

FORM 2MG58 Rev. 01/14/21	OKLAHOMA DEPARTMENT OF ENVIRONMENTAL QUALITY WATER QUALITY DIVISION 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

FOR DEQ USE ONLY		Date Stamp
PERMIT AUTHORIZATION NO. OKG58 _____	FACILITY ID NO. 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.

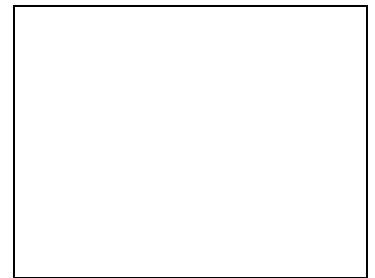
17. CERTIFICATION

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.

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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