



## AZPDES GENERAL PERMIT AZGP2012-001

### Notice of Intent (NOI) Form

#### for Infrequent Discharges of Domestic Wastewater to Waters of the United States

In completing and submitting this form, the Applicant is applying for authorization to discharge under the AZPDES General Permit AZGP2012-001 and is required to read and comply with all terms and conditions stipulated in General Permit No. AZGP2012-001 issued by the Director. General Permit No. AZGP2012-001 is located at: <http://www.azdeg.gov/envirom/water/permits/index.html>

**Instructions:**

- 1) Type in or clearly hand print the requested information on the form. *Complete all blanks; put 'N/A' (not applicable) where applicable.*
- 2) Clarification(s) may be written in margins. If necessary, attach any additional information.
- 3) Sign and date the completed form. *The form must be signed by the appropriate responsible party or it will be returned (see certification statement in Part I).*
- 4) Make two additional copies of the completed and signed form.
- 5) Initial fees (and annual fees) are based on the facility's design capacity in million gallons per day (mgd) as follows:
  - Level 3 (< 1 mgd) = **\$1,500**
  - Level 4A (≥ 1 mgd but < 10 mgd) = **\$2,000**
  - Level 4B (≥ 10 mgd but < 20 mgd) = **\$2,500**
- 6) Mail the original and two copies of the forms, any attachments, and the **appropriate initial fee** (see above) to the following address:

Surface Water Permits Unit  
 Arizona Department of Environmental Quality  
 1110 West Washington Street, Mail Code 5415A-1  
 Phoenix, AZ 85007

FACILITY NAME \_\_\_\_\_

AZPDES (NPDES) PERMIT NO. (If there is a previous individual permit) \_\_\_\_\_

**PART A. BASIC APPLICATION INFORMATION**

*Complete each section below.*

**A.1 Facility Information.**

Facility (plant) name \_\_\_\_\_ County where located \_\_\_\_\_

Facility mailing address \_\_\_\_\_

Facility physical address \_\_\_\_\_

Type of facility: \_\_\_\_\_ Publicly owned treatment works (POTW) OR  
\_\_\_\_\_ Private Utility (please include map of Certified Area of Convenience & Necessity as authorized by the Arizona Corporation commission) OR  
\_\_\_\_\_ Sanitary District or County Improvement District OR  
\_\_\_\_\_ Other (e.g. privately owned facility)

**A.2. Facility Owner/Operator Information.**

Facility owner \_\_\_\_\_  
Owner's address \_\_\_\_\_  
Phone number \_\_\_\_\_

Facility operator (if different from owner) \_\_\_\_\_  
Operator's address \_\_\_\_\_  
Phone number \_\_\_\_\_

Contact person or Agent (if different from owner & operator) \_\_\_\_\_  
Contact's address \_\_\_\_\_  
Title \_\_\_\_\_ Phone number \_\_\_\_\_  
Contact E-mail address \_\_\_\_\_

**A.3 Landowner(s).**

Name and address of owner of land where the WWTP is located (such as National Forest, State Land, Bureau of Land Management, private land):

Land owner (if different from A.1 above) \_\_\_\_\_  
Owner's address \_\_\_\_\_

Name and address of owner(s) of land where the WWTP pipes flow to the outfall and the outfall discharges (if different from A.1 above):

Land owner \_\_\_\_\_  
Owner's address \_\_\_\_\_

**A.4. Person/Entity Preparing Application.** If the person/entity preparing the application is different from the above, provide the following:

Name \_\_\_\_\_  
Mailing address \_\_\_\_\_  
Contact person \_\_\_\_\_  
Title \_\_\_\_\_ Phone number \_\_\_\_\_

\*\*\* Indicate to whom correspondence regarding this application should be directed.

\_\_\_\_\_ Owner (contact person) \_\_\_\_\_ Operator (contact person) \_\_\_\_\_ Person/entity preparing application

**A.5. Existing Environmental Permits.** Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state issued permits).

AZPDES \_\_\_\_\_ Stormwater \_\_\_\_\_  
(Surface Water) (MSGP)

RCRA \_\_\_\_\_ PSD \_\_\_\_\_  
(Hazardous waste) (Air emission from proposed sources)

APP \_\_\_\_\_ Reuse \_\_\_\_\_  
(Aquifer Protection Permit)

Other (Specify) \_\_\_\_\_ UIC \_\_\_\_\_  
(Underground injection control)

Is stormwater co-mingled in any way with wastewater?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain.

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Does the treatment works have a combined sewer system? (Combined sewer systems are sewers that are designed to collect rainwater runoff, domestic sewage, and industrial wastewater in the same pipe.)

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain.

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**A.6. CWA 208 Consistency Determination.** *An AZPDES application can not be processed until a consistency determination has been conducted by ADEQ. If, after a review of the initial information submitted, it is determined that an amendment to a 208 Regional Water Quality Plan will be required, the AZPDES application may be suspended or rejected.*

**For more information:** [www.azdeq.gov/environ/water/watershed/regional.html](http://www.azdeq.gov/environ/water/watershed/regional.html)

**All applicants please fill out the following completely and attach the requested documents:**

a. Is this a new facility?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please provide a map of the service area for the facility and documentation indicating consistency with the CWA 208 Water Quality Management Plan in the form of correspondence from: 1) the appropriate Designated Planning Agency, or 2) the Designated Management Agency.

b. Is this an existing facility with a current Individual AZPDES permit?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please provide any documentation indicating consistency with the current CWA 208 Water Quality Management Plan in the form of: 1) correspondence from the appropriate Designated Planning Agency or Designated Management Agency, or 2) page(s) from the current CWA 208 Plan showing identification of this facility and the capacity being sought.

