FORM 606-G11	OKLAHOMA DEQ	APPLICATION FOR AUTHORIZATION UNDER GENERAL PERMIT NO. OKG11 CONCRETE BATCH PLANTS

A. TYPE OF AUTHORIZATION REQUESTED (Check all that apply)

☐ NEW ☐ RENEWAL ☐ MODIFICATION ☐ DISCHARGE ☐ IMPOUNDMENT

B. NAME OF FACILITY

C. FACILITY CONTACT

1. NAME & TITLE	2. PHONE (area code & number)

D. FACILITY MAILING ADDRESS

1. STREET OR P.O. BOX	2. TELEFAX (area code & number)	
3. CITY OR TOWN	**4. STATE**	**5. ZIP CODE**

E. FACILITY LOCATION

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)

7. LATITUDE & LONGITUDE (at the entrance of the Facility)

F. OPERATOR INFORMATION

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 **S = STATE** **P = PRIVATE**	**M = PUBLIC** (other than federal or state) **O = OTHER** (specify)		(specify)	

5. STREET OR P.O. BOX	6. TELEFAX (area code & number)

7. CITY OR TOWN	8. STATE	9. ZIP CODE	G. Is facility located on Indian land?
			☐ Yes ☐ No

H. MAP

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, vehicle wash pads, 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.
2. Attach a facility site plan showing the location of any buildings, outfalls (discharge points), surface impoundments, tank systems, vehicle wash pads, materials storage piles, other 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.

I. SIC CODES (4-digit, in order of priority)

1. FIRST		2. SECOND	
(number)	(specify)	(number)	(specify)

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AUTHORIZATION NO.	FACILITY ID NO.	
OKG110_____ OKG11T_____	I- ENGINEER: _____	Date Stamp

J. NATURE OF BUSINESS

1. PRODUCTS AND SERVICES

a. Is this facility a central mix plant or transit mix plant? ☐ Central ☐ Transit

b. Will facility operations be seasonal or temporary in nature? ☐ Yes ☐ No

c. If so, indicate the anticipated seasons of operation and/or life of the facility.

2. FACILITY OPERATIONS

a. Process/Operation	**b. Product**	**c. Daily Quantity** (units)

d. Briefly describe any practices used for recycling/reuse of wastewater (concrete make-up water, wash water, reuse for construction/stabilization, land application for dust suppression, etc.)

e. Briefly describe facility housekeeping practices. Indicate whether mix plant area housekeeping uses dry clean-up or water washdown. If water washdown is used, indicate whether and how washdown water is segregated from mix plant area stormwater.

3. Date facility began/will begin operations:

4. Number of employees at this location:

5. Facility normally operates: hours per day, days per week, in shifts.

K. 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)

a. Source	**b. Description**	**c. Average Daily Use** (GPD)

L. INVENTORY OF CHEMICALS AND RAW MATERIALS

1. 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.

2. Attach Material Safety Data Sheets (MSDS) for any additives, detergents, spray oils, or treatment chemicals used.

M. OUTFALL LOCATION

1. For each outfall, list the latitude and longitude, the name of the receiving water and waterbody impairments (if applicable). Continue on separate sheets if necessary.

a. ID No.	b. Latitude & Longitude	c. Legal Description	d. Name of Receiving Waterbody
001			
002			
003			
004			
005			

2. For each outfall, designate whether the discharge contains process wastewater or stormwater. Continue on separate sheets if necessary.

a. ID No.	b. The discharge contains, check all that apply:		
001	☐ Process Wastewater Only	☐ Stormwater Only	☐ Commingled Process Wastewater & Stormwater
002	☐ Process Wastewater Only	☐ Stormwater Only	☐ Commingled Process Wastewater & Stormwater
003	☐ Process Wastewater Only	☐ Stormwater Only	☐ Commingled Process Wastewater & Stormwater
004	☐ Process Wastewater Only	☐ Stormwater Only	☐ Commingled Process Wastewater & Stormwater
005	☐ Process Wastewater Only	☐ Stormwater Only	☐ Commingled Process Wastewater & Stormwater

N. STORMWATER POLLUTION PREVENTION PLAN (SWP3) INFORMATION

Has the SWP3 been prepared in accordance with the 2022 OKR05 Permit in advance of filling this application? ☐ Yes ☐ No

Is the SWP3 properly certified and available at the facility? ☐ Yes ☐ No

Proposed **Best Management Practices** to control pollution in the stormwater discharges, check all that apply:

☐ Sediment Basin	☐ Sediment Trap	☐ Ret/Detention Pond	☐ Vegetated Buffer
☐ Vegetative Swale	☐ Runoff Infiltration	☐ Runoff Diversion/Berm	☐ Inlet Protection
☐ Secondary Containment	☐ Dust Collection System	☐ Covered Material Storage	☐ Indoor Vehicle Maint.
☐ Good Housekeeping	☐ Employee Training	☐ Spill Prevention Plans	☐ Other:

O. FLOWS, SOURCES OF WASTE, AND TREATMENT

1. Attach line drawing showing water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units (grit traps, oil/water separators, surface impoundments, etc.) labeled to correspond to the more detailed descriptions in Item 2. Indicate disposal pathways of the wastes and wastewaters, including evaporation, recycle, discharge, solid waste storage, tanks, impoundments, land application, landfill, or other pathways. Provide a water balance (measured or estimated) on the line drawing that shows average flows between sources, unit processes, and disposal pathways.

