

OKLAHOMA DEPARTMENT OF ENVIRONMENTAL QUALITY

INSTRUCTIONS - DEQ FORM 2MG59

APPLICATION FOR AUTHORIZATION FOR COVERAGE

UNDER GENERAL PERMIT OKG59...

FOR DISCHARGE FROM SPLASH PADS

Form 2MG59 must be completed by the owner/responsible official of a splash pad facility that wishes to discharge pollutants to waters of the State of Oklahoma. Please read the instructions below while completing Form 2MG59 and respond to each item. The Oklahoma Department of Environmental Quality (DEQ) cannot evaluate an application until it is complete. If a particular item does not apply to the facility for which the application is being prepared, or if the correct answer is "NA" (for not applicable) indicate this on the application. If you have questions about any of the items, please contact DEQ or your local DEQ office for assistance. DO NOT attempt to complete the application form before reading these instructions.

NOTE: DO NOT write in box marked " FOR DEQ USE ONLY".

SECTION I

1. Give the legal name of the town, city, public entity or name of the person (if privately owned) legally responsible for operating and maintaining the facility.
2. Give the street address, P.O. Box, city, county, state, zip code, telephone number fax number, and e-mail address if applicable of the main office for the applicant in Item 1. This may or may not be the same location of the facility. This is the mailing address for the facility.
3. Give the name of the facility where the splash pads are located, the street address, telephone number fax number, and e-mail address if applicable and if it is different from the address in Items 1 and 2.
4. Give the name, title, address, and telephone number, cell phone number, fax number, and e-mail address of a person who is familiar with the facility and information in the application and who may be contacted concerning the application.
5. Give the physical location of the splash pad(s) – longitude/latitude and legal description to a 10 acre tract, 1/4,1/4,1/4, Section, Township and Range.

Name the body of surface water that receives treated wastewater. If the receiving stream does not have a name, please indicate what named creek or river downstream receives the tributary flow, and fill out as "tributary of _____ Creek or River."

Give the physical location of the outfall – longitude/latitude and legal description to a 10 acre tract, 1/4,1/4,1/4, Section, Township and Range. Note: this may be different than the physical location of the splash pad. If it is the same, just write same. Give the latitude and longitude of the outfall.

Check whether the splash pad is flow through (not recirculated), chlorinated recirculated, or other (please describe in detail).

6. Check whether ordinances have been developed, will be developed, or will not be developed (describe measures in place to control illicit discharges and to maintain public health).
7. Check whether plans for pollution prevention and good housekeeping have been developed. If plans have not been developed, the plans should be developed and implemented prior to discharge.
8. If the answer to this question is yes a landowner notification form (found at http://www.deq.state.ok.us/WQDnew/forms/landowner_notification_affidavit.pdf) must be sent to the landowner and the applicant's certifying official must initial the box certifying that this has been done.
9. All other information regarding the facility having to do with the environmental/operational permits including maps, process diagrams, or chemical analysis should be included with the permit application.

The information provided in the application will be considered in the evaluation and processing of a discharge permit for the referenced facility.

SECTION II

Please note that the application must be signed by the authorized chief elective or executive officer of the applicant, or by the applicant if an individual. The authorized signature must be notarized. An example of a common mistake is when a Public Works Authority Chairman signs the application as - John Doe, Mayor. The Mayor is not the legal official of the PWA, the chairman is, even if the individual holds both positions.

Please read the certification carefully. There are significant penalties for submitting false information on this application form.

Please detach these instructions and return only the completed application form itself.

**OKLAHOMA DEPARTMENT OF ENVIRONMENTAL QUALITY
APPLICATION FOR AUTHORIZATION UNDER GENERAL PERMIT OKG59 TO DISCHARGE
WASTEWATER FROM SPASH PADS LOCATED OUTSIDE OF MS4 BOUNDRIES UNDER THE
OKLAHOMA POLLUTANT DISCHARGE ELIMINATION SYSTEM (OPDES)**

FORM 2MG59

FOR	Application/Permit Number OKG59 _____	Facility ID No. _____
DEQ	Date Received: _____	
USE	If a proposed facility, give estimated date of completion: _____	
ONLY	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 PO 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. Contact Person:

Name and Title _____

Address _____ City _____

County _____ State _____ Zip Code _____ Telephone (____) _____

Fax (____) _____ Cell Phone (____) _____

E-mail Address _____

5. Description and Location of Splash Pad (e.g., NE ¼, SW ¼, SE ¼, Section 1, Township 2 North, Range 3 West):

Splash Pad 001:

Legal Description of Splash Pad Location _____, _____, _____, Section _____, Township _____, Range _____

Name of Receiving Waters _____

Legal Description of Point of Discharge _____, _____, _____, Section _____, Township _____, Range _____

Point of Discharge: Latitude: _____ N Longitude: _____ W

Splash Pad is (check one): Flow Through Chlorinated Recirculation Other describe: _____

Splash Pad 002:

Legal Description of Splash Pad Location _____, _____, _____, Section _____, Township _____, Range _____

Name of Receiving Waters _____

Legal Description of Point of Discharge _____, _____, _____, Section _____, Township _____, Range _____

Point of Discharge: Latitude: _____ N Longitude: _____ W

Splash Pad is (check one): Flow Through Chlorinated Recirculation Other describe: _____

Continue on additional pages if needed

6. Ordinance(s) addressing illicit discharge and operation of splash pad to maintain public health:

Have been developed will be developed will not be developed

If ordinances will not be developed, describe any other mechanisms used to address illicit discharge and operation of the splash pad

to maintain public health: _____

7. Pollution prevention and good housekeeping plans:

Have been developed will be developed

8. 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.



9. 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 _____

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

Notary Public My commission expires _____

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 attachments to:

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