To: **Prospective Applicants for a Sanitary Wastewater General Permit**

Attached is a **Sanitary General Wastewater Discharge Permit Notice of Intent (NOI), WPS-G.** To be considered complete, every item on the form must be addressed and the last page signed by an authorized company agent. If an item does not apply, please enter "NA" (for not applicable) to show that the question was considered.

Two sets (one original and one copy) of your **completed NOI**, each with a site diagram and a marked **U.S.G.S. Quadrangle map** or equivalent attached, as described in Section VI of the NOI, should be submitted to:

Mailing Address:
Department of Environmental Quality
Office of Environmental Services
Post Office Box 4313
Baton Rouge, LA 70821-4313
Attention: Water Permits Division

Physical Address: (if NOI is hand delivered)
Department of Environmental Quality
Office of Environmental Services
602 N Fifth Street
Baton Rouge, LA 70821
Attention: Water Permits Division

Please be advised that completion of this NOI may not fulfill all state, federal, or local requirements for facilities of this size and type.

According to L. R. S. 48:385, any discharge to a state highway ditch, cross ditch, or right-of-way shall require approval from:

Louisiana DOTD
Office of Highways
Post Office Box 94245
Baton Rouge, LA 70804-9245
(225) 379-1927

AND

Louisiana DHH
Office of Public Health – Center for Environmental Health Services
Post Office Box 4489
Baton Rouge, LA 70821
(225) 342-7395

In addition, the plans and specifications for sanitary treatment plants must be approved by the Louisiana DHH, Office of Public Health at the address above.

A copy of the LPDES regulations may be obtained from the Department's website at http://www.deq.louisiana.gov/portal/tabid/1674/Default.aspx.

After the review of the NOI, this Office will issue written notification to those applicants who are accepted for coverage under a general permit for sanitary discharges.

For questions regarding this NOI please contact the Water Permits Division at (225) 219-9371. For help regarding completion of this NOI please contact DEQ, Small Business/Community Assistance Program at 1-800-259-2890.

Date _____
Agency Interest No. AI _____
LPDES Permit No. LA _____

Please check all that apply:
- ☐ Initial Permit
- ☐ Permit Renewal
- ☐ Existing Facility
- ☐ Permit Modification

STATE OF LOUISIANA
DEPARTMENT OF ENVIRONMENTAL QUALITY

Office of Environmental Services, Water Permits Division
Post Office Box 4313
Baton Rouge, LA 70821-4313
PHONE#: (225) 219-9371

LPDES NOTICE OF INTENT TO DISCHARGE SANITARY WASTEWATER

(Attach additional pages if needed.)

SECTION I - FACILITY INFORMATION

A. Permit is to be issued to the following: (must have operational control over the facility operations - see LAC 33:IX.2501.B and LAC 33:IX.2503.A and B).

1. Legal Name of Applicant (Company, Partnership, Corporation, etc.) _____

Facility Name _____

Mailing Address _____

_____ Zip Code: _____

If applicant named above is not also the owner, state owner name, phone # and address.

_____

_____

Please check status: ☐ Federal ☐ Parish ☐ Municipal ☐ State ☐ Public ☐ Private ☐ Other: _____

Does the Louisiana Public Service Commission regulate this facility? ☐ Yes ☐ No

If yes, under what Company name is this facility regulated? _____

2. Location of facility. Please provide a specific address, street, road, highway, interstate, and/or River Mile/Bank location of the facility for which the NOI is being submitted. If possible, please provide the 911 address.

_____

City _____ Zip Code: _____ Parish _____

Front Gate Coordinates:

Latitude- _____deg. _____min. _____sec. Longitude- _____deg. _____ min. _____sec.

Method of Coordinate Determination: _____
(Quad Map, Previous Permit, website, GPS)

Is the facility located on Indian Lands? ☐ Yes ☐ No

Is the facility located with 10,000 yards of an airport ☐ Yes ☐ No

SECTION I - FACILITY INFORMATION (cont.)

3. Name & Title of Contact Person at Facility _____

Phone _____ Fax _____ e-mail _____

SIC (Standard Industrial Classification) Code(s): _____

SIC codes can be obtained from the U. S. Department of Labor internet site at http://www.osha.gov/oshstats/sicser.html

B. Name and address of responsible representative who completed the NOI:

Name & Title _____

Company _____

Phone _____ Fax _____ e-mail _____

Address _____

C. Facility Information.

1. What is the date by which this permit is needed? _____
2. Who/what does the treatment facility serve? (e.g. apartment complex, subdivision, restaurant, office building, warehouse, etc.).

_____

_____

3. Describe operations at your facility in a comprehensive fashion.

_____

_____

_____

3. Does the treatment facility receive any commercial food service waste? ☐ Yes ☐ No

(e.g. restaurants, catering businesses, hotels/motels/churches/school with kitchens, etc)

4. Do any of the following activities occur at this site?

☐ Yes ☐ No Equipment and/or vehicle washing (with or without soaps/detergents).

☐ Yes ☐ No Loading & unloading of chemicals/compounds.

☐ Yes ☐ No Outside material and/or equipment storage.

☐ Yes ☐ No Vehicle and/or equipment maintenance.

Explain any "Yes" response(s). **Please be aware that if "Yes" is checked to any of the above, this facility may not qualify for coverage under the sanitary general permit. In order to avoid submittal of an additional permit application and delayed permit issuance please contact DEQ at 225-219-3181 to determine the correct application to be submitted for your facility.**

_____

_____

_____

SECTION I - FACILITY INFORMATION (cont.)

