

**OKLAHOMA DEPARTMENT OF ENVIRONMENTAL QUALITY**

**INSTRUCTIONS - DEQ FORM 2MG58**

**APPLICATION FOR AUTHORIZATION FOR COVERAGE**

**UNDER GENERAL PERMIT OKG58...**

**FOR MUNICIPAL/DOMESTIC DISCHARGE LAGOONS**

Form 2MG58 must be completed by the owner/responsible official of a minor municipal/domestic wastewater facility that wishes to discharge pollutants to waters of the State of Oklahoma. Please read the instructions below while completing Form 2MG58 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. 11).**
- 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. Below is a list of definitions of the types of treatment listed in Item #7. Check more than one item if needed.

Lagoon systems:

- A. Total Retention by Evaporation - Wastewater goes to a lagoon or series of lagoons which have no outlet or any other way to discharge. Lagoons cannot be classified total retention if they have any kind of operable outlet structure, even if it is not used. See DEQ Form 530E for Total Retention Facilities.
- B. Land Application - Wastewater is given preliminary treatment then applied to land (example: irrigation) in such a manner to insure that no runoff enters surface waters.
- C. Discharge to Receiving Water - Wastewater goes to a lagoon or series of lagoons and then to a receiving water through a designed outlet structure. Check this box even if the outlet structure is not being used.

8. If the facility uses chlorine or any other halogen, indicate whether the facility dechlorinates or dehalogenates before discharging to a receiving water.

If chlorine or any other halogen is used as a disinfecting agent to meet bacteria limits, or for other purposes, a residual limit of no-measurable value will be included in the permit. Dechlorination or dehalogenation will be necessary to meet the limit. Please indicate whether dechlorination or dehalogenation is provided at your facility.

9. Design Flow: the quantity of wastewater in million gallons per day (mgd) the facility was designed to treat in one day. List up to 3 decimal places. Example: 3.120 = 3 million one hundred twenty thousand gallons per day. Design flow has to be justified by an engineering report.
10. Enter the number for each discharge point and the average quantity of treated wastewater discharged each day from each pipe.
11. 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." If discharge is to a lake do not complete this form. Submit Form 2M2.

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 additional sheets if necessary to describe additional outfalls.

12. Indicate whether the higher influent flow caused by heavy rains is diverted and discharged resulting in a bypass of partially or completely treated wastewater or if it is stored for later treatment (as in a holding basin).
13. Number 13. A through B of the application concerns the treatment and disposal of biosolids/sludge.
  - A. Common biosolids/sludge treatment processes are aeration, lime stabilization, heat stabilization etc.
  - B 1. Sludge management plan numbers start with SMP 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 2. The permittee shall be certain that all landfills used for sewage sludge disposal comply with the state and federal regulations for landfills and solid waste disposal.
14. State if any significant or categorical industrial users in the community discharge industrial wastewater to the sewer treatment system. Significant industrial users (SIUs) are defined in 40 CFR 403.3(t). Categorical industrial users (CIUs) are listed in 40 CFR 122 Appendix A – NPDES Primary Industry Categories (see Attachment 1, Page 5). If the answer to this question is yes, your facility does not qualify for coverage under the general permit. Please submit Form 2M2.
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](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 biosolids/sludge, 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.**

Attachment 1

40 CFR Ch. 1 Pt. 122

APPENDIX A-NPDES Primary  
INDUSTRY CATEGORIES

Any permit issued after June 30, 1981 to dischargers in the following categories shall include effluent limitations and a compliance schedule to meet the requirements of section 301(b)(2)(A),(C),(D),(E), and (F) of CWA, whether or not applicable effluent limitations guidelines have been promulgated See §§ 122.44 and 122.46.

