

Return to:
Oklahoma Department of
Environmental Quality
Water Quality Division

707 N. Robinson
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Oklahoma City, OK 73101-1677

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previous editions
are obsolete

Municipal Permitting Section

Oklahoma DEQ Application for Authorization to Discharge Filter Backwash Wastewater for Potable Water Plants

Form 2MW – Discharge Filter Backwash

**PLEASE DETACH THESE INSTRUCTIONS AND RETURN ONLY THE
COMPLETED APPLICATION FORM ITSELF.**

**This form must be completed by potable water treatment facilities with qualifying
filter backwash operation to apply for an authorization to discharge under general
permit OKG38 of DEQ's Municipal OPDES Permit Program.**

See instructions for the submittal requirements of applications.

OKLAHOMA DEPARTMENT OF ENVIRONMENTAL QUALITY

INSTRUCTIONS - DEQ FORM 2MW (minor)

APPLICATION FOR AUTHORIZATION FOR COVERAGE

UNDER GENERAL PERMIT OKG38 . . .

FOR POTABLE WATER FILTER BACKWASH DISCHARGE

Form 2MW must be completed by the owner/responsible official of a minor potable water treatment facility that wishes to discharge filter backwash wastewater to waters of the State of Oklahoma. Please read the instructions below while completing Form 2MW and respond to each item. The Oklahoma Department of Environmental Quality (DEQ) cannot evaluate an application until it is complete. If a particular item does not apply to the facility for which the application is being prepared, or if the correct answer is "NA" (for not applicable) indicate this on the application. If you have questions about any of the items, please contact DEQ or your local DEQ office for assistance. **DO NOT** attempt to complete the application form before reading these instructions.

NOTE: DO NOT write in box marked " FOR DEQ USE ONLY".

SECTION I

1. Give the legal name of the town, city, public entity or name of the person (if privately owned) legally responsible for operating and maintaining the facility.
2. Give the street address, P.O. Box, city, county, state, zip code, telephone number fax number, and e-mail address if applicable of the main office for the applicant in Item 1. This may or may not be the same location of the facility.
3. Give the name of the facility, the street address, telephone number fax number, and e-mail address if applicable and if it is different from the address in Items 1 and 2.
4. Give the physical location of the facility – longitude/latitude and legal description to a 10 acre tract, 1/4,1/4,1/4, Section, Township and Range. Note: This is the location of the treatment plant and it is not necessarily the same as the point of discharge (No. 13).
5. Indicate whether this is a Public, Private, Federal or State owned facility.
6. Give the name, title, address, and telephone number, cell phone number, fax number, and e-mail address of a person who is familiar with the facility and information in the application and who may be contacted concerning the application.
7. Indicate whether the discharge is filter backwash wastewater from a potable water plant or, if other, explain.

8. Below is a list of definitions of the types of treatment listed in Item #8. Check more than one item if needed.

Detention lagoon systems:

Indicate the number of lagoons used to handle wastewater then indicate the type of treatment.

- A. Conventional
 - B. Package
 - C. Reverse osmosis
 - D. Other - Please name and explain any process used at your facility other than those listed above.
9. Please indicate the type of chemicals used in the water treatment process.
10. The average quantity of potable water produced in million gallons per day (mgd). List up to 3 decimal places. Example: 3.120 = 3 million one hundred twenty thousand gallons per day.
11. The total quantity of filter backwash wastewater discharged in million gallons per day (mgd). List up to 3 decimal places. Example: 0.820 = eight hundred twenty thousand gallons per day.
12. Enter the number for each discharge point and the average quantity of treated waste discharged each day from each pipe.
13. Name the body of surface water that receives treated wastewater. If the receiving stream does not have a name, please indicate what named creek or river downstream receives the tributary flow, and fill out as "tributary of _____ Creek or River."

Check the item which indicates the frequency of wastewater discharges.

continuous: discharging without interruption

batch: discharging several times during the day (i.e. from a sequential batch reactor facility)

intermittent: sporadic discharges during the year

seasonal: discharging only during certain periods during the year

Give the location of the point of discharge to the receiving water. This may be different than the location of the facility. In giving the legal description, provide both the latitude-longitude and 1/4, 1/4, 1/4, Section, Township and Range. Attach addition sheets if necessary to describe additional outfalls.

14. Disposal of water treatment plant residuals shall be done under a general permit

for land application of residuals or in a permitted landfill.

- A. General permit land application of residuals numbers start with OKG and usually have 7 numbers. In giving the land application sites, provide the legal description 1/4, 1/4, 1/4, Section, Township and Range and County.
 - B. The permittee shall be certain that all landfills used for water treatment plant residuals disposal comply with the state and federal regulations for landfills and solid waste disposal.
15. If the answer to this question is yes a landowner notification form (found at http://www.deq.state.ok.us/WQDnew/forms/landowner_notification_affidavit.pdf) must be sent to the landowner and the applicant's certifying official must initial the box certifying that this has been done.
16. All other information regarding the facility having to do with the environmental/operational permits including maps, process diagrams, or chemical analysis should be included with the permit application.

