

OKLAHOMA DEPARTMENT OF ENVIRONMENTAL QUALITY
APPLICATION FOR PERMIT TO DISCHARGE MUNICIPAL/DOMESTIC WASTEWATER
UNDER THE OKLAHOMA POLLUTANT DISCHARGE ELIMINATION SYSTEM (OPDES)

Application for Permit to Discharge Municipal/Domestic Wastewater
FORM 2M1 (Major)

| | |
|---------------------|--|
| FOR DEQ USE ONLY | Application/Permit Number OK00 _____ 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 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., 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 of Ownership: Public Private Federal State

6. Contact Person:

Name and Title _____
Address _____ City _____
County _____ State _____ Zip Code _____ Telephone _____
Fax _____ Cell Phone _____
E-mail Address _____

7. Type of discharge:

- A. Wastewater from lagoon system
- B. Wastewater from mechanical plant
- C. Other (specify) _____

8. Type of treatment:

- A. Lagoon system with total retention by evaporation (Does not require this form, it requires Form 530E)
- B. Lagoon system with effluent used for land application only (Does not require this form, it requires Form 627-WRP)
- C. Lagoon system with effluent discharge to receiving water
- D. Lagoon system with effluent discharge and water reuse (Also fill out Section III of application)
- E. Mechanical Plant with effluent discharge: (please describe briefly the type of treatment plant)

- F. Mechanical Plant with discharge and water reuse: (please describe briefly the type of treatment plant and fill out Section III of application)

9. Is chlorine or any other halogen used at this facility?

Yes No

If yes, is dechlorination or dehalogenation used at this facility? (See instructions)

Yes No

Is an ultraviolet (UV) system used at this facility?

Yes No

10. Design flow of facility in million gallons per day (mgd) _____

**11. Discharge point number
(List all outfalls)**

**Total volume presently discharged
million gallons per day (mgd)**

001

002 (if applicable)

003 (if applicable)

12. Legal description(s) of all discharge point(s):

Outfall 001:

Name of receiving water(s): _____

Discharge is (check one): Continuous Batch Intermittent Seasonal

Latitude: _____ N Longitude: _____ W

Legal Description of discharge point _____, _____, _____, Section _____, Township _____, Range _____

Outfall 002 (if applicable):

Name of receiving water(s): _____

Discharge is (check one): Continuous Batch Intermittent Seasonal

Latitude: _____ N Longitude: _____ W

Legal Description of discharge point _____, _____, _____, Section _____, Township _____, Range _____

Outfall 003 (if applicable):

Name of receiving water(s): _____

Discharge is (check one): Continuous Batch Intermittent Seasonal

Latitude: _____ N Longitude: _____ W

Legal Description of discharge point _____, _____, _____, Section _____, Township _____, Range _____

13. 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

14. Biosolids/Sludge generated by this facility:

A. Current biosolids/sludge treatment process. (Please explain)

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

1. Land application of biosolids

Sludge management plan, if any: _____

Sludge management permit number _____ 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 Department of Environmental Quality or the Oklahoma State Department of Health on _____

Name of Landfill _____

Landfill's permit number _____

15. Does this facility receive industrial wastewater? Yes No

If "Yes", Submit Section II of this form (attached) for each significant industrial facility discharging to the sewer system, including wastewater from water treatment plant.

Are industrial discharge(s) to the system(s) controlled by

- Ordinance
- Pretreatment Program

Yes No

16. Does this facility supply reclaimed water? Yes No

If "Yes", Submit Section III of this form (attached) for each user of reclaimed water.

17. Maps and drawings - Attach all required maps and drawings to the back of this application. (see instructions)

18. Complete attached Table 1 detailing both influent and effluent pollutants.

19. Submit test results of a 24-hour composite sample of effluent, for all pollutants listed in 40 CFR 122, Appendix D, Table II and Table III.

20. Submit quantitative data on pollutants listed in 40 CFR 122, Appendix D, Table IV and Table V that are known or reasonably expected to be discharged.

21. Submit tabulations of all results collected pertaining to the quality and quantity of all toxic pollutants identified as a constituent in the publicly owned treatment works (POTW) effluent and regulated or prohibited by an Industrial Waste Ordinance during the period from three years prior to the date of this application to the present. Also, tabulate the PQL used to quantify the toxic pollutants.

22. 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.

***Note: Please mail completed landowner affidavit from to DEQ (see instructions)**

23. 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 _____



Notary Seal

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

_____ My commission expires _____

Notary Public Signature

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 application fee and attachments to:

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

**TABLE I
DESCRIPTION OF INFLUENT AND EFFLUENT**

| Parameter and Code | Influent | Effluent | | | | | |
|---|-----------------------------------|-----------------------------------|--|--|---------------------------------|--------------------------|-----------------------|
| | Annual Average Value (1) | Annual Average Value (2) | Lowest Monthly Average Value (3) | Highest Monthly Average Value (4) | Frequency of Analysis (5) | No. of Samples (6) | Sample Type (7) |
| Flow (millions gallons per day) 50050 | | | | | | | |
| pH 00400 | N/A | N/A | | | | | |
| Temperature - winter (° F) 74028 | | | | | | | |
| Temperature - summer (° F) 74027 | | | | | | | |
| Fecal Streptococci Bacteria (number/100 ml) 75054 (Provide if available) | | | | | | | |
| Total Coliform Bacteria (number/100 ml) 75055 (Provide if available) | | | | | | | |
| Total Coliform Bacteria (number/100 ml) 75056 (Provide if available) | | | | | | | |
| BOD 5-day (mg/l) 00310 | | | | | | | |
| Chemical Oxygen Demand (mg/l) 00340 (Provide if available) OR Total Organic Carbon (mg/l) 00680 (Provide if available) (Either analysis acceptable) | | | | | | | |