- c. Is this an existing facility with a current Individual AZPDES permit increasing the design flow, changing the location of the discharge, adding new outfalls, or changing ownership?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please provide any documentation indicating that the changes are consistent with the current CWA 208 Water Quality Management Plan in the form of: 1) correspondence from the appropriate Designated Planning Agency or Designated Management Agency, or 2) page(s) from the current CWA 208 Plan showing identification of this facility and the capacity being sought.

**A.7. Collection System Information.** Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
_____	_____	_____	_____
_____	_____	_____	_____

Total population served \_\_\_\_\_

**A.8. Indian Country.**

- a. Is the treatment works located in Indian Country? \_\_\_\_\_ No \_\_\_\_\_ Yes (Give name) \_\_\_\_\_
- b. Does the treatment works discharge to a receiving water in Indian Country or that is upstream from (and/or eventually flows through) Indian Country? \_\_\_\_\_ No \_\_\_\_\_ Yes
- If 'yes,' give name of Tribe \_\_\_\_\_
- If 'yes,' give approximate distance from discharge to Indian Country boundary \_\_\_\_\_

**A.9. Is the facility located within 100 km (62 miles) of the Arizona-Mexico border?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide the following information:

- a. A description of the area into which the effluent discharges from the facility may flow \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- b. Is the discharge expected to cross the Arizona-Mexico border? \_\_\_\_\_ Yes \_\_\_\_\_ No

**A.10. Current design flow.** Indicate the design flow rate of the treatment plant (*i.e., the wastewater flow rate that the plant was built to treat on a daily basis – not including peak flows*). Also provide the average daily flow rate and the maximum daily flow rate for each of the last three years. Each year's data must be based on a 12 month time period with the 12<sup>th</sup> month of this year occurring no more than three months prior to this application submittal.

- a. Design flow rate \_\_\_\_\_ mgd
- |  | <u>Two Years Ago</u> | <u>Last Year</u> | <u>This Year</u> |
|--|----------------------|------------------|------------------|
| b. Annual average daily influent flow rate | _____ mgd            | _____ mgd        | _____ mgd        |
| c. Maximum daily influent flow rate        | _____ mgd            | _____ mgd        | _____ mgd        |
- d. Describe how you measure (or estimate) flow:  
\_\_\_\_\_

**A.11. Anticipated design flow.** Are there any plans within the next five years for implementing improvements at the treatment works or at the outfall(s) that will affect the wastewater treatment, effluent quality or design capacity of the treatment works?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If no, then skip to Part A.12.

If yes, then complete the following:

Note: If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses for each.

a. List the outfall number (assigned in Part A.13) for each outfall that is covered by this implementation schedule.

\_\_\_\_\_

b. Indicate whether the planned improvements or their implementation schedule are required by local, state or federal agencies. \_\_\_\_\_ Yes \_\_\_\_\_ No

c. Briefly describe the improvements to be made for the outfall(s) listed in Part A.11.a and include new maximum daily flow rate, if applicable.

\_\_\_\_\_

**Note: Maximum permitted capacity within a 5-year permit term will be the basis for developing limits and setting annual fees.**

d. Provide dates imposed by any compliance schedule or planned independently of local, state or federal agencies. Also provide any actual dates of completion for the implementation steps listed below, as applicable. Indicate dates as accurately as possible. Place an (\*) in front of the improvements required by a governmental agency.

Implementation Stage	Schedule	
	Planned or Imposed MM/DD/YYYY	Actual Completion MM/DD/YYYY
- Begin construction	_____	_____
- End construction	_____	_____
- Begin discharge	_____	_____
- Attain operational level	_____	_____

e. Have appropriate permits/clearances concerning other federal/state requirements been obtained?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Describe briefly \_\_\_\_\_

**A.12. Discharges and Other Disposal Methods.**

a. List how many of each of the following types of discharge points the treatment works uses:

- i. Discharges of treated effluent \_\_\_\_\_
- ii. Discharges of untreated or partially treated effluent \_\_\_\_\_
- iii. Combined sewer overflow points \_\_\_\_\_
- iv. Constructed emergency overflows (prior to the headworks) \_\_\_\_\_
- v. Other \_\_\_\_\_

- b. Does the treatment works discharge effluent to basins, ponds or other surface impoundments that are not located in and/or do not have outlets for discharge to waters of the U.S.?  Yes  No

If yes, provide the following for each surface impoundment:

Location \_\_\_\_\_

How far is the impoundment from the closest water of the U.S.? \_\_\_\_\_

Annual average daily volume discharged to surface impoundment(s) \_\_\_\_\_ mgd

Is discharge \_\_\_\_\_ continuous or \_\_\_\_\_ intermittent or \_\_\_\_\_ periodic (seasonal)?

