |
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1. ID NO.	2. LEGAL DESCRIPTION (¼, ¼, ¼, Section, Township, Range)	3. FLOOD PLAIN (yes or no)

O. FLOWS, SOURCES OF WASTE, AND TREATMENT

1. Attach a line drawing showing the flow of wastes or wastewaters through the facility unit processes. Indicate sources of intake water, chemicals, raw materials, and other sources of wastes. Label all unit processes or operations that contribute wastes or wastewater, including production areas, waste treatment units, and sources of blowdown, or backwash. Indicate disposal pathways of the wastes and wastewaters, including evaporation, recycle, discharge, solid waste storage, tanks, impoundments, land application, landfill, or other pathways. Provide a water balance (measured or estimated) on the line drawing that shows average flows between sources, unit processes, and disposal pathways.
2. For each impoundment, provide a description of: (1) All operations and other sources of pollution which contribute waste to the impoundment, including but not limited to process wastes, sanitary wastes, cooling water, and stormwater; and (2) The average, maximum, and minimum flows contributed by each operation or other source of pollution. Continue on additional sheets if needed.

a. ID NO.	b. OPERATION(S)/SOURCE(S)	c. DAILY FLOW (GPD)		
		(1) AVERAGE	(2) MAXIMUM	(3) MINIMUM

3. For each impoundment, list the actual or engineering estimate of the volume of sludge generated annually. Indicate whether the sludge will be periodically removed from the impoundment (give frequency of removal) or will accumulate in the impoundment as a site of final disposal. Also indicate whether you possess analytical data on the sludge generated in each impoundment. Continue on separate sheets if necessary.

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4. Describe the treatment purpose of each cell or impoundment (e.g., settling, aeration, evaporation, or final disposal). List any chemicals and equipment used for each treatment method. Continue on separate sheets if necessary.

a. ID NO.	b. TREATMENT	
	(1) DESCRIPTION	(2) CHEMICALS/EQUIPMENT

P. IMPOUNDMENT AND LINER INFORMATION

1. For each impoundment, attach plans and specifications with the following: (1) Length and width at top and bottom; (2) Total depth; (3) Designed minimum and maximum freeboard; (4) Interior and exterior side-slopes (ratio of horizontal to vertical distances); and (5) Inlet and outlet structures.
2. For each impoundment, list the holding capacity in gallons (assuming a minimum freeboard) and the dimensions in feet. The following abbreviations are used in the table to indicate the various impoundment dimensions. Continue on separate sheets if necessary.

BW = BOTTOM WIDTH BL= BOTTOM LENGTH TW= TOP WIDTH TL = TOP LENGTH	D = DEPTH F = MINIMUM FREEBOARD MF = MAXIMUM FREEBOARD	IS = INTERIOR SIDE-SLOPE RATIO (Horizontal:Vertical) ES = EXTERIOR SIDE-SLOPE RATIO (Horizontal:Vertical)
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a. ID NO.	b. HOLDING CAPACITY (gallons)	c. DIMENSIONS								
		(1) BW (ft)	(2) BL (ft)	(3) TW (ft)	(4) TL (ft)	(5) D (ft)	(6) F (ft)	(7) MF (ft)	(8) IS (ratio)	(9) ES (ratio)

P. IMPOUNDMENT AND LINER INFORMATION (continued)

3. In the table below, list the type of liner material (e.g., excavated soil, compacted clay, flexible membrane, composite, soil/bentonite, concrete, or alternative) to be installed or currently in use. List the thickness (in inches, feet, or mils) and permeability rate (in inches/hour or centimeters/second) of each liner as proposed or as built. Also list the type of soil (series name and USDA texture) underlying the impoundment. Continue on separate sheets if necessary.

a. ID NO.	b. LINER TYPE	c. THICKNESS (units)	d. PERMEABILITY (units)	e. SOIL TYPE	
				(1) SERIES NAME	(2) USDA TEXTURE

Q. SANITARY WASTEWATER DISPOSAL

1. In the table below, list the estimated volume of sanitary wastewater and the method of sanitary wastewater disposal.

a. VOLUME OF SANITARY WASTEWATER	b. METHOD OF SANITARY WASTEWATER DISPOSAL

R. OTHER DISPOSAL METHODS

Briefly describe any other methods of waste disposal used by your facility which have not been previously covered. Examples include disposal wells, septic tanks (with or without leach fields), aboveground or underground storage tanks, and waste hauling. Include information on the nature and volume of wastes disposed of by each of these other methods. Continue on additional sheets if necessary.

S. GROUNDWATER INFORMATION

1. For each surface impoundment, list the depth to groundwater, the direction of groundwater flow, and the legal description of each well used to determine groundwater information. Continue on additional sheets if necessary.

1. ID NO.	2. DEPTH TO WATER (feet)	3. DIRECTION OF FLOW	4. LEGAL DESCRIPTION OF WELL

2. For each well, attach the well log or drillers log, if available. If no water wells are found within 1/2 mile, attach a copy of the OWRB letter indicating no wells were found in their records search.

T. DEQ LANDOWNER NOTIFICATION AFFIDAVIT

1. Does applicant own all land subject to the application:	Yes	No
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If yes, proceed to Section U. If no, proceed to Part 2 of this section.

2. Application(s) for which the applicant does not own all the land subject to the application must notify the owner and/or pipeline right-of-ways that a permit application has been submitted to the DEQ. The basis for this requirement is OAC 252:004-7-13(b). DEQ Form 100-810 may be used for this purpose and is available on the DEQ web page.

U. 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 true 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.

1. NAME & OFFICIAL TITLE (type or print)	2. SIGNATURE	3. DATE SIGNED