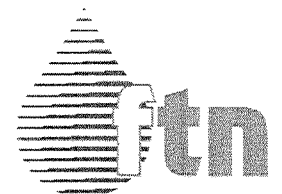
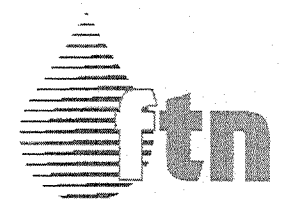
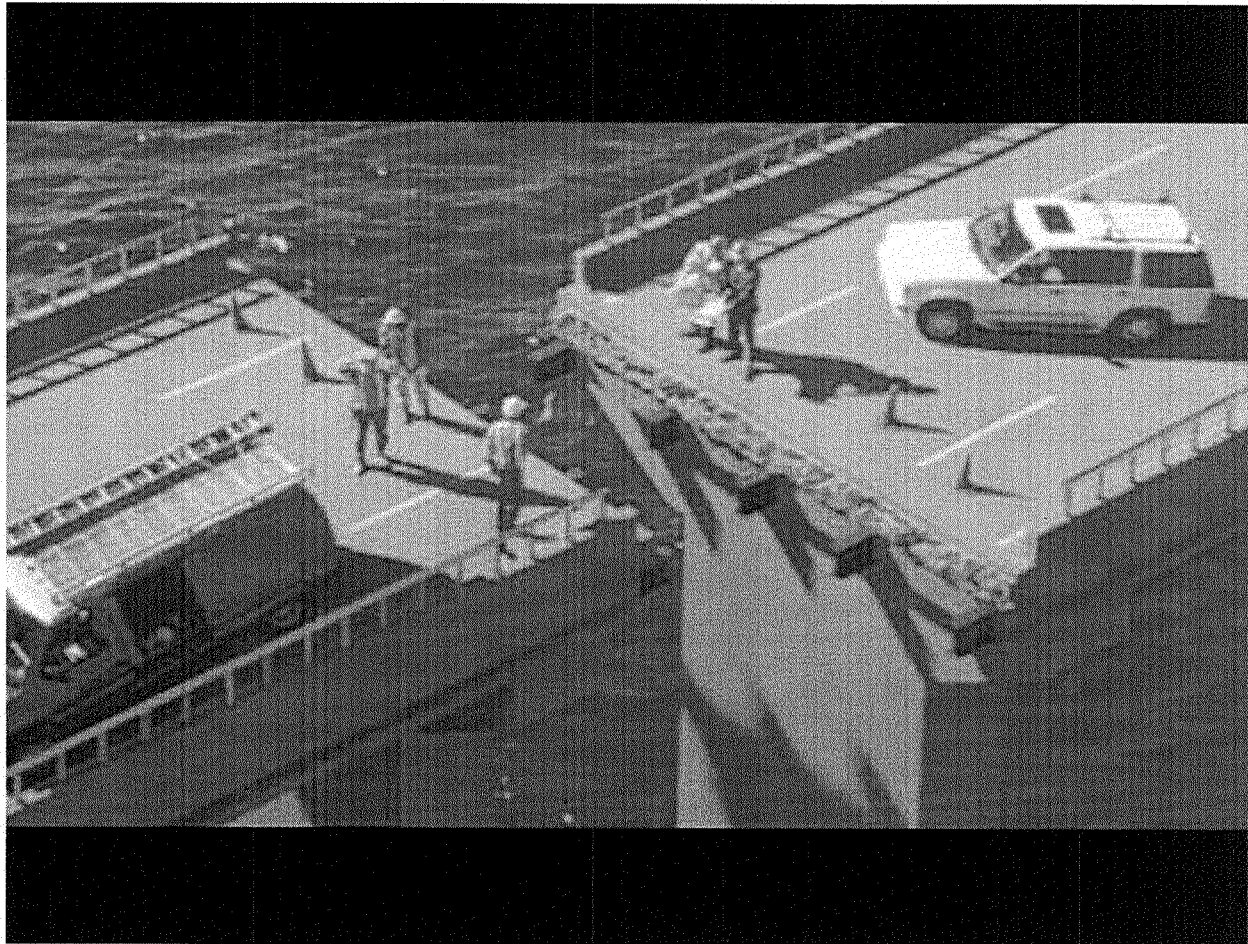


NPDES Permit Application Basics

Ray Wieda, PE
FTN Associates





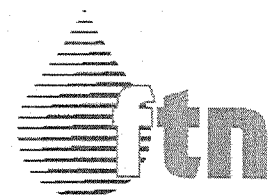
When Do I Start

- Begin at least a year prior to permit expiration
- Application due 180 days prior to expiration
 - Administratively complete
 - Necessary to extend permit coverage
- Submit application 30-60 days before deadline
- ADEQ sends reminders at 12 months and 9 months before expiration