If intermittent or periodic, provide the following information:

Number of times per year discharge occurs \_\_\_\_\_ Average duration of each discharge \_\_\_\_\_

Average flow per discharge \_\_\_\_\_ mgd Months in which discharge occurs \_\_\_\_\_

- c. Does the treatment works land apply (excluding direct reuse) treated wastewater?  Yes  No

If 'yes,' provide the following for each land application site:

Location \_\_\_\_\_

Number of acres \_\_\_\_\_ Annual average daily volume applied to site \_\_\_\_\_ mgd

Frequency of application \_\_\_\_\_

- d. Does the treatment works reuse (direct reuse) treated wastewater?  Yes  No

If 'yes,' provide the following for each reuse site:

Location \_\_\_\_\_

Number of acres \_\_\_\_\_ Annual average daily volume applied to site \_\_\_\_\_ mgd

Frequency of application \_\_\_\_\_

- e. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?

Note: Also report the transport of biosolids or sludge to another treatment works in the applicable section of Part E.

Yes  No

If 'yes,' describe the means by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

\_\_\_\_\_

If transport is by a party other than the applicant, provide the following:

Transporter name \_\_\_\_\_

Mailing address \_\_\_\_\_

\_\_\_\_\_

Contact person \_\_\_\_\_

Title \_\_\_\_\_ Phone number \_\_\_\_\_

For each treatment works that receives this discharge, provide the following:

Name \_\_\_\_\_

Mailing address \_\_\_\_\_

Contact person \_\_\_\_\_

Title \_\_\_\_\_ Phone number \_\_\_\_\_

If known, provide the NPDES/AZPDES permit number of the treatment works that receives this discharge  
\_\_\_\_\_

Provide the average daily flow rate from the treatment works into the receiving facility. \_\_\_\_\_ mgd

- f. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.12.a through 12.d above. (e.g., underground recharge, well injection)? \_\_\_\_ Yes \_\_\_\_ No

If 'yes,' provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Annual average daily volume disposed by this method \_\_\_\_\_ mgd Frequency of disposal \_\_\_\_\_

**WASTEWATER OUTFALLS.**

*Copy this page and complete Parts A.13, and A.14 **once for every outfall through which effluent is discharged, or is proposed to be discharged, to a wash or other water of the U.S.***

**A.13. Description of Outfall.**

- a. Outfall number \_\_\_\_\_

**NOTE: The lat/long and TRS should be the location where the discharge from the facility enters the receiving water.**

Outfall Latitude \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " N Longitude \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " W

Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_

- b. Average daily discharge flow through outfall \_\_\_\_\_ mgd. (Determine this by dividing the annual discharge through the outfall by the number of days in a year that discharge occurs.)
- c. Regarding the discharge, please indicate the following. Estimations are acceptable for this information.

1) The number of times per year the facility is expected to discharge under the terms of the AZPDES permit

\_\_\_\_\_

2) The frequency of discharge

\_\_\_\_\_

3) The average duration of each discharge

\_\_\_\_\_

4) The flow per period of discharge in MGD and

5) Include the months over which discharge is typically expected.

- d. Is the outfall designed to, or equipped with a device, to mix and/or disperse the effluent in the receiving water?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

**A.14. Description of Receiving Waters.** (Fill in all blanks. Put 'not known' if applicable.)

- a. Name of receiving waters \_\_\_\_\_
- b. Name of watershed, if known \_\_\_\_\_  
U.S. Natural Resources Conservation Service 14 digit watershed code, if known \_\_\_\_\_
- c. Name of River Basin, if known \_\_\_\_\_
- d. United States Geological Survey 8 digit hydrologic cataloging unit code, if known \_\_\_\_\_
- e. Does the receiving water have an existing total maximum daily load for a pollutant?
- f. Name of closest downstream perennial or intermittent water \_\_\_\_\_ and  
approximate distance in stream miles from outfall \_\_\_\_\_.
- g. If discharge will be to an impaired water, submit separately a demonstration that the discharge from the facility has no potential to contain the pollutants causing impairment, or that the discharge is not expected to cause or contribute to an exceedence of an applicable water quality standard.

**A.15. Description of WWTP Treatment.**

- a. What levels of treatment are provided? Check all that apply.  
\_\_\_\_\_ Primary \_\_\_\_\_ Secondary \_\_\_\_\_ Nitrification/Denitrification \_\_\_\_\_ Advanced (with  
filtration)  
Other (Describe) \_\_\_\_\_
- b. Indicate the following removal rates, as applicable:
- |   |         |
|---|---------|
| Design BOD <sub>5</sub> removal or design CBOD <sub>5</sub> removal | _____ % |
| Design SS removal   | _____ % |
| Design P removal  | _____ % |
| Design N removal  | _____ % |
| Other _____   | _____ % |
| Other _____   | _____ % |
- c. What type of disinfection is used for the effluent? If disinfection varies by season, please describe.  
\_\_\_\_\_  
\_\_\_\_\_
- If disinfection is by chlorination, is dechlorination used for this outfall? \_\_\_\_\_ Yes \_\_\_\_\_ No
- d. Does the treatment plant have post aeration? \_\_\_\_\_ Yes \_\_\_\_\_ No
- e. Provide a topographic map extending at least 1/4 mile beyond property boundaries of the treatment plant that shows the location of the plant, piping, drinking water wells, ponds, wetlands, and the outfall(s) location at the point it enters the receiving water. Also indicate on the map the sampling location for the outfall(s), if applicable.

- f. Provide a process flow diagram or schematic of the treatment plant and include a brief description. Depict any areas where the sewage sludge produced by the treatment works is stored, treated or disposed of, if applicable. Also indicate in the description the sampling location for the outfall(s).