TABLE I (Continued)
DESCRIPTION OF INFLUENT AND EFFLUENT

| Parameter and Code | Influent | Effluent | | | | | |
|---|--------------------------|--------------------------|----------------------------------|-----------------------------------|---------------------------|--------------------|-----------------|
| | Annual Average Value (1) | Annual Average Value (2) | Lowest Monthly Average Value (3) | Highest Monthly Average Value (4) | Frequency of Analysis (5) | No. of Samples (6) | Sample Type (7) |
| Chlorine - Total Residual (mg/l) 50060 | | | | | | | |
| Total Solids (mg/l) 00500 | | | | | | | |
| Total Dissolved Solids (mg/l) 70300 | | | | | | | |
| Total Suspended Solids (mg/l) 00530 | | | | | | | |
| Settleable Matter (Residue) (mg/l) 00545 | | | | | | | |
| Kjedahl Nitrogen (mg/l) 00625 (Provide if available) | | | | | | | |
| Nitrate (as N) (mg/l) 00620 (Provide if available) | | | | | | | |
| Nitrite (as N) (mg/l) 00620 (Provide if available) | | | | | | | |
| Phosphorous, Total (as P) (mg/l) 00665 (Provide if available) | | | | | | | |
| Dissolved Oxygen (DO) (mg/l) 00300 | N/A | | | | | | |

SECTION II

INDUSTRIAL WASTEWATER CONTRIBUTION TO MUNICIPAL SYSTEM

Submit a description of each industrial facility discharging to the municipal system, using a separate Section II for each. Indicate the 4 digit Standard Industrial Classification (SIC) Code for the industry, the major product or raw material, the flow (in gallons per day), and the characteristics of the wastewater discharged from the industrial facility into the municipal system. For wastewater from a drinking water plant, indicate the type of treatment plant (conventional, R.O. etc.) in item 2 below.

1. Major Contributing Facility

Contact person and Title _____
Name of facility _____
Address _____
City _____ County _____
State _____ ZIP Code _____
Telephone _____ Fax _____ Cell Phone _____
E-mail Address _____

2. Product or item produced at this facility _____

3. Primary Standard Industrial Classification (SIC) Code _____

4. Principal Product or Raw Material

| Product or Raw Material | Quantity | Units |
|-------------------------|----------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

5. Flow: Indicate the volume of wastewater discharged into the municipal system in gallons per day (gpd) and whether this discharge is intermittent or continuous.

_____ GPD Intermittent Continuous

6. Pretreatment Provided: Indicate if pretreatment is provided prior to entering the municipal collection system. Yes No

7. Characteristics of Wastewater: Please list the pollutants and maximum concentrations of the pollutants in the table below.

| | | | | |
|-----------------------|-------|-------|-------|-------|
| Pollutant | _____ | _____ | _____ | _____ |
| Maximum Concentration | _____ | _____ | _____ | _____ |

SECTION III

USAGE OF NON-POTABLE RECLAIMED WATER (If Applicable)

A. Supplier Information (Attach a schematic of the additional treatment given to the wastewater for reuse showing sampling point and flow meters for reclaimed water for each user)

1. Category of reclaimed water to be supplied (See OAC 252:656 Subchapter 27 and OAC 252:627 for details)
 Category 2 Category 3 Category 4 Category 5
2. DEQ Permit No. and Date of Approval of Construction to supply reclaimed water _____
3. Approximate Quantity of reclaimed water to be supplied _____
4. Location of sampling point for reclaimed water: Latitude: _____ N, Longitude: _____ W
5. Attach site plan of the supplier.

B. User Information (Use separate sheet for each site of the reclaimed water. Also, submit a signed copy of the agreement with each user)

1. Name of user _____
 Contact person and title _____
 Address _____
 City _____ County _____
 State _____ ZIP Code _____
 Telephone _____ Cell Phone _____
 E-mail Address _____
2. DEQ Construction Permit No. and Date of Approval to use reclaimed water _____
3. Section (1/4, 1/4, 1/4), Township, and Range of the reuse site _____
4. Point of entry of reclaimed water at user's site: Latitude: _____ N, Longitude _____ W
5. Attach site plan for each user including the area exposed to the reclaimed water.
6. Description of the reuse activity: _____
7. Describe access control to general public during the use of reclaimed water:

8. Describe storage facility of reclaimed water at the reuse site:

9. Approximate acreage, type and amount of crop to be irrigated for each site (applicable only to land application of reclaimed water)

| Site Location | Approximate Total Acres | Approximate Irrigated Acres | Type of Crop | Annual Quantity of Crop |
|---------------|-------------------------|-----------------------------|--------------|-------------------------|
| | | | | |