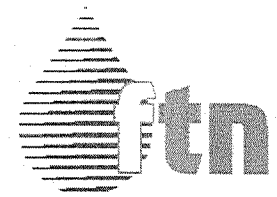
Where Do I Start

- Review facility operations
 - What has changed in last 5 years?
 - Any new wastewater sources?
 - Any changes in flow or production?
- Review current permit and Statement of Basis
 - Are facility operations accurately represented?
 - Are all wastewater sources identified?
- Renewal is great opportunity to make changes



Where Do I Start

- Select appropriate Forms
 - ADEQ Form 1 (all applicants)
 - Disclosure Statement
 - Priority Pollutant Scan (PPS)
 - Form 2A – Municipal
 - Form 2B – Confined Animal Feeding Operations (CAFO)
 - Form 2C – Process Wastewater
 - Form 2D – Process Wastewater (New)
 - Form 2E – Non-process Wastewater
 - Form 2F – Stormwater



ADEQ Form 1

- Required for all applicants
- Legal Applicant Name
 - Proof of Good Standing
- SIC Code
- Outfall coordinates
- FEMA Map
- Water Supply (Section D)
- Disclosure Statement

**NPDES PERMIT APPLICATION
FORM 1**

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
WATER DIVISION
500 Northshore Drive
North Little Rock, AR 72118-5317
www.aideq.state.ar.us/water

PURPOSE OF THIS APPLICATION

INITIAL PERMIT APPLICATION FOR NEW FACILITY
 INITIAL PERMIT APPLICATION FOR EXISTING FACILITY
 MODIFICATION OF EXISTING PERMIT
 REISSUANCE (RENEWAL) OF EXISTING PERMIT
 MODIFICATION AND CONSTRUCTION OF EXISTING PERMIT
 CONSTRUCTION PERMIT

SECTION A - GENERAL INFORMATION

1. Legal Applicant Name (who has ultimate decision making responsibility over the operation of a facility or activity): _____
Note: The legal name of the applicant must be identical to the name listed with the Arkansas Secretary of State.

2. Operator Type: Private State Federal Partnership Corporation Other
State of Incorporation: _____

3. Facility Name: _____

4. Is the legal applicant identified in number 1 above, the owner of the facility? Yes No

5. NPDES Permit Number (If Applicable): AR01 _____

6. NPDES General Permit Number (If Applicable): AR01 _____

7. NPDES General Storm Water Permit Number (If Applicable): _____

8. Permit Number and/or names of any permits issued by ADEQ or EPA for an activity located in Arkansas that is presently held by the applicant or its parent or subsidiary corporation which are not listed above:

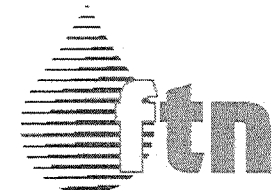
Permit Name	Permit Number	Held by

9. Give driving directions to the wastewater treatment plant with respect to known landmarks:

10. Facility Physical Location: (Attach a map with location marked, street, route no. or other specific identifier)

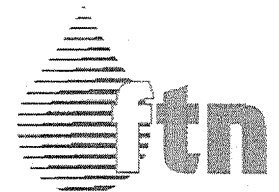
Street: _____
City: _____ County: _____ State: _____ Zip: _____

Page 2 Revised September 2014



ADEQ Form 1

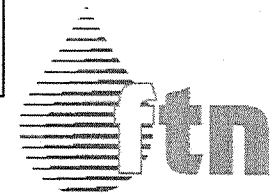
- Review Effluent Limitations Guidelines (ELGs)
 - 40 CFR 405-471
 - Development Document
- Production Data
 - Highest month over last year
 - Highest monthly average during highest production year over last 5 years
 - Account for expected increases
- Responsible Official



Disclosure Statement

- Governmental entities exempt
- Publicly held companies can submit corporate reports in lieu of Disclosure Statement

ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY DISCLOSURE STATEMENT	
Instructions for the Completion of this Document:	
A. Individuals, firms or other legal entities with no changes to an ADEQ Disclosure Statement, complete items 1 through 5 and 18.	
B. Individuals who never submitted an ADEQ Disclosure Statement, complete items 1 through 4, 6, 7, and 16 through 18.	
C. Firms or other legal entities who never submitted an ADEQ Disclosure Statement, complete 1 through 4, and 6 through 18.	
If Not Submitting by ePortal, Mail Original to: ADEQ DISCLOSURE STATEMENT {List Proper Division(s)} 5301 Northshore Drive North Little Rock, AR 72118-5317	
1. APPLICANT: (Full Name)	
2. MAILING ADDRESS: (Number and Street, P.O.Box Or Rural Route):	
3. CITY, STATE, AND ZIP CODE:	
4a. Applicant Type: <input type="checkbox"/> Individual <input type="checkbox"/> Corporate or Other Entity	
4b. Reason for Submission: <input type="checkbox"/> Permit <input type="checkbox"/> License <input type="checkbox"/> Certification <input type="checkbox"/> Operational Authority <input type="checkbox"/> New Application <input type="checkbox"/> Modification <input type="checkbox"/> Renewal Application (if no changes from previous disclosure statement, complete number 5 and 18.)	
4c. Division: <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Hazardous Waste <input type="checkbox"/> Regulated Storage Tank <input type="checkbox"/> Mining <input type="checkbox"/> Solid Waste	
5. Declaration of No Changes: The violative history, experience and credentials, involvement in current or pending environmental lawsuits, civil and criminal, have not changed since the last Disclosure Statement that was filed with ADEQ on _____.	



Priority Pollutant Scan (PPS)

- Required for majors and categorical industries
- Determine applicable sections
- Close coordination with lab
 - Proper containers and preservatives
 - Clean sampling
 - Proper analytical methods (40 CFR 136)
 - Proper MQLs

ARKANSAS Department of Environmental Quality
PPS REQUIREMENTS

1. Name of facility: _____

2. Name, address and telephone number of laboratory:

3. Is the lab certified by the State of Arkansas? Yes ___ No ___

4. What are the certification dates?
Issued date _____ Expire date _____

5. Is the laboratory certified for all the parameters?
YES ___ NO ___ (Explain) _____

6. Date and time of samples collected: _____

7. Date and time samples were received in the laboratory: _____

8. Sample location (outfall NO.): _____

9. Samples collected by:
Name _____
Title _____
Telephone _____

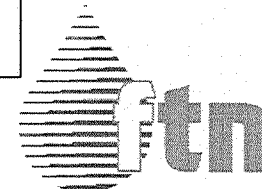
10. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information submitted to, to the best of my knowledge and belief, 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.

Printed Name of person signing _____ Title _____

Signature _____ Date signed _____

List all attachments to this form:

Page 1
PPS-FORM



ATTACHMENT 1

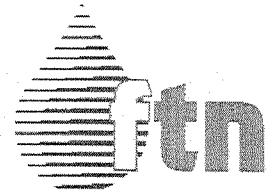
TESTING REQUIREMENTS FOR ORGANIC TOXIC POLLUTANTS INDUSTRY CATEGORY

INDUSTRY CATEGORY

	volatile	Acid	Base/Neutral	Pesticide
Adhesives & Sealants	X	X	X	-
Aluminum Forming	X	X	X	-
Auto & Other Laundries	X	X	X	X
Battery Manufacturing	X	-	X	-
Coal Mining	X	X	X	X
Coil Coating	X	X	X	-
Copper Forming	X	X	X	-
Electric & Electronic Compounds	X	X	X	X
Electroplating	X	X	X	-
Explosives Manufacturing	-	X	X	-
Foundries	X	X	X	-
Gum & Wood Chemicals	X	X	X	X
Inorganic Chemicals Manufacturing	X	X	X	-
Iron & Steel Manufacturing	X	X	X	-
Leather Tanning & Finishing	X	X	X	X
Mechanical Products Manufacturing	X	X	X	-
Nonferrous Metals Manufacturing	X	X	X	X
Ore Mining	X	X	X	X
Organic Chemicals Manufacturing	X	X	X	X
Paint & Ink Formulation	X	X	X	X
Pesticides	X	X	X	X
Petroleum Refining	X	X	X	X
Pharmaceutical Preparations	X	X	X	-
Photographic Equipment & Supplies	X	X	X	X
Plastic & Synthetic Materials Manufacturing	X	X	X	X
Plastic Processing	X	-	-	-
Porcelain Enameling	X	-	X	X
Printing & Publishing	X	X	X	X
Pulp & Paperboard Mills	X	X	X	X
Rubber Processing	X	X	X	-
Soap & Detergent Manufacturing	X	X	X	-
Steam Electric Power Plants	X	X	X	-
Textile Mills	X	X	X	X
Timber Products Processing	X	X	X	X

Testing required.
 - Testing not required.

