Complete and use the button at the end to print for mailing.

HELP

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES

South Dakota Surface Water Discharge Program
Application for Permit to Discharge Wastewater

GENERAL INFORMATION

This form is provided by the Secretary of the South Dakota Department of Environment and Natural Resources in accordance with '74:03:18:09 of the Administrative Rules of South Dakota. No South Dakota Surface Water Discharge Permit will be issued except under completion, and submittal of this form to:

South Dakota Department of Environment and Natural Resources
Surface Water Quality Program
Joe Foss Building
523 East Capitol Avenue
Pierre, South Dakota 57501-3181

Check the appropriate response:

☐ Permit Renewal ☐ New Application

Indicate type of facility (check most appropriate response):

☐ POTW ☐ Industry
☐ Water Treatment Plant ☐ Federal
☐ Other (please specify)

PLEASE PRINT OR TYPE

1. Name of Facility:

_____

2. Mailing Address of Owner:

Name _____
Street _____
City _____
State SD County _____ Zip Code _____

3. Mailing address of facility (if different from owner):

Name _____
Street _____
City _____
State SD County _____ Zip Code _____

Include other local contacts:

Name _____ Title _____ Phone _____
Name _____ Title _____ Phone _____

4. Telephone Number:

Owner: _____ Facility: _____

FOR SDDENR USE ONLY

Application Number: _____ Permit Number: _____
Date Received: _____ Date Permitted: _____
New Facility: _____ Existing Facility: _____
Receiving Stream: _____ PCS: _____

Revised May 20, 1993

5. Is this facility located on Indian lands?

☐ Yes
☐ No

6. Please include a brief description of the nature of the business conducted at this facility. Include from one to four Standard Industrial Classification (SIC) codes which best reflect the principal products or services provided by the facility.

Please list all the activities which require the applicant to obtain a discharge permit.

7. Operational History:

Date Constructed: _____

Operational Start-up: _____

NOTE: Provide a narrative description of each change or improvement made to this facility, either currently underway or anticipated over the next five years, which will affect the quality of the discharge or generated sludge. For each change or improvement, provide projected dates, as accurately as possible, for completion of each step listed below:

A. Begin Construction _____

B. End Construction _____

C. Begin Discharge _____

D. Operational Level Attained _____

8. Type of treatment (check all appropriate boxes):

☐ A. No treatment

Stabilization pond:

☐ A. Effluent discharge to "Waters of the State"
☐ B. Effluent used for irrigation
☐ C. Total retention - No Discharge
☐ D. Stabilization pond/artificial wetland system
☐ E. Infiltration/percolation basins
☐ F. Aerated Lagoon
☐ G. Other, please explain:_____

Mechanical Treatment Facilities:

☐ A. Conventional Secondary Treatment
☐ B. Advanced Treatment - Tertiary
☐ C. Other, please explain:_____

NOTE: Please attach a description of the treatment units employed by the facility, including a line drawing of the current wastewater treatment facility. Waters of the State can not be used for treatment

9. Number of separate discharge points which have an existing or potential release of treated or untreated wastewater (outfalls):_____

Describe the discharge and the type of wastewater from each outfall. Include all overflows, bypasses, or seasonal discharges from lift stations, lagoons, holding ponds, etc.:

Outfall 001 _____
Outfall 002 _____
Outfall 003 _____

Attach additional sheets if necessary.

NOTE: Please place points of discharge on a topographic map, or other map if a topographic map is unavailable. This map should extend to one (1) square mile beyond the property boundaries of the facility and each of its intake and discharge facilities; each of its hazardous waste treatment, storage, or disposal facilities; each well where fluids from the facility are injected underground; and those wells, springs, other surface water bodies, drinking water wells, and surface water intake structures listed in public records, or otherwise known to the applicant in the map area.

