

<b>FORM</b> <b>606-G83</b>		<b>OKLAHOMA</b> <b>DEQ</b>		<b>APPLICATION FOR AUTHORIZATION UNDER OPDES GENERAL PERMIT NO. OKG830000</b> <b>CLEANUP OF PETROLEUM UNDERGROUND STORAGE</b> <b>TANK SYSTEMS</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 (1/4, 1/4, 1/4, Section, Township, Range)							
<b>F. APPLICANT/OPERATOR INFORMATION</b>							
1. NAME OF OPERATOR COMPANY				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 federal or state)		(specify)				
S = STATE	O = OTHER (specify)						
P = PRIVATE							
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.							
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 (4-digit, in order of priority) (Applies only if the facility has activities in addition to UST cleanup)</b>							
1. FIRST			2. SECOND				
(number)	(specify)		(number)	(specify)			
<b>J. OKLAHOMA CORPORATION COMMISSION UST TRACKING NUMBER</b>							
UST 064-							
<b>K. INDIVIDUAL OPDES PERMIT (Applies only if facility previously applied for or was issued an individual NPDES permit)</b>							
Is there a previous individual OPDES Permit/Application?		Yes	No	Permit No.			
<b>L. STORMWATER PERMITTING</b>							
Does the facility have a stormwater multi-sector general permit?		Yes	No	Permit No.			
<b>FOR OFFICIAL USE ONLY</b>							
AUTHORIZATION NO. OKG83-			FACILITY ID NO. I-		Date Stamp		

<b>M. CONSULTANT INFORMATION (If applicable)</b>					
<b>1. NAME OF CONSULTANT COMPANY</b>					
<b>2. CONSULTANT CONTACT</b>			<b>3. PHONE (area code &amp; number)</b>		
<b>4. STREET OR P.O. BOX</b>			<b>5. TELEFAX (area code &amp; number)</b>		
<b>6. CITY OR TOWN</b>			<b>7. STATE</b>	<b>8. ZIP CODE</b>	
9. Will the consultant also sign and submit the Discharge Monitoring Report (DMR) Forms?				Yes	No
<b>N. NATURE OF REMEDIAL ACTION</b>					
<b>1. DATE SITE INVESTIGATION BEGAN</b>					
<b>2. SITE EVALUATION</b>					
Include a site evaluation which clearly displays and explains the existing situation as must be considered for granting this authorization. This evaluation should include such pertinent information as: locations of houses, domestic water wells, roads, significant structures (i.e., basements, french drains, underground water and sewer lines, storm drains, etc.), drainage ditches, the direction and angle of the terrain slope, and the direction and angle of product and groundwater slope and movement, depth to groundwater, and depth of detected product, etc.					
<b>3. TYPE(S) OF MATERIAL REQUIRING REMEDIATION (Check all that apply)</b>					
	Gasoline		Kerosene		
	Jet Fuel		Diesel Fuel		
	Other (Describe):				
<b>4. TYPE OF DISCHARGE</b>					
	Discharge lasting less than 7 days (including one-time discharges)				
	Discharge lasting less than 28 days				
	Other (Continuous discharge)				
<b>5. TREATMENT PROCESS</b>					
a. Provide a brief description of the treatment process.					
b. Describe how recovered product will be disposed of.					
c. Describe how wastewater that is not treated and discharged will be disposed of.					
<b>O. OUTFALL LOCATION</b>					
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. Outfall(s) should be numbered 001, 002, etc. Continue on separate sheets if necessary.					
<b>a. OUTFALL NO.</b>	<b>b. LEGAL LOCATION</b> (¼, ¼, ¼, Section, Township, Range)	<b>c. LATITUDE</b> (in NAD83)	<b>d. LONGITUDE</b> (in NAD83)	<b>e. RECEIVING WATER</b>	

**P. FLOWS AND SOURCES OF WASTE**

**1. DAILY FLOW (GPD)**

**a. AVERAGE**

**b. MAXIMUM**

- |  |                |                |
|--|----------------|----------------|
| 2. Recovery process normally operates:   | hours per day, | days per week. |
| 3. Discharge normally operates:  | hours per day, | days per week. |
| 4. Will purge water from monitoring wells be discharged along with remediated groundwater? | Yes            | No             |
| 5. Will any of the wastewater be generated at a location other than the remediation site?  | Yes            | No             |
| 6. If yes, where is the wastewater generated?  |                |                |

**Q. EFFLUENT CHARACTERISTICS**

1. Provide the results of at least one pretreatment analysis of the wastewater for the parameters listed below. Post-treatment analysis is also required for one-time discharges. Do NOT report zero on any parameter. When reporting nondetectable amounts, use the "<" sign and follow with the instrument detection limit. If more than one analysis is done, report both average and maximum values. For pH, indicate Daily Minimum and Daily Maximum. Attach additional sheets if necessary.

Pollutant	MQL	BEFORE TREATMENT		AFTER TREATMENT (ONE-TIME DISCHARGES ONLY)	
		Concentration (units)	# of Analyses	Concentration (units)	# of Analyses
Benzene, Total	2.5 µg/l				
BTEX, Total	10 µg/l				
Polycyclic Aromatic Hydrocarbons	10 µg/l				
Total Phenols	10 µg/l				
Total Organic Carbon (TOC)	1.0 mg/l				
Oil & Grease	N/A				
MTBE, Total	N/A				
pH	N/A				

2. FOR CLEANUPS OF PETROLEUM UST SYSTEMS CONTAINING OTHER THAN GASOLINE, JET FUEL, AND/OR KEROSENE, analysis is also required for the following polynuclear aromatic hydrocarbons. Attach additional sheets if necessary.

Pollutant	MQL	BEFORE TREATMENT		AFTER TREATMENT (ONE-TIME DISCHARGES ONLY)	
		Concentration (units)	# of Analyses	Concentration (units)	# of Analyses
Acenaphthene	10 µg/l				
Acenaphthylene	10 µg/l				
Anthracene	10 µg/l				
Benzo(a) anthracene	10 µg/l				
Benzo(b)fluoranthene	10 µg/l				
Benzo(k)fluoranthene	10 µg/l				
Benzo(ghi)perylene	10 µg/l				
Benzo(a)pyrene	10 µg/l				
Chrysene	10 µg/l				
Dibenzo(a,h)anthracene	10 µg/l				
Fluoranthene	10 µg/l				
Fluorine	10 µg/l				
Indeno(1,2,3,cd)pyrene	10 µg/l				
Naphthalene	10 µg/l				
Phenanthrene	10 µg/l				
Pyrene	10 µg/l				

**R. OTHER DISPOSAL METHODS**

Briefly describe any other methods of waste disposal used by the 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.

**S. DEQ LANDOWNER NOTIFICATION AFFIDAVIT**

1. Does applicant own all land subject to the application:

Yes

No

If yes, proceed to Section T. 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 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.

**T. CERTIFICATION**

1. 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.

a. NAME & OFFICIAL TITLE OF RESPONSIBLE CORPORATE OFFICER (type or print)

b. SIGNATURE OF RESPONSIBLE CORPORATE OFFICER

c. DATE SIGNED