*Industry Category*

Adhesives and sealants  
Aluminum forming  
Auto and other laundries  
Battery manufacturing  
Coal mining  
Coil coating  
Copper forming  
Electrical and electronic components  
Electroplating  
Explosives manufacturing  
Foundries  
Gum and wood chemicals  
Inorganic chemicals manufacturing  
Iron and steel manufacturing  
Leather tanning and finishing  
Mechanical products manufacturing  
Ore mining  
Organic chemicals manufacturing  
Paint and ink formulation  
Pesticides  
Petroleum refining  
Pharmaceutical preparations  
Photographic equipment and supplies  
Plastics processing  
Plastic and synthetic materials manufacturing  
Porcelain enameling  
Printing and Publishing  
Pulp and paper mills  
Rubber processing  
Soap and detergent manufacturing  
Steam electric power plants  
Textile mills  
Timber products processing

40CFR 261.20

Subpart C-Characteristics of Hazardous Waste

§ 261.20 General

(a) A solid waste, as defined in § 261.2, which is not excluded from regulation as a hazardous waste under § 261.4(b), is a hazardous waste if it exhibits any of the characteristics identified in this subpart.

{ *Comment:* § 262.11 of this chapter sets forth the generator's responsibility to determine whether his waste exhibits one or more of the characteristics identified in this subpart }

(b) A hazardous waste which is identified by a characteristic in this subpart is assigned every EPA Hazardous Waste Number that is applicable as set forth in this subpart. This number must be in compliance with the notification requirements of section 3010 of the Act and all applicable recordkeeping and reporting requirements under parts 262 through 265, 268, and 270 of this chapter.

(c) For purposes of this subpart, the Administrator will consider a sample obtained using any of the applicable sampling methods specified in Appendix I to be a representative sample within the meaning of Part 260 of this chapter.

{ *Comment:* Since the Appendix I sampling methods are not being formally adopted by the Administrator, a person who desires to employ an alternative sampling method is not required to demonstrate the equivalency of his method under the procedures set forth in §§ 260.20 and 260.21. }

{45FR 33119.May 1980. As amended at 51 FR 40636. Nov. 7, 1986: 55 FR 22684. June 1, 1990 }

<b>FORM</b> <b>2MG58</b> Rev. 01/14/21	<b>OKLAHOMA DEPARTMENT OF ENVIRONMENTAL QUALITY</b> <b>WATER QUALITY DIVISION</b> 707 N. Robinson Ave., P.O. Box 1677 Oklahoma City, OK 73101 (405) 702-8100
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**APPLICATION FOR AUTHORIZATION UNDER GENERAL PERMIT OKG58  
TO DISCHARGE WASTEWATER FROM FACULTATIVE LAGOONS**

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

**TYPE OF AUTHORIZATION REQUESTED (Applies to all Applicants)**

NEW     
  RENEWAL     
  MODIFICATION

**1. LEGAL NAME OF APPLICANT**

\_\_\_\_\_

**2. MAILING ADDRESS OF APPLICANT**

Street Address or P.O. 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., NE¼, SW¼, SE¼, Township 2 North, Range 3 West)**

Legal Description of Facility Location \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, Section \_\_\_\_\_, Township \_\_\_\_\_, Range \_\_\_\_\_

Latitude: \_\_\_\_\_ N Longitude: \_\_\_\_\_ W

<b>FOR DEQ USE ONLY</b>		<b>Date Stamp</b>
<b>PERMIT AUTHORIZATION NO.</b>  OKG58 _____	<b>FACILITY ID NO.</b>  S _____	

5. TYPE OF OWNERSHIP     PUBLIC     PRIVATE     FEDERAL     STATE

6. CONTACT INFORMATION

Name \_\_\_\_\_ Title \_\_\_\_\_

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

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

7. TYPE OF TREATMENT

- A. Lagoon system with total retention by evaporation (Does NOT require this Form. Submit Form 583-B)
- B. Lagoon system with effluent used for land application (Does NOT require this Form. Submit Form 2MRW)
- C. Lagoon system with effluent discharge to receiving water.
- D. Lagoon system with effluent discharge and effluent used for land application. (Does NOT require this Form. Submit Form 2M2)

8. DISINFECTION INFORMATION

Is chlorine or any other halogen used at this facility?     Yes     No

If yes, is dechlorination or dehalogenation used at this facility?     Yes     No