2. 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, maximum, and minimum flows contributed by each operation or other source of pollution. Provide the same information for any surface impoundments (F01, F02, T01, T02, etc.) used for treatment or disposal. Continue on additional sheets if needed.

a. ID No.	b. Description of Operation(s)/Source(s)	c. Daily Flow (GPD)		
		(1) Average	(2) Maximum	(3) Minimum
001				
002				
003				
004				
005				

P. EFFLUENT CHARACTERISTICS (Not applicable for Outfalls discharging ONLY Stormwater)

1. Report estimated amounts (daily maximum and daily average) of the listed pollutants to be discharged from each of your outfalls (001, 002, etc.) and the source of information. For pH, indicate daily maximum and daily minimum. Continue on separate sheets if necessary.

a. ID No.	b. Pollutant	c. Maximum Daily Value (units)	d. Average Daily Value (units)	e. Source of Information
	Flow			
	Chemical Oxygen Demand (COD)			
	Oil and Grease			
	Total Suspended Solids (TSS)			
	pH			
	Alkalinity			
	Flow			
	Chemical Oxygen Demand (COD)			
	Oil and Grease			
	Total Suspended Solids (TSS)			
	pH			
	Alkalinity			

Q. IMPOUNDMENT LOCATION (Applies only to applicants that use surface impoundments for treatment/disposal)

For each industrial surface impoundment, provide the ID number, legal description, and indicate if the impoundment is located in the 100 year flood plain. If the impoundment(s) have previously been permitted, use the ID number(s) contained in the previous permit. If the impoundment(s) have not previously been permitted, ID numbers should be assigned using the appropriate letter followed by two digits (e.g., if you have three flow-through impoundments, their ID numbers would be F01, F02, and F03). Each type of impoundment should be numbered separately (e.g., if you have one flow-through and one total retention impoundment, their ID numbers would be F01 and T01, rather than F01 and T02). Use the same numbers throughout this form. Continue on additional sheets if needed.

F = FLOW-THROUGH SURFACE IMPOUNDMENT **T = TOTAL RETENTION SURFACE IMPOUNDMENT**

a. ID No.	b. Legal Description (¼, ¼, ¼, Section, Township, Range)	c. Located in a Flood Plain?
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

R. IMPOUNDMENT AND LINER INFORMATION (Applies only to applicants that use surface impoundments for treatment/disposal)

1. For each impoundment, attach drawings or plans with the following: (1) Length and width at top and bottom; (2) Total depth; (3) Designed minimum and maximum freeboard; (4) Interior and exterior side-slopes (ratio of horizontal to vertical distances); and (5) Inlet and outlet structures.

2. For each impoundment, list the holding capacity in gallons (assuming a minimum freeboard) and the dimensions in feet. The following abbreviations are used in the table to indicate the various impoundment dimensions. Continue on separate sheets if necessary.

BW = BOTTOM WIDTH
BL= BOTTOM LENGTH
TW= TOP WIDTH
TL = TOP LENGTH
D = DEPTH
F = MINIMUM FREEBOARD

a. ID No.	b. Holding Capacity (gallons)	c. Dimensions					
		(1) BW (ft)	(2) BL (ft)	(3) TW (ft)	(4) TL (ft)	(5) D (ft)	(6) F (ft)

3. In the table below, list the type of liner material (e.g., excavated soil, compacted clay, flexible membrane, composite, soil/bentonite, concrete, or alternative) to be installed or currently in use. List the thickness (in inches, feet, or mils) and permeability rate (in inches/hour or centimeters/second) of each liner as proposed or as built. Also list the type of soil (series name and USDA texture) underlying the impoundment. Continue on separate sheets if necessary.

a. ID No.	b. Liner Type	c. Thickness (units)	d. Permeability (units)	e. Soil Type	
				(1) SERIES NAME	(2) USDA TEXTURE

4. For each impoundment, list the actual or engineering estimate of the volume of sludge generated annually. Indicate whether the sludge will be periodically removed from the impoundment (give frequency of removal and how sludge will be disposed) or will accumulate in the impoundment as a site of final disposal. Also indicate whether you possess analytical data on the sludge generated in each impoundment. Continue on separate sheets if necessary.

5. Describe the treatment purpose of each cell or impoundment (e.g., settling, oil/water separation, aeration, evaporation, or final disposal). List any chemicals and equipment used for each treatment method. Continue on separate sheets if necessary.

a. ID No.	b. Treatment	
	(1) DESCRIPTION	(2) CHEMICALS/EQUIPMENT

S. GROUNDWATER INFORMATION (Applies only to applicants that use surface impoundments for treatment/disposal)

1. For each surface impoundment, list the depth to groundwater, the direction of groundwater flow, and the legal description of each well used to determine groundwater information. Continue on additional sheets if necessary.

a. ID No.	b. Depth to Water (feet)	c. Direction of Flow	4. Legal Description of Well

2. For each well (water and monitoring), attach the well log or drillers log, if available. Well logs may be obtained from the Oklahoma Water Resources Board (OWRB). If no water or monitoring wells are found within ½ mile, attach a copy of the OWRB letter indicating no wells were found in their records search.

T. 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

U. OTHER DISPOSAL METHODS

Briefly describe any other methods of waste disposal used by your facility. 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.

V. DEQ LANDOWNER NOTIFICATION AFFIDAVIT

1. Does the applicant own all land subject to the application: ☐ Yes ☐ No

   If yes, proceed to Section W. 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.

W. 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**