The information provided in the application will be considered in the evaluation and processing of a discharge permit for the referenced facility. Be advised that test procedures used in the analyses of influents, effluents and residuals, must conform to approved EPA methodology or it will not be accepted for the discharge permit evaluation.

Please note that the application must be signed by the authorized chief elective or executive officer of the applicant, or by the applicant if an individual. The authorized signature must be notarized. An example of a common mistake is when a Public Works Authority Chairman signs the application as - John Doe, Mayor. The Mayor is not the legal official of the PWA; the chairman is, even if the individual holds both positions.

Please read the certification carefully. There are significant penalties for submitting false information on this application form.

Please detach these instructions and return only the completed application form itself.

**OKLAHOMA DEPARTMENT OF ENVIRONMENTAL QUALITY
APPLICATION FOR AUTHORIZATION UNDER GENERAL PERMIT OKG38 TO DISCHARGE FILTER BACKWASH WASTEWATER
UNDER THE OKLAHOMA POLLUTANT DISCHARGE ELIMINATION SYSTEM (OPDES)**

FORM 2MW

FOR DEQ USE ONLY	Application/Permit Number OKG38 _____	Facility ID No. _____
	Date Received: _____	
	SIC Code: _____	
	If a proposed facility, give estimated date of completion: _____	
	DEQ PERMIT ENGINEER: _____	

DO NOT attempt to complete this application without reading the instructions!

SECTION I

1. Legal name of applicant:

2. Mailing address of applicant:

Street Address or PO Box _____

City _____ County _____ State _____ Zip Code _____

Telephone (____) _____ Fax (____) _____

E-mail Address _____

3. Name and address of facility:

Facility Name _____

Street Address _____

City _____ County _____ State _____ Zip Code _____

Telephone (____) _____ Fax (____) _____

E-mail Address _____

4. Location of discharging facility (e.g., NE ¼ , SW ¼ , SE ¼ , Section 1, Township 2 North, Range 3 West):

Legal Description of Facility Location _____, _____, _____, Section _____, Township _____, Range _____

Latitude: _____N Longitude: _____W

5. Type Ownership: Public () Private () Federal () State ()

6. Contact Person:

Name and Title _____

Address _____ City _____

County _____ State _____ Zip Code _____ Telephone (____) _____

Fax (____) _____ Cell Phone (____) _____

Outfall 003 (if applicable):

Name of receiving water(s): _____

Discharge is (check one) Continuous () Intermittent () Seasonal ()

Latitude: _____ N Longitude: _____ W

Legal Description of Discharge Point _____, _____, _____, Section _____, Township _____, Range _____

14. Water Treatment Plant Residuals generated by this facility:

A. Land application of residuals

Residuals management plan, if any:

Land application general permit number _____ approved by the Department of Environmental Quality or the Oklahoma State Department of Health on _____

Location(s) of current land application site(s) (legal description to the nearest 10 acres).

Site 1: _____, _____, _____, Section _____, Township _____, Range _____ County _____

Site 2 (if applicable): _____, _____, _____, Section _____, Township _____, Range _____ County _____

Site 3 (if applicable): _____, _____, _____, Section _____, Township _____, Range _____ County _____

B. Landfilled residuals

Name of Landfill _____

Landfill permit number _____

15. Landowner Notification (THIS SECTION MUST BE COMPLETED PRIOR TO SUBMISSION OF THE APPLICATION – THE APPLICATION WILL AUTOMATICALLY BE CONSIDERED INCOMPLETE IF IT IS NOT COMPLETED):

Is any part of the land on which the facility is located (including treatment units, discharge conveyances, stormwater holding basins and/or flow equalization basins) owned by a person or entity other than the applicant?

() No

() Yes – the applicant or applicant’s certifying official must ensure that such landowner(s) have been notified of the applicant’s intent to obtain an OPDES permit and initial the box to the right indicating that such notification has been made.

16. List other information which should be brought to the attention of the Department of Environmental Quality (DEQ) in regard to the issuance of a discharge permit for the facility.

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 directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I also certify that I will provide for the operation of this facility in accordance with the Oklahoma Discharge Permits and Pollution Control Regulations and will provide certified operators as required by the Oklahoma Water and Wastewater Operators Certification Act. I further certify that I shall acquire or possess a right to the use of the property or properties on which the discharging facilities, activities or discharge sources are located as well as the property on which the proposed discharge point(s) are located, including the access route thereto. I understand I shall maintain such right of use and access for the duration of the permit term. I am aware that there are significant penalties for submitting false information, including revocation of the permit and the possibility of fine and imprisonment for knowing violations.

Note: Applications must be signed by the authorized chief elective or executive officer of the applicant, or by the applicant, if an individual.

Name (print) _____

Title _____

Date _____

Signature _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public My commission expires _____

The application shall be filed in duplicate with the original and one copy to be submitted to the DEQ, and one copy to be submitted to the local DEQ office.

Please return completed form with attachments to:

**Water Quality Division
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