Is an ultraviolet (UV) system used at this facility?     Yes     No

9. DESIGN FLOW OF FACILITY (in million gallons per day [MGD]) \_\_\_\_\_

10. TOTAL VOLUME PRESENTLY DISCHARGED IN MGD

Outfall 001 \_\_\_\_\_ MGD

Outfall 002 (if applicable) \_\_\_\_\_ MGD

Outfall 003 (if applicable) \_\_\_\_\_ MGD

11. LEGAL DESCRIPTION(S) OF ALL DISCHARGE POINT(S)

**Outfall 001**

Name of Receiving Water \_\_\_\_\_

Discharge is (check one)     Continuous     Intermittent     Seasonal

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

Legal Description of Discharge Point: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, Section \_\_\_\_\_, Township \_\_\_\_\_ Range \_\_\_\_\_

**Outfall 002 (if applicable)**

Name of Receiving Water \_\_\_\_\_

Discharge is (check one)       Continuous       Intermittent       Seasonal

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

Legal Description of Discharge Point: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, Section \_\_\_\_, Township \_\_\_\_\_ Range \_\_\_\_\_

**Outfall 003 (if applicable)**

Name of Receiving Water \_\_\_\_\_

Discharge is (check one)       Continuous       Intermittent       Seasonal

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

Legal Description of Discharge Point: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, Section \_\_\_\_, Township \_\_\_\_\_ Range \_\_\_\_\_

**12. DURING PERIODS OF HEAVY RAIN, IS THE INCREASED FLOW:**

- Bypassed to the receiving stream with no treatment
- Given partial treatment and discharged
- Given complete treatment and discharged
- Stored for later treatment

**13. BIOSOLIDS/SLUDGE GENERATED BY THE FACILITY**

A. Describe current biosolids/sludge treatment process

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

B. Amount of biosolids/sludge produced (dry metric tons/year) \_\_\_\_\_

1. Land application of biosolids

Sludge Management Plan, if any \_\_\_\_\_

Sludge Management Permit Number (if applicable) \_\_\_\_\_ approved by the Oklahoma 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: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, Section \_\_\_\_, Township \_\_\_\_\_, Range \_\_\_\_\_, County \_\_\_\_\_  
(if applicable)

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



2. Landfilled sludge  
Sludge Disposition Plan, if any \_\_\_\_\_  
Sludge Disposition Permit Number (if applicable) \_\_\_\_\_ approved by the Oklahoma Department of Environmental Quality or the Oklahoma State Department of Health on \_\_\_\_\_  
Name of landfill \_\_\_\_\_  
Landfill's permit number \_\_\_\_\_

**14. DOES THIS FACILITY RECEIVE INDUSTRIAL WASTEWATER FROM SIUS AND/OR CIUS?**

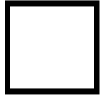
- Yes      No     If "Yes", do NOT complete this Form. Submit Form 2M2.

**15. LANDOWNER NOTIFICATION AFFIDAVIT**

**(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. The basis for this requirement is 27A of the Oklahoma Statutes, § 2-14-103(9), as described in OAC 252:004-7-13(b). DEQ Form 100-810 shall be used for this purpose and is available on the DEQ web page.



Please mail the completed landowner notification affidavit form to DEQ.

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

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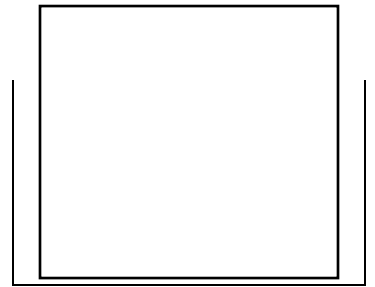
**17. CERTIFICATION**

*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.*

*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 \_\_\_\_\_



Notary Seal

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_ My commission expires \_\_\_\_\_

Notary Public Signature

**Please return completed form with application fee and attachments to:**

Water Quality Division  
Department of Environmental Quality  
707 N. Robinson  
P.O. Box 1677  
Oklahoma City, Oklahoma 73101-1677