10. Are you able to bypass your treatment facility?

☐ Yes If yes, which outfall(s) listed above correspond to this bypass discharge?_____
☐ No

11. Is discharge (check one):

☐ A. Continuous
☐ B. Intermittent
☐ C. Seasonal
☐ D. No Discharge

If other than continuous, please explain:

12. Name of Receiving Waters: _____

If wastewater is discharged to places other than surface water, please explain:

_____

13. Type of Sludge disposal (check all appropriate boxes):

- ☐ A. Land Application (please explain): _____
- ☐ B. Surface Disposal
- ☐ C. Landfill
- ☐ D. Other (please explain): _____
- ☐ E. Sludge is not generated or disposed of at this facility

14. If A, B, C, or D was marked in Question 13, provide a narrative on the following sludge production information: (Attach additional sheets if necessary)

A. Tons of dry sludge produced each year _____

B. Average percent solids sludge produced _____

C. Tons of dry sludge disposed of each year _____

D. Average percent solids sludge sent for use and/or disposal _____

E. Attach any sludge monitoring data obtained over the last year (including groundwater monitoring data, results of hazardous waste tests, and results of actions taken to determine whether sludge is hazardous). Include a description of the methods used and sampling locations and dates.

15. List other information which you feel should be brought to the attention of the SDDENR in regard to the issuance of a discharge permit for the facility. (Attach additional sheets if necessary.)

16. Type of Discharge (check <u>all</u> that apply):

- ☐ Publicly Owned Treatment Works (Complete Appendix A)
- ☐ Existing Industrial process wastewater (Complete Appendix B)
- ☐ New Industrial process wastewater (Complete Appendix C)
- ☐ Non-contact cooling water, or other non-process wastewater (Complete Appendix D)
- ☐ Storm water associated with industrial activity (Complete Appendix E)
- ☐ Large or medium municipal separate storm sewer system
- ☐ Discharge to sanitary sewer and/or Publicly Owned Treatment Works (Complete Appendix C)
- ☐ Backwash from water treatment plants (Complete Appendix C)
- ☐ Concentrated animal feeding operation (Complete Appendix C)
- ☐ Concentrated aquatic animal production facility (Complete Appendix C)
- ☐ Privately owned treatment works (Complete Appendix C)
- ☐ Federal facility (except those located on Indian reservations) (Complete Appendix C)
- ☐ Silvicultural point source (Complete Appendix C)
- ☐ Other (please specify) _____

17. Does this application substantially duplicate an application by the same applicant which was denied by the SDDENR or the USEPA within the past five years and which has not been reversed by a court of competent jurisdiction?

☐ Yes
☐ No

18. Existing Environmental Permits

Please check all other Environmental Permits which are held by the facility. Include permit numbers in the space provided:

☐ A. NPDES or SWD (Discharges to Surface Water) _____
☐ B. UIC (Underground Injection of Fluids) _____
☐ C. RCRA (Hazardous Wastes) _____
☐ D. PSD (Air Emissions from Proposed Sources) _____
☐ E. Other (please specify) _____
☐ F. Other (please specify) _____

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 Rules and Regulations Governing Operation of Water Pollution Control Facilities and will provide certified operators as required by SDCL 34A-3, Water Supply and Treatment System Operators. 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: Application must be signed by the authorized chief elective or executive officer of the applicant, or by the applicant, if an individual.

I declare and affirm under the penalties of perjury that this claim (petition, application, information) has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Name _____ Title _____

Date _____

Signature _____

DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES

South Dakota Surface Water Discharge Program
Application for Permit to Discharge Wastewater

APPENDIX D – NEW/EXISTING INDUSTIRAL NON-PROCESS

United States
Environmental Protection
Agency

Office of Water
Enforcement and Permits
Washington, DC 20460

EPA Form 3510-2E
Revised August 1990

Permits Division

EPA

Application Form 2E —

Facilities Which Do Not Discharge Process Wastewater

Paperwork Reduction Act Notice

The public reporting and recordkeeping burden for this collection of information is estimated to average 14 hours per response. This estimate includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to respond to a collection of information; search existing data sources; complete and review the collection of information; and transmit or otherwise disclose the information. An Agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Chief, OPPE Regulatory Information Division, U.S. Environmental Protection Agency (2136), 401 M St., S.W., Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, 725 17th St., N.W., Washington, DC 20503, **Attention:** Desk Officer for EPA. Include the OMB control number in any correspondence. Do not send the completed application form to these addresses.

Printed on Recycled Paper

Form 2E Instructions

Who Must File Form 2E

This short form may be used only by operators of facilities which discharge only nonprocess wastewater (process wastewater is water that comes into direct contact with or results from the production or use of any raw material, intermediate product, finished product, byproduct, waste product, or wastewater) which is not regulated by effluent limitations guidelines or new source performance standards. The form is intended primarily for use by dischargers (new or existing) of sanitary wastes and noncontact cooling water. It may not be used for discharges of stormwater runoff or by educational, medical, or commercial chemical laboratories or by publicly owned treatment works (POTW's).

