

<b>FORM</b> <b>606-G04</b>	<b>OKLAHOMA</b> <b>DEQ</b>	<b>APPLICATION FOR AUTHORIZATION UNDER GENERAL PERMIT NO. OKG04</b>			
<b>SURFACE COAL STRIP MINES</b>					
<b>A. TYPE OF AUTHORIZATION REQUESTED</b>					
NEW		RENEWAL		MODIFICATION	
<b>B. NAME OF FACILITY</b>					
<b>C. FACILITY CONTACT</b>					
1. NAME & TITLE			2. PHONE (area code & number)		
<b>D. FACILITY MAILING ADDRESS</b>					
1. STREET OR P.O. BOX			2. TELEFAX (area code & number)		
3. CITY OR TOWN		4. STATE	5. ZIP CODE		
<b>E. FACILITY LOCATION</b>					
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)					
<b>F. OPERATOR INFORMATION</b>					
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		(specify)		
S = STATE	federal or state)				
P = PRIVATE	O = OTHER (specify)				
5. STREET OR P.O. BOX			6. TELEFAX (area code & number)		
7. CITY OR TOWN		8. STATE	9. ZIP CODE	<b>G. Is facility located on Indian land?</b>	
				YES	
					NO
<b>H. MAP</b>					
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 outfalls, 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. Drainage areas for the impoundments/outfalls should also be marked.					
2. Attach a facility site plan showing the location of any buildings, outfalls (discharge points), 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.					
<b>I. SIC CODES (Check all that apply)</b>					
1221 Surface Coal Strip Mine		1221 Coal Preparation Plant			
<b>J. OKLAHOMA DEPARTMENT OF MINES (ODOM) PERMITTING</b>					
Has facility applied for an ODOM mining permit?		Yes		No	Permit No(s)
<b>K. STORMWATER PERMITTING</b>					
Does facility have a stormwater multi-sector general permit?		Yes		No	Permit No.
<b>FOR OFFICIAL USE ONLY</b>					
AUTHORIZATION NO.		FACILITY ID NO.			
OKG04-		I-			
					Date Stamp

**L. NATURE OF BUSINESS**

**1. PRODUCTS AND SERVICES**

Indicate the quantity of coal mined, including both the estimated annual production and total production over the life of the mine (also indicate the number of years it is estimated the mine will be in active production).

**2. FACILITY OPERATIONS**

- a. Provide a brief description of the mining operation.
  
- b. Indicate whether there any coal preparation plants located within the ODOM permitted boundaries of this mine. If there are, list the outfall number(s) through which wastewater from the coal preparation plants and plant-associated areas will discharge.
  
- c. Indicate whether the discharge from the active mining areas consists of acid or ferruginous mine drainage, or alkaline mine drainage, and provide the rationale for this determination. Continue on additional sheets if needed. Attach any supporting documentation, including copies of any overburden analysis.
  
- d. Date facility began/will begin operations: \_\_\_\_\_ e. Number of employees at this location: \_\_\_\_\_
- f. Facility normally operates: \_\_\_\_\_ hours per day, \_\_\_\_\_ days per week, in \_\_\_\_\_ shifts.

**M. 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.

- 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)

**N. 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.

**O. OUTFALL LOCATION**

1. For each outfall, list the legal description (¼, ¼, ¼, Section, Township, Range) to the nearest 10 acres, latitude and longitude, and the name of the receiving water. Outfalls should be numbered 001, 002, etc. Continue on separate sheets if necessary.

a. OUTFALL NO.	b. LEGAL LOCATION (¼, ¼, ¼, Section, Township, Range)	c. LATITUDE	d. LONGITUDE	e. RECEIVING WATER

2. Indicate current SMCRA Bond Release status of the various outfalls (active mining, Phase I release, Phase II release). Continue on additional sheets if needed. Attach copies of any bond releases received from Oklahoma Department of Mines.

Not Yet Constructed	
Active	
Phase I Bond Release	
Phase II Bond Release	

**P. FLOWS, SOURCES OF WASTE, AND TREATMENT**

For each outfall (001, 002, etc.), provide a description of: (1) All operations and other sources of pollution which contribute waste to the outfall, including but not limited to process wastes, sanitary wastes, and stormwater; and (2) The average and maximum flows contributed by each operation or other source of pollution. For stormwater, the estimated maximum flow should be based on a 10-year, 24-hour rain event.

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

**Q. EFFLUENT CHARACTERISTICS**

Report estimated amounts (daily maximum and daily average) of the listed pollutants to be discharged, and the source of information. For pH, indicate daily maximum and daily minimum.

a. Pollutant	b. Maximum Daily Value (units)	c. Average Daily Value (units)	d. Source of Information
Biochemical Oxygen Demand (BOD <sub>5</sub> )			
Chemical Oxygen Demand (COD)			
Total Organic Carbon (TOC)			
Total Suspended Solids (TSS)			
pH			

Q. EFFLUENT CHARACTERISTICS (continued)			
Manganese			
Alkalinity			
Arsenic			
Barium			
Cadmium			
Calcium			
Chromium			
Lead			
Magnesium			
Mercury			
Potassium			
Sodium			
Sulfate			
Total Dissolved Solids			

**R. 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

**S. 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.

**T. DEQ LANDOWNER NOTIFICATION AFFIDAVIT**

1. Does applicant own all land subject to the application:	Yes	No
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(s) of leases 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 shall 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