#### A.16. Effluent Testing.

##### All applicants are to provide effluent testing data as follows:

- a) For existing WWTPs with a current individual AZPDES permit or general permit coverage, complete Tables 1 through 3 below. Include all data collected during the current permit term in the summary, unless samples for the specific pollutant are collected on a monthly or more frequent basis, in which case it is only necessary to summarize the data collected for that pollutant within one year prior to submittal of the NOI. ADEQ may request additional information and/or data following review of these data summaries and the data previously submitted to ADEQ throughout the permit term.
- b) For existing WWTPs with a design capacity < 1 mgd that do not currently have an AZPDES permit, provide analytical data from a minimum of three representative samples of the effluent for all parameters listed in Tables 1 and 2 below. For existing WWTPs with a design capacity  $\geq$  1 mgd that do not currently have an AZPDES permit, provide analytical data from a minimum of three representative samples of the effluent for all parameters listed in Tables 1 through 4 below.

The samples must be collected within four and one-half years prior to submittal of the NOI. You are to provide seasonally representative data when possible. Grab samples must be collected for pH, temperature, ammonia, total residual chlorine, dissolved oxygen, *E. coli*, oil and grease, cyanide, and chromium VI. Composite samples must be collected for all other parameters. Copies of the original laboratory reports for all data must be provided except for those parameters measured in the field at the time of sampling (pH, temperature, dissolved oxygen, and total residual chlorine). ADEQ may request additional information and/or data following review of the data submitted.

- c) For new WWTPs that are not yet constructed or operating, provide estimated values for the parameters in Tables 1 and 2 below to the extent possible and note as "estimated."

**If the facility discharges through more than one outfall, and there are different treatment trains, different wastewater sources, or other sources of variation in the effluent from one outfall to another, you must provide data for each outfall.**

If the monitoring results can be tabulated and provided electronically, ADEQ requests submission in this format, in which case completion of the tables is not required.

All data reported must be from samples analyzed using 40 CFR 136 methods for wastewater by a laboratory licensed in Arizona for those methods. If no 136 methods exist, any other methods in 9 A.A.C. 14, Article 6 approved for those parameters may be used. In addition, all data must comply with all QA/QC requirements as per 40 CFR 136 and/or 9 A.A.C. 14, Article 6.

**⇒ IT IS IMPORTANT THAT YOU REPORT THE DATA USING THE CORRECT UNITS! PLEASE RE-CHECK THE UNITS THE LABORATORY REPORTED AND CONVERT AS NECESSARY.**

Indicate the timeframe covered by the following data \_\_\_\_\_

TABLE 1 PARAMETERS	Units	MAXIMUM DAILY VALUE	Number of Samples
Flow Rate			
pH (minimum) (1)	S.U.		
pH (maximum) (1)	S.U.		
Temperature (Oct.-Mar.)			
Temperature (Apr.-Sep.)			

Footnote:

(1) Report a minimum and a maximum daily value for pH.

Indicate the timeframe covered by the following data \_\_\_\_\_

TABLE 2 PARAMETERS	UNITS	MAXIMUM DAILY DISCHARGE CONCENTRATION (1)	# of Samples	LAB METHOD	Indicate Highest Detection Levels (2)
AMMONIA (as N)					
BIOCHEMICAL OXYGEN DEMAND or CBOD, 5-Day					
CHLORINE, TOTAL RESIDUAL (TRC)					
DISSOLVED OXYGEN					
<i>E. coli</i> (Fecal coliform if not available)					
TOTAL SUSPENDED SOLIDS (TSS)					
TOTAL KJELDAHL NITROGEN (TKN)					
NITRATE PLUS NITRITE NITROGEN					
OIL and GREASE					
PHOSPHORUS (Total)					
TOTAL DISSOLVED SOLIDS (TDS)					

Footnote:

(1) If the value is less than the laboratory detection limit, please report as < X, where X is the laboratory detection limit.

(2) Report the highest laboratory detection limit (reporting limit) for all data for each parameter.

Indicate the timeframe covered by the following data \_\_\_\_\_

TABLE 3 PARAMETERS	UNITS	MAXIMUM DAILY DISCHARGE CONCENTRATION (1)	AVERAGE MONTHLY DISCHARGE CONCENTRATION (1) (2)	# of Samples	LAB METHOD	Indicate Highest Detection Levels (3)
<b>METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS AND HARDNESS</b>						
ANTIMONY						
ARSENIC						
BERYLLIUM						
CADMIUM (4)						
CHROMIUM						
CHROMIUM VI						
COPPER (4)						
LEAD (4)						
MERCURY						
NICKEL (4)						
SELENIUM						
SILVER (4)						
THALLIUM						
ZINC (4)						
CYANIDE						
HARDNESS (AS CaCO <sub>3</sub> ) (4)						

Footnote:

- (1) If the value is less than the laboratory detection limit, please report as < X, where X is the laboratory detection limit.
- (2) If all or several values are non-detects, please indicate how you calculated the average (e.g., no non-detects included, actual detection limits used, ½ the detection limits used).
- (3) Report the highest laboratory detection limit (reporting limit) for all data for each parameter.
- (4) Hardness must be sampled at the same time as the hardness-dependent metals because the water quality standards for those metals are calculated using the water hardness values.