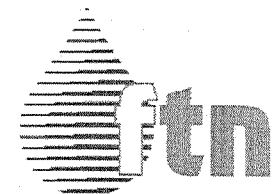
x



EPA Form 2A

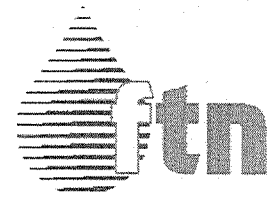
- Required for all municipal discharges
- All facilities
 - Basic Information (Part A)
 - Includes data for pH, flow, temperature, BOD, Fecal Coliform and TSS
 - Certification (Part C)
- Facilities > 0.1 MGD
 - Additional Information (Part B)
 - Includes data for ammonia, TRC, DO, TKN, NO₃+NO₂, O&G, Total P, and TDS
 - Topographic Map
 - Flow Diagram

FACILITY NAME AND PERMIT NUMBER:		Form Approved 1/14/92 OMB Number 2040-0086
FORM 2A NPDES	NPDES FORM 2A APPLICATION OVERVIEW	
APPLICATION OVERVIEW		
Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.		
BASIC APPLICATION INFORMATION:		
A. Basic Application Information for all Applicants. All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.		
B. Additional Application Information for Applicants with a Design Flow \geq 0.1 mgd. All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.9.		
C. Certification. All applicants must complete Part C (Certification).		
SUPPLEMENTAL APPLICATION INFORMATION:		
D. Expanded Effluent Testing Data. A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data): <ol style="list-style-type: none">1. Has a design flow rate greater than or equal to 1 mgd.2. Is required to have a pretreatment program (or has one in place), or3. Is otherwise required by the permitting authority to provide the information.		
E. Toxicity Testing Data. A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data): <ol style="list-style-type: none">1. Has a design flow rate greater than or equal to 1 mgd.2. Is required to have a pretreatment program (or has one in place), or3. Is otherwise required by the permitting authority to submit results of toxicity testing.		
F. Industrial User Discharges and RCRA/CERCLA Wastes. A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as: <ol style="list-style-type: none">1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter I (see instructions), and2. Any other industrial user that<ol style="list-style-type: none">a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); orb. Contributes a process wastewater that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; orc. Is designated as an SIU by the control authority.		
G. Combined Sewer Systems. A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).		
ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)		
EPA Form 3510-2A (Rev. 1-89) Replaces EPA forms 7560-0 & 7550-22		Page 1 of 21



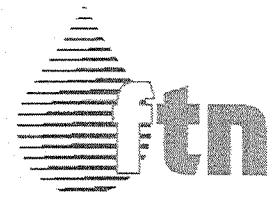
EPA Form 2A

- Facilities > 1.0 MGD
 - Expanded Effluent Testing (Part D)
 - Priority pollutants
 - Toxicity Testing Data (Part E)
 - 4 quarterly tests over last year or 4 annual tests over last 4 years
 - Can reference data already submitted to ADEQ
 - Industrial Dischargers (Part F)
 - Significant Industrial Users
 - Subject to categorical pretreatment standards
 - Discharges an average of 25,000 gpd
 - Contributes 5% or more of average POTW flow or treatment capacity



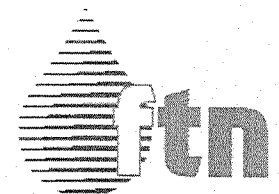
EPA Form 2A

- Sample collection
 - Representative of normal operations
 - Grab samples for pH, temperature, cyanide, residual chlorine, oil and grease and fecal coliform
 - 24-hour composite samples for all others
 - 8 samples collected over 24-hour period
 - Flow proportional
 - Grab sample if retention time > 24 hours
- At least 3 sampling events over previous 4 ½ years



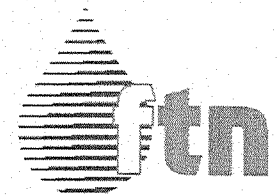
EPA Form 2C

- Flow diagram
- Make sure all source waters are listed
- Sampling data
 - Required: BOD, COD, TOC, TSS, NH₃, Flow, Temperature, and pH
 - Parameters listed in Part V.B and V.C if “believed present” or “testing required”
 - Part V.C parameters and testing requirements are same as PPS



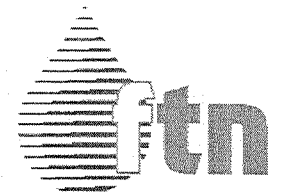
EPA Form 2C

- Sampling data (continued)
 - “Believed present” based on raw materials, maintenance chemicals, intermediate and final products and byproducts, and any previous analyses
 - If believed present solely based on source water, then mark “believed present” but no analysis is required.