Public Availability of Submitted Information

You may not claim as confidential any information required by this form or Form 1, whether the information is reported on the forms or in an attachment. Section 402(j) of the CWA requires that all permit applications shall be available to the public. This information will therefore be made available to the public upon request.

You may claim as confidential any information you submit to EPA which goes beyond that required by this form or Form 1. However, confidentiality claims for effluent data must be denied. If you do not assert a claim of confidentiality at the time of submitting the information, EPA may make the information public without further notice. Claims of confidentiality will be handled in accordance with EPA's business confidentiality regulations in 40 CFR Part 2.

Completeness

Your application will not be considered complete unless you answer every question on this form and Form 1 (except as instructed below). If an item does not apply to you, enter "NA" (for "not applicable") to show that you considered the question.

Followup Requirements for New Dischargers and New Sources

Please note that no later than 2 years after commencement of discharge from the proposed facility, you must complete and submit Item IV of this form (NPDES Form 2E). At that time you must test and report actual rather than estimated data for the pollutants or parameters in Item IV, unless waived by the permitting authority.

Definitions

Significant terms used in these instructions and in the form are defined in the Glossary found in the General Instructions accompanying Form 1.

Item I

Under Part A, list an outfall number. Under Part B, list the latitude and longitude to the nearest 15 seconds for this outfall. Under Part C, list the name of the outfall's receiving water. When there is more than one outfall, you must submit a separate Form 2E (Items I, III, and IV only) for each outfall.

Item II (New Dischargers Only)

This item requires your best estimate of the date on which your facility will begin to discharge.

Item III

In Part A, indicate the general type(s) of wastes to be discharged by placing an "x" in the appropriate box(es). If "other nonprocess wastewater" is marked, it should be identified. If cooling water additives are to be used, they must be listed by name under Part B.

In addition, the composition of the cooling water additives should be listed if this information is available. The composition of cooling water additives may be found on product labels or from manufacturer's data sheets.

Item IV — Reporting

All pollutant levels must be reported as concentration and as total mass (except for discharge flow, pH, and temperature). Total mass is the total weight of pollutants discharged over a day. Use the following abbreviations for units:

	Concentration	Mass	
ppm	parts per million	lbs	pounds
mg/1	milligrams per liter	ton	tons (English tons)
ppb	parts per billion	mg	milligrams
Ug/1	micrograms per liter	g	grams
kg	kilograms	T	Tonnes (metric tons)

A. Existing Sources

You are required to provide at least one analysis for each pollutant or parameter listed by filling in the requested infor-

mation under the applicable column. Data reported must be representative of the facility's current operation (average daily value over the previous 365 days should be reported). Most facilities routinely monitor these pollutants or parameters as part of existing permit requirements.

The pollutants or parameters listed are: average flow, biochemical oxygen demand (BOD), total suspended solids (TSS), fecal coliform (if believed present or if sanitary waste is discharged), pH, total residual chlorine (if chlorine is used), temperature (winter and summer), oil and grease, chemical oxygen demand (COD), total organic carbon (TOC) (COD and TOC are only required if noncontact cooling water is discharged), and ammonia (as N). The analysis of these pollutants or parameters must be done in accordance with procedures promulgated in 40 CFR Part 136. Grab samples must be used for pH, temperature, residual chlorine, oil and grease, and fecal coliform. For all other pollutants, 24-hour composite samples must be used. Any further questions on sampling or analysis should be directed to your EPA or State permitting authority. The authority may request that you do additional testing, if appropriate, on a case-by-case basis under Section 308 of the Clean Water Act (CWA).

If you expect a pollutant to be present solely as a result of its presence in your intake water, state this information on Item VII of the form.

B. New Dischargers

You are required to provide an estimated maximum daily and average daily value for each pollutant or parameter (exceptions noted on the form). Please note that followup testing and reporting are required no later than 2 years after the facility starts to discharge. Sampling and analysis are not required at this time. If, however, data from such analyses are available, then such data should be reported. The source of the estimates is also required. Base your determination of whether a pollutant will be present in your discharge on your knowledge of the proposed facility's use of maintenance chemicals, and any analyses of your effluent or of any similar effluent. You may also provide the estimates based on available inhouse or contractor's engineering reports or any other studies performed on the proposed facility. If you expect a pollutant or parameter to be present solely as a result of its presence in your intake water, state this information on Item VII of the form.