**TABLE 4: ADDITIONAL MONITORING PARAMETERS FOR WWTPs  $\geq$  1 MGD**

<b>Volatile Organic Compounds</b>	<b>Acid-extractable Compounds</b>	<b>Base-neutral Compounds</b>
Acrolein	P-chloro-m-cresol	Acenaphthene
Acrylonitrile	2-chlorophenol	Acenaphthylene
Benzene	2,4-dichlorophenol	Anthracene
Bromoform	2,4-dimethylphenol	Benzidine
Carbon tetrachloride	4,6-dinitro-o-cresol	Benzo(a)anthracene
Chlorobenzene	2,4-dinitrophenol	Benzo(a)pyrene
Chlorodibromomethane	2-nitrophenol	3,4 benzofluoranthene
Chloroethane	4-nitrophenol	Benzo(ghi)perylene
2-chloroethylvinyl ether	Pentachlorophenol	Benzo(k)fluoranthene
Chloroform	Phenol	Bis (2-chloroethoxy) methane
Dichlorobromomethane	2,4,6- trichlorophenol	Bis (2-chloroethyl) ether
1,1-dichloroethane		Bis(2-chloroisopropyl) ether
1,2-dichloroethane		Bis (2-ethylhexyl) phthalate
Trans-1,2-dichloroethylene		4-bromophenyl phenyl ether
1,1-dichloroethylene		Butyl benzyl phthalate
1,2-dichloropropane		2-chloronaphthalene
1,3-dichloropropylene		4-chlorophenyl phenyl ether
Ethylbenzene		Chrysene
Methyl bromide		Di-n-butyl phthalate
Methyl chloride		
Methylene chloride		
1,1,2,2-tetrachloroethane		
Tetrachloroethylene		
Toluene		
1,1,1-trichloroethane		
1,1,2-trichloroethane		
Trichloroethylene		
Vinyl chloride		

Indicate the following removal rates, as applicable:

Design BOD<sub>5</sub> removal or design CBOD<sub>5</sub> \_\_\_\_\_%

Design TSS removal \_\_\_\_\_%

Design N removal \_\_\_\_\_%

Design P removal \_\_\_\_\_%

Describe the sampling point(s) where effluent was collected at the facility to obtain the data provided:

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Detail HOW the samples were collected (i.e., manual, automatic sampler) and composited (i.e., 8 samples taken hourly over 8 hours, 4 samples taken over 24 hours, etc.):

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⇒ **REMEMBER TO ATTACH CDs, TABULATED DATA, AND/OR LABORATORY SHEETS (as appropriate)**

⇒ **INCLUDE THE HIGHEST DETECTION LIMITS ACHIEVED WITH THE DATA (if not included on the CDs or in the tabulated data)**

## PART B. ADDITIONAL INFORMATION FOR WWTPs WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day)

⇒ **All applicants with a design flow rate greater than or equal to 0.1 mgd must complete Parts B.1 through B.2. All others go to Part C).**

**B.1. Inflow and Infiltration (I & I).** Estimate the average number of gallons per day (gpd) that flow into the treatment works from inflow and/or infiltration. \_\_\_\_\_ gpd

***Infiltration** is the water entering a sewer system, including sewer service connections, from the ground, through such means as, but not limited to defective pipes, pipe joints, connections, or manhole walls. Infiltration does not include, and is distinguished from, inflow.*

***Inflow** is the water discharged into a sewer system, including service connections, from such sources as, but not limited to, roof leaders, cellar, yard, and area drains, foundation drains, cooling-water discharges, drains from springs and swampy areas, manhole covers, cross connections from storm sewers and combined sewers, catch basins, storm waters, surface runoff, street wash waters, or drainage. Inflow does not include, and is distinguished from, infiltration.*

***I & I** means the total quantity of water from both infiltration and inflow without distinguishing the source.*

Briefly explain any steps underway or planned to minimize inflow and infiltration.

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**B.2. Operation/Maintenance Performed by Contractor(s).** Are any operational or maintenance aspects (other than those performed by the operator listed under Part A.2) of the treatment works the responsibility of a contractor?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list the name, address and telephone number of each contractor and describe the contractor's responsibilities. Attach additional pages if necessary.

Name \_\_\_\_\_

Mailing address \_\_\_\_\_

Telephone number \_\_\_\_\_

Responsibilities of contractor \_\_\_\_\_

## PART C. TOXICITY TESTING DATA

**C.1. Toxicity Testing.** All applications for wastewater treatment plants (except those not yet constructed), must include the results of whole effluent toxicity (WET) tests for acute and/or chronic toxicity for each of the facility's discharge points.

Have complete and separate WET reports been submitted to ADEQ within the last five years?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Have there been any failures? If yes, indicate what species and what follow up actions were taken.

\_\_\_\_\_ Yes \_\_\_\_\_ No

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Are complete and separate WET reports being submitted to ADEQ with this application?

Yes  No

**C.2. Toxicity Reduction Evaluation.**

Is the treatment works involved in a Toxicity Reduction Evaluation?

Yes  No If yes, describe briefly.

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**PART D. INDUSTRIAL USER DISCHARGES & WASTES FROM REMEDIAL ACTIVITIES**

**D.1. Industrial User Discharges and RCRA/CERCLA Wastes.** Does the wastewater treatment plant accept process wastewater from any significant industrial user (SIU) or receive RCRA, CERCLA, or other remediation wastes (including WQARF or UST remediations)?

Yes  No. If 'yes,' complete the rest of Part D. If 'no,' skip to Part E.

