

# APPLICATION FOR PERMIT TO DISCHARGE NON-DOMESTIC WASTEWATER BY INDUSTRIAL AND COMMERCIAL OPERATIONS

**Please print or type in the unshaded areas only**

AZPDES (NPDES) Permit No \_\_\_\_\_

## I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

[illegible]

## II. FLOWS, SOURCES OF POLLUTION AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent and treatment units labeled to correspond to the more detailed descriptions in Part II.B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units and outfalls. If a water balance cannot be determined (*e.g., for certain mining activities*), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

**B.** For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water and storm water; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUTFALL NUMBER (list)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT	
	a. OPERATIONS <i>(list)</i>	b. AVERAGE FLOW <i>(include units)</i>	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C.1

C. Except for storm runoff, leaks or spills, are any of the discharges described in Parts II.A or B intermittent or seasonal?

\_\_\_ **YES** (complete the following table) \_\_\_ **NO** (go to Item III)

1. OUTFALL NUMBER (list)	2. OPERATION(S) CONTRIBUTING FLOW (list)	3. FREQUENCY		4. FLOW				
		a. DAYS PER WEEK (specify average)	b. MONTHS PER YEAR (specify average)	a. FLOW RATE (in mgd)		b. TOTAL VOLUME (specify with units)		c. DURATION (in days)
				1. LONG TERM AVG.	2. MAXIMUM DAILY	1. LONG TERM AVG.	2. MAXIMUM DAILY	

### III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

\_\_\_ **YES** (complete Part III.B) \_\_\_ **NO** (go to Item IV)

B. Are the limitations in the applicable effluent expressed in terms of production (or other measure of operation)?

\_\_\_ **YES** (complete Part III.C) \_\_\_ **NO** (go to Item IV)

C. If you answered "yes" to Part III.B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline and indicate the affected outfalls.

AVERAGE DAILY PRODUCTION			AFFECTED OUTFALLS (list outfall numbers)
QUANTITY PER DAY	UNITS OF MEASURE	OPERATIONS, PRODUCT, MATERIAL, ETC. (specify)	

**IV. IMPROVEMENTS**

**A.** Are you now required by any federal, state or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which affect the discharges described in this application? This includes, but is not limited to: permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders and grant or loan conditions.

\_\_\_\_\_ **YES** (complete the following table ) \_\_\_\_\_ **NO** (go to Part IV.B)

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE	
	OUTFALL NUMBER	SOURCE OF DISCHARGE		REQUIRED	PROJECTED

**B. OPTIONAL:** You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned and indicate your actual planned schedules for construction.

\_\_\_\_\_ **MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED.**

**V. INTAKE AND EFFLUENT CHARACTERISTICS**

**A, B, C, & D:** See instructions before proceeding. NOTE: Parts V.A, V.B, V.C, and V.D are included in the "ADDENDUM" to Form 2C. Complete one set of Parts V.A - V.D for each outfall. Annotate the outfall and AZPDES (NPDES) permit number in the space provided at the bottom of each page.

**E.** Use the space below to list any of the pollutants listed in Table 2C.3 "Toxic Pollutants and Hazardous Substances," which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTAN T	2. SOURCE	1. POLLUTANT	2. SOURCE

## VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Part V.C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

\_\_\_\_ **YES** (*list all such pollutants below*)      \_\_\_\_ **NO** (*go to Item VII*)

## VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last three years?

\_\_\_\_ **YES** (*identify the test(s) and describe their purposes below*)      \_\_\_\_ **NO** (*go to Item VIII*)

**VIII. CONTRACT ANALYSIS INFORMATION**

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

\_\_\_\_\_ **YES** (*list the name, address and phone number of and pollutants analyzed by, each such laboratory or firm below*)      \_\_\_\_\_ **NO** (*go to Item IX*)

<b>A. NAME</b>	<b>B. ADDRESS</b>	<b>C. TELEPHONE (phone and area code)</b>	<b>D. POLLUTANTS ANALYZED (list)</b>

**IX. 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** (*type or print*)

**B. PHONE NO.** (*telephone and area code*)

**C. SIGNATURE**

**D. DATE SIGNED**