EPA Form 2C

- Sample collection
 - Representative of normal operations
 - Grab samples for pH, temperature, cyanide, residual chlorine, oil and grease and fecal coliform
 - 24-hour composite samples for all others
 - 8 samples collected over 24-hour period
 - Flow proportional
 - Grab sample if retention time > 24 hours



EPA Form 2E

- Required for discharges of non-process wastewater other than stormwater
- Typically used for:
 - Sanitary wastewater
 - Restaurant or cafeteria wastes
 - Noncontact cooling water

Please print or type in the unshaded areas only. EPA ID Number (copy from item 1 of Form 1) Form Approved OMB No. 2040-0286 Approval Expires 5-31-02

2E **EPA** Facilities Which Do Not Discharge Process Wastewater

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number (dist)	Latitude			Longitude			Receiving Water (name)
	Deg	Min	Sec	Deg	Min	Sec	

II. DISCHARGE DATE (if a new discharge, the date you expect to begin discharging)

III. TYPE OF WASTE

A. Check the boxes indicating the general typology of wastes discharged.

Sanitary Wastes Restaurant or Cafeteria Wastes Noncontact Cooling Water Other Nonprocess Wastewater (identify)

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

IV. EFFLUENT CHARACTERISTICS

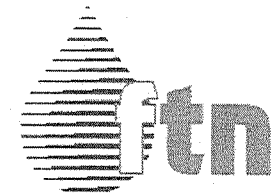
A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority (see instructions).

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values (see instructions).

Pollutant or Parameter	A. Maximum Daily Value (include units)		B. Average Daily Value (include units)		C. Number of Measurements Taken (last year)	D. Source of Estimate (if new discharge)
	Mass	Concentration	Mass	Concentration		
Biological Oxygen Demand (BOD)						
Total Suspended Solids (TSS)						
Facid Conditions (if believed present and sanitary waste is discharged)						
Total Residual Chlorine (if chlorine is used)						
Oil and Grease						
Chemical Oxygen Demand (COD)						
Total organic carbon (TOC)						
Ammonia (as N)						
Discharge Flow	Value					
pH (give range)	Value					
Temperature (Winter)		°C		°C		
Temperature (Summer)		°C		°C		

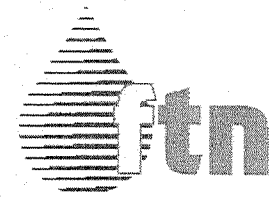
* If noncontact cooling water is discharged

EPA Form 3510-2E (4-00) Page 1 of 2



EPA Form 2F

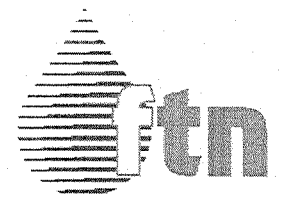
- Certify that Form 2C or 2E submitted for any non-stormwater discharges
- Sampling
 - Required parameters: Oil and grease, BOD, COD, TSS, Total N, Total P, pH
 - Other parameters based on ELG, permit, or “believed present”



EPA Form 2F

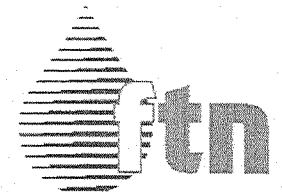
- Sample Collection

- Grab samples within first 30 minutes of discharge
- Flow-weighted composite samples over duration of event
- Grab samples only for pH, temperature, cyanide, total phenols, residual chlorine, oil and grease and fecal coliform
- All other parameters require both grab and composite samples



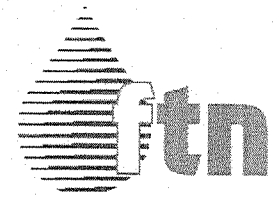
EPA Form 2F

- Sample Collection (continued)
 - Storm event > 0.1 inch and at least 72 hours after end of previous measurable event
 - Report storm event data
 - Date
 - Duration
 - Total rainfall
 - Number of hours since previous measurable event
 - Maximum flow rate
 - Total flow



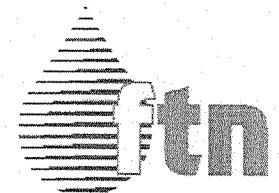
Optional Submittals

- Narrative
- Lab Reports
- 316(b) Report
 - Cooling water intake structures
 - 40 CFR 125



Remember

- Start early
- ELGs match the facility
- Sample correctly
 - During normal operations
 - Clean sampling, proper containers, etc.
- Use proper MQLs



Questions?