NOTE: An SIU is defined as:

1. An industrial user subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) Part 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
2. Any other industrial user that:
  - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (excluding sanitary, non-contact cooling and boiler blowdown wastewater); or
  - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment works; or
  - c. Is designated as an SIU by the control authority as defined in 40 CFR Part 403.12(a).

**D.2. Pretreatment Program.**

a. It this facility part of a POTW that has, from all of its collective wastewater treatment plants, a total design flow of greater than or equal to 5 MGD?

Yes  No

b. It this facility currently required to have a pretreatment program?

Yes  No

c. If this is an existing facility, have the Annual Report(s) been submitted as required to ADEQ?

Yes  No

**D.3. Number of Significant Industrial Users (SIUs).** Provide the number of each of the following types of SIUs that discharge to the treatment works.

- a. Number of non-categorical SIUs \_\_\_\_\_
- b. Number of categorical SIUs \_\_\_\_\_
- c. Total number of SIUs \_\_\_\_\_

**Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy Parts D.3 through D.9 and provide the information required for each SIU.**

**D.4. Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name \_\_\_\_\_

Mailing address \_\_\_\_\_

**D.5. Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

**D.6. Principal Product(s) and Raw Material(s).** List principal products that the SIU generates and the raw materials used to manufacture them.

Principal product(s) \_\_\_\_\_

Raw material(s) \_\_\_\_\_

**D.7. Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

\_\_\_\_\_ gpd ( \_\_\_\_\_ continuous or \_\_\_\_\_ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent. \_\_\_\_\_ gpd ( \_\_\_\_\_ continuous or \_\_\_\_\_ intermittent)

**D.8. Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits \_\_\_\_\_ Yes \_\_\_\_\_ No

b. Categorical pretreatment standards \_\_\_\_\_ Yes \_\_\_\_\_ No

If subject to categorical pretreatment standards, which category and subcategory?

\_\_\_\_\_

**D.9. Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

\_\_\_\_\_ Yes \_\_\_\_\_ No If 'yes,' describe each episode: \_\_\_\_\_

**D.10. RCRA Waste.** Does the treatment works receive or has it in the past three years, received **RCRA Hazardous Waste by truck, rail or dedicated pipe**?

\_\_\_\_\_ Yes \_\_\_\_\_ No (if 'no,' go to Part D.12)

**D.11. Waste Transport.** Method by which RCRA waste is received. Check all that apply.

\_\_\_\_\_ Truck \_\_\_\_\_ Rail \_\_\_\_\_ Dedicated Pipe

**D.12. Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number	Amount	Units
_____	_____	_____
_____	_____	_____
_____	_____	_____

**D.13. Remediation Waste.** Does the treatment works (or has it been notified that in the next five years it will) receive waste from **CERCLA (SUPERFUND) wastewater, RCRA OR WQARF REMEDIATION/CORRECTIVE ACTION wastewater or OTHER REMEDIAL activities?**

\_\_\_\_\_ Yes (complete D.14 through D.16)      \_\_\_\_\_ No

*Provide a list of sites and the required information (D.14 - D.16) for each current and future site.*

**D.14. Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years). Also, provide the EPA identification number if one exists.

\_\_\_\_\_  
\_\_\_\_\_

**D.15. Pollutants.** List the hazardous constituents that are received (or are expect to be received). Include data on volume and concentration, if known. Attach additional sheets as necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D.16. Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

If 'yes,' describe the treatment (provide information about the removal efficiency):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Is the discharge (or will the discharge be) continuous or intermittent?

\_\_\_\_\_ Continuous    \_\_\_\_\_ Intermittent    If intermittent, describe discharge schedule

\_\_\_\_\_

## PART E. GENERATION OF SEWAGE SLUDGE or PREPARATION OF A MATERIAL DERIVED FROM SEWAGE SLUDGE

### E.1. Amount Generated On Site.

Total dry metric tons per 365-day period generated at your facility: \_\_\_\_\_ dry metric tons

**E.2. Amount Received from Off Site.** If your facility receives sewage sludge from another facility for treatment, use, or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary.

- a. Facility name \_\_\_\_\_
- b. Mailing Address \_\_\_\_\_
- c. Contact person \_\_\_\_\_
- d. Title \_\_\_\_\_  
Telephone number \_\_\_\_\_
- d. Facility Address (not P.O. Box)  
\_\_\_\_\_  
\_\_\_\_\_
- e. Total dry metric tons per 365-day period received from this facility: \_\_\_\_\_ dry metric tons
- f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics.

### E.3. Treatment Provided At Your Facility.

- a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?  
\_\_\_\_ Class A    \_\_\_\_ Class B    \_\_\_\_ Neither or unknown
- b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge:
- c. Which vector attraction reduction option is met for the sewage sludge at your facility?  
\_\_\_\_ Option 1 (Minimum 38 percent reduction in volatile solids)  
\_\_\_\_ Option 2 (Anaerobic process, with bench-scale demonstration)  
\_\_\_\_ Option 3 (Aerobic process, with bench-scale demonstration)  
\_\_\_\_ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)  
\_\_\_\_ Option 5 (Aerobic processes plus raised temperature)  
\_\_\_\_ Option 6 (Raise pH to 12 and retain at 11.5)  
\_\_\_\_ Option 7 (75 percent solids with no unstabilized solids)  
\_\_\_\_ Option 8 (90 percent solids with unstabilized solids)  
\_\_\_\_ None or unknown
- d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge:  
\_\_\_\_\_