In providing the estimates, use the codes in the following table to indicate the source of such information.

Engineering study	Code
Actual data from pilot plants	1
Estimates from other engineering studies	2
Data from other similar plants	3
Best professional estimates	4
Others	specify on the form

C. Testing Waivers

To request a waiver from reporting any of these pollutants or parameters, the applicant (whether a new or existing discharger) must submit to the permitting authority a written request specifying which pollutants or parameters should be waived and the reasons for requesting a waiver. This request should be submitted to the permitting authority before or with the permit application. The permitting authority may waive the requirements for information about any pollutant or parameter if he determines that less stringent reporting requirements are adequate to support issuance of the permit. No extensive documentation of the request will normally be needed, but the applicant should contact the permitting authority if he or she wishes to receive instructions on what his or her particular request should contain.

Item V

Describe the average frequency of flow and duration of any intermittent or seasonal discharge (except for stormwater runoff, leaks, or spills). The frequency of flow means the number of days or months per year there is intermittent discharge. Duration means the number of days or hours per discharge. For new dischargers, base your answers on your best estimate.

Item VI

Describe briefly any treatment system(s) used (or to be used for new dischargers), indicating whether the treatment system is physical, chemical, biological, sludge and disposal, or other. Also give the particular type(s) of process(es) used (or to be used). For example, if a physical treatment system is used (or will be used), specify the processes applied, such as grit removal, ammonia stripping, dialysis, etc.

Item VII

This item is intended for you to provide any additional information (such as sampling results) that you feel should be considered by the reviewer in establishing permit limitations. Any response here is optional. If you wish to demonstrate your eligibility for a "net" effluent limitation, i.e., an effluent limitation adjusted to provide credit for the pollutant(s) present in your intake water, please add a short statement of why you believe you are eligible (see §122.45(g)). You will then be contacted by the permitting authority for further instructions.

Item VIII

The Clean Water Act provides severe penalties for submitting false information on this application form. Section 309(c)(2) of the Clean Water Act provides that "Any person who knowingly makes any false statement,

representation, or certification in any application, . . . shall upon conviction, be punished by a fine of no more than $10,000 or by imprisonment for not more than six months or both."

40 CFR Part 122.22 requires the certification to be signed as follows:

a. For a corporation: by a responsible corporate officer. A responsible corporate officer means (i) a president, secretary, treasurer, or vice-president of the corporation in charge of of a principal business function, or any other person who performs similar policy or decisionmaking functions for the corporation, or (ii) the manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding $25,000,000 (in second quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

b. For a partnership or sole proprietorship: by a general partner or the proprietor, respectively; or

c. For a municipality, State, Federal, or other public agency: by either a principal executive officer or ranking elected official. For purposes of this section, a principal executive officer of a Federal agency includes (i) the chief executive officer of the agency, or (ii) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrators of EPA).

Please type or print in the unshaded areas only

EPA ID Number

Form Approved. OMB No. 2040-0086.
Approval expires 8-31-98.

Form 2E NPDES

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 *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	

II. Discharge Date *(If a new discharger, the date you expect to begin discharging)*

III. Type of Waste

A. Check the box(es) indicating the general type(s) 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	(1) Maximum Daily Value *(include units)*		(2) Average Daily Value *(last year)* *(include units)*		(3)	(or) (4)
	Mass	Concentration	Mass	Concentration	Number of Measurements Taken *(last year)*	Source of Estimate *(if new discharger)*
Biochemical Oxygen Demand (BOD)						
Total Suspended Solids (TSS)						
Fecal Coliform *(if believed present or if 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

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? ☐ Yes ☐ No

If yes, briefly describe the frequency of flow and duration.

VI. Treatment System *(Describe briefly any treatment system(s) used or to be used)*

VII. Other Information *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

VIII. 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 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	B. Phone No. *(area code & no.)*
C. Signature	D. Date Signed

1. PRINT FOR MAILING

CLEAR FORM

CERTIFICATION OF APPLICANT (COA)

☐ **NOTE: After printing the above form (so you don't clear all the fields you filled in), then complete this Certification of Applicant form and submit it with your application.**