- e. Describe, on this form or another sheet of paper, any other sewage sludge treatment or blending activities not identified in (a) - (d) above:
- \_\_\_\_\_

**Complete Part E.4 if sewage sludge from your facility meets the ceiling concentrations in Table 1 of 40 CFR 503.13 (A.A.C R18-9-1005. Table 1), the pollutant concentrations in Table 3 of §503.13 (A.A.C R18-9-1005. Table 2), the Class A pathogen reduction requirements in §503.32(a) (AAC R1809-1006), and one of the vector attraction reduction requirements in § 503.33(b)(1)-(8) and is land applied (A.A.C18-9-1010). Skip Part E.4 if sewage sludge from your facility does not meet all of these criteria.**

**E.4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements, and One of Vector Attraction Reduction Options 1-8.**

- a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land:

\_\_\_\_\_dry metric tons

- b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away for application to the land? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, complete Part E.5. If it is not applicable, please indicate it as N/A.

**E.5. Sale or Give-Away in a Bag or Other Container for Application to the Land.**

- a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land: \_\_\_\_\_dry metric tons
- b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land. \_\_\_\_\_

**Complete Part E.6 if sewage sludge from your facility is provided to another facility that provides treatment or blending. If it is not applicable, please indicate it as N/A. This section does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip Part E.6 if the sewage sludge is covered in E.4 or E.5. If you provide sewage sludge to more than one facility, attach additional pages as necessary.**

**E.6. Shipment Off Site for Treatment or Blending.**

- a. Receiving facility name \_\_\_\_\_
- b. Mailing address \_\_\_\_\_
- c. Contact person \_\_\_\_\_

Title \_\_\_\_\_

Telephone number \_\_\_\_\_

- d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: \_\_\_\_\_
- e. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?**

\_\_\_\_\_ Class A \_\_\_\_\_ Class B \_\_\_\_\_ Neither or unknown

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge:

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- f. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge?       Yes       No

Which vector attraction reduction option is met for the sewage sludge at the receiving facility?

- Option 1 (Minimum 38 percent reduction in volatile solids)  
 Option 2 (Anaerobic process, with bench-scale demonstration)  
 Option 3 (Aerobic process, with bench-scale demonstration)  
 Option 4 (Specific oxygen uptake rate for aerobically digested sludge)  
 Option 5 (Aerobic processes plus raised temperature)  
 Option 6 (Raise pH to 12 and retain at 11.5)  
 Option 7 (75 percent solids with no unstabilized solids)  
 Option 8 (90 percent solids with unstabilized solids)  
 None

- g. Does the receiving facility provide any additional treatment or blending activities not identified in (e) or (f) above?       Yes       No

- h. If you answered yes to (e), (f), or (g), attach a copy of any information you provide the receiving facility to comply with the "notice and necessary information" requirement of 40 CFR 503.12(g).

- i. Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land?       Yes       No

If yes, provide a copy of all labels or notices that accompany the product being sold or given away.

**Complete Part E.7 if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in:**

- **Part E.4 (it meets Table 1 ceiling concentrations, Table 3 pollutant concentrations, Class A pathogen requirements, and one of vector attraction reduction options 1-8); or**
- **Part E.5 (you place it in a bag or other container for sale or give-away for application to the land); or**
- **Part E.6 (you send it to another facility for treatment or blending).**

**E.7. Land Application of Bulk Sewage Sludge.**

- a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:  dry metric tons

- b. Do you identify all land application sites in Part C of this application?       Yes       No

If no, submit a copy of the land application plan with application.

- c. Are any land application sites located in States other than the State where you generate sewage sludge or derive a material from sewage sludge?       Yes       No

If yes, describe, on this form or another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.

**E.8 Surface Disposal.** if sewage sludge from your facility is placed in a sewage sludge unit for final and permanent disposal (surface disposal site), an individual AZPDES permit is required. For further information, please contact Marnie Greenbie of ADEQ Surface Water permit Unit at 602-771-4689.

**E.9 Incineration - sewage sludge from your facility fired in a sewage sludge Incinerator is prohibited in accordance with A.A.C R18-9-1002.G**

**Complete Part E.10 if sewage sludge from this facility is placed on a municipal solid waste landfill.**

**E.10. Disposal in a Municipal Solid Waste Landfill.** Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.

- a. Name of landfill \_\_\_\_\_
- b. Contact person \_\_\_\_\_  
Title \_\_\_\_\_  
Telephone number \_\_\_\_\_  
Contact is \_\_\_\_\_ Land owner \_\_\_\_\_ Landfill operator
- c. Mailing Address \_\_\_\_\_  
\_\_\_\_\_
- d. Location of municipal solid waste landfill:  
Street or Route # \_\_\_\_\_  
City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
County \_\_\_\_\_
- e. Total dry metric tons of sewage sludge from your facility placed in this municipal solid waste landfill per 365-day period:  
\_\_\_\_\_ dry metric tons
- f. List, on this form or an attachment, the numbers of all other Federal, State, and local permits that regulate the operation of this municipal solid waste landfill.  

Permit Number	Type of Permit
_____	_____
_____	_____
_____	_____
- g. Submit, with this application, information to determine whether the sewage sludge meets applicable requirements for disposal of sewage sludge in a municipal solid waste landfill (e.g., results of paint filter liquids test and TCLP test)
- h. Does the municipal solid waste landfill comply with applicable criteria set forth in 40 CFR Part 258?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

## PART F. LAND APPLICATION of BULK SEWAGE SLUDGE

Complete Part F for sewage sludge that is applied to the land, unless any of the following conditions apply:

- The sewage sludge meets the Table 1 ceiling concentrations, the Table 3 pollutant concentrations, Class A pathogen requirements, and one of vector attraction reduction options 1-8 (fill out E.4 instead); or
- The sewage sludge is sold or given away in a bag or other container for application to the land (fill out E.5 instead); or
- You provide the sewage sludge to another facility for treatment or blending (fill out E.6 instead).

Complete Part F for every site on which the sewage sludge that you reported in Part E.7 is applied.

### F.1. Identification of Land Application Site.

a. Site name or number \_\_\_\_\_

b. Site location (Complete 1 and 2). \_\_\_\_\_

1. Street or Route # \_\_\_\_\_

County \_\_\_\_\_

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

Method of latitude/longitude determination

USGS map \_\_\_\_\_ Field survey \_\_\_\_\_ Other \_\_\_\_\_

c. Topographic map. Provide a topographic map (or other appropriate map if a topographic map is unavailable) that shows the site location.

### F.2. Owner Information.

a. Are you the owner of this land application site? \_\_\_\_\_ Yes \_\_\_\_\_ No

b. If no, provide the following information about the owner:

Name \_\_\_\_\_

Telephone number \_\_\_\_\_

Mailing Address \_\_\_\_\_

### F.3. Applier Information.

a. Are you the person who applies, or who is responsible for application of, sewage sludge to this land application site?  
Yes \_\_\_\_\_ No \_\_\_\_\_

b. If no, provide the following information for the person who applies:

Name \_\_\_\_\_

Telephone number \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

**F.4. Site Type:** Identify the type of land application site from among the following.

Agricultural land      \_\_\_\_\_ Forest      \_\_\_\_\_ Public contact site

Reclamation site      \_\_\_\_\_ Other.

Describe: \_\_\_\_\_

**F.5. Crop or Other Vegetation Grown on Site.**

a. What type of crop or other vegetation is grown on this site?

\_\_\_\_\_

b. What is the nitrogen requirement for this crop or vegetation?

\_\_\_\_\_

**F.6. Vector Attraction Reduction.**

Are any vector attraction reduction requirements met when sewage sludge is applied to the land application site?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, answer (a) and (b):

a. Indicate which vector attraction reduction option is met:

\_\_\_\_\_ Option 9 (Injection below land surface)

\_\_\_\_\_ Option 10 (Incorporation into soil within 6 hours)

b. Describe, on this form or another sheet of paper, any treatment processes used at the land application site to reduce vector attraction properties of sewage sludge:

\_\_\_\_\_

\_\_\_\_\_

Complete Part F.7 only if the sewage sludge applied to this site since July 20, 1993, is subject to the cumulative pollutant loading rates (CPLRs) in 40 CFR 503.13(b)(2).

**F.7. Cumulative Loadings and Remaining Allotments.**

- a. Have you contacted the permitting authority in the State where the bulk sewage sludge subject to CPLRs will be applied, to ascertain whether bulk sewage sludge subject to CPLRs has been applied to this site on or since July 20, 1993? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, sewage sludge subject to CPLRs may not be applied to this site. If yes, provide the following information:

Permitting authority \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Telephone number \_\_\_\_\_

- b. Based upon this inquiry, has bulk sewage sludge subject to CPLRs been applied to this site since July 20, 1993?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

**If no, skip F.7.c.**

- c. Provide the following information for every facility other than yours that is sending, or has sent, bulk sewage sludge to CPLRs to this site since July 20, 1993. If more than one such facility sends sewage sludge to this site, attach additional pages as necessary.

Facility name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Contact person \_\_\_\_\_  
Title \_\_\_\_\_  
Telephone number \_\_\_\_\_

**PART G. SURFACE DISPOSAL**

This General Permit does not apply to facilities that own or operate a surface disposal site. If sewage sludge from your facility is placed in a sewage sludge unit for final and permanent disposal (surface disposal site), an individual AZPDES permit is required. For further information, please contact Marnie Greenbie of ADEQ Surface Water permit Unit at 602-771-4689.

**PART H. INCINERATION**

Sewage sludge from your facility fired in a sewage sludge Incinerator is prohibited in accordance with A.A.C R18-9-1002.G. For disposal alternatives, please contact Marnie Greenbie of ADEQ Surface Water permit Unit at 602-771-4689.

## PART I. CERTIFICATION

All applicants must complete the Certification. Federal Regulations are specific concerning application signatories. **The application may not be signed by a consultant.** Refer to Appendix I, Section 2 in the general permit to determine who is authorized to sign this certification. By signing this certification statement, applicants confirm that they have reviewed this form and attachments for accuracy, and have completed all parts that apply to the facility.

### ALL APPLICANTS MUST COMPLETE THE FOLLOWING 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 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. In addition I certify that the operator will comply with all terms and conditions stipulated in General Permit No. AZGP2011-001 issued by the Director.”*

Name (printed) \_\_\_\_\_

Official Title (printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Telephone Number \_\_\_\_\_

***Upon request of the ADEQ, you must submit any other information necessary to assess wastewater treatment practices at the treatment works to identify appropriate permitting requirements.***