5. Are there any activities that generate wastewater, other than sanitary, which occur at this site? If yes, please explain.

_____

_____

_____

6. If this application is for a permit revision, please describe the revision(add extra sheets if needed):

_____

_____

_____

_____

_____

_____

_____

7. For new or proposed facilities; if approval of the plans and specifications for the treatment facility has been granted by the Louisiana Department of Health and Hospitals, Office of Public Health, a copy of the approval letter shall be attached to this application.

SECTION I - FACILITY INFORMATION (cont.)

8. Complete the following information as it applies to your facility:

SUBDIVISION

_____Number of existing homes

_____Maximum number of connections

PUBLICLY OWNED TREATMENT WORKS

_____Design capacity of treatment facility in gpd

TRAILER PARK

_____Number of existing trailers

_____Maximum number of connections

OFFICE/WAREHOUSE

_____Total number of employees

WASHATERIA/LAUNDROMAT

_____Number of washing machines

APARTMENT COMPLEX

_____Number of 1 bedroom apartments

_____Number of 2 bedroom apartments

_____Number of 3+ bedroom apartments

BAR/LOUNGE

_____Does the bar have regular food service?

_____Number of seats

_____Number of employees

RV CAMPGROUND

_____Is there a dump station?

_____Volume of waste accepted/day in gpd

_____Number of RV spaces

GAS STATION/CONVENIENCE STORE

_____Number of individual fueling points

If food service is offered, please fill out the section regarding restaurants.

_____Total number of employees

SCHOOLS/DAYCARES

_____Elementary school/daycare, number of pupils

_____Junior/ high schools, number of pupils

_____Total number of employees

HOTELS/MOTELS

_____Any food service available? (Yes/No)

_____Number of rooms

_____Total number of employees

RESTAURANT

_____Is the restaurant open 24 hours/day?

_____Is the restaurant along a freeway?

_____Is the restaurant considered a “Fast Food” Restaurant? (Yes/No)

_____Total number of employees

_____Number of seats

_____Is this a seafood restaurant that boils

CHURCH

_____Does the church have a kitchen?

_____Number of sanctuary seats

RETAIL SHOPPING CENTER

_____Total number of employees

VIDEO POKER

_____Number of machines

HOSPITAL

_____Number of beds

_____Number of employees

NURSING HOME

_____Maximum number of patients

_____Total number of employees

SHOWERS

Number of individual showers

9. If your facility is not listed above, please give a detailed description including the number of units, number of employees/residents, etc.

_____

_____

_____

_____

_____

SECTION I - FACILITY INFORMATION (cont.)

10 If this facility is a shopping center, list the types of businesses, square footage of the shopping center, and total number of employees served by the treatment facility.

_____

_____

_____

_____

SECTION II - TREATMENT INFORMATION

A. Treatment Facility Information

1. Provide a description of the treatment facility including the collection system, type of treatment, size of treatment system (in gallons per day), disinfection and handling of waste materials.

_____

_____

_____

_____

_____

2. If this treatment plant receives any wastewater other than sanitary, list the source(s) and amounts.

_____

_____

_____

_____

_____

_____

3. Are any indirect discharges introduced into the treatment facility (septic hauled wastes, port-o-let wastes, etc..)?

☐ Yes ☐ No

If yes, provide the following for each indirect discharger:

Company Name	Address	Type of Waste	Average Daily Flow in GPD	Current LDEQ Hauler's License Number

SECTION III - DISCHARGE INFORMATION

A. Complete this section for each discharge outfall. Outfalls are discharge points. An external outfall is a discrete discharge point beyond which the waste stream receives no further mixing with other waste streams prior to discharging into a receiving waterbody. An internal outfall is an outfall for a waste stream that combines with other waste stream(s) before discharging into an "external" outfall. Make additional copies for each outfall.

1. Outfall Identification. Provide a description of all operations contributing wastewater to the effluent. (ex: Outfall 001 – sanitary wastewater – 5,000 gpd)

   The average flow reported below relates solely to discharge flow, not treatment system size requirements. The Louisiana Department of Health and Hospitals uses additional criteria including, but not limited to, biological loading to determine design capacity requirements which may differ from the discharge flow.

Outfall No.	Operation Contributing Flow	Average Flow (gpd)

2. Outfall Location. Provide a description of the physical location for each outfall.

   _____

   _____

   _____

3. Latitude/Longitude of Discharge:

   Latitude-____deg. ____min. ____sec. Longitude-____deg. ____ min. ____sec.

   Method of Coordinate Determination: _____
   (Quad Map, Previous Permit, website, GPS)

4. If a new discharge, when do you expect to begin discharging? _____
5. Indicate how the wastewater reaches state waters (named water bodies). This will usually be either *directly*, by *open ditch* (if it is a highway ditch, indicate the highway), or by *pipe*. Please specifically name all of the minor water bodies that your wastewater will travel through on the way to a major water body. This information can be obtained from U.S.G.S. Quadrangle Maps. Include river mile of discharge point if available.

   By _____(effluent pipe, ditch, etc.);

   thence into _____(parish drainage ditch, canal, etc.);

   thence into _____(named bayou, creek, stream, etc.);

   thence into _____(river, lake, etc.).

6. If the discharge is intermittent or seasonal, please complete the following table.

Frequency of Flow (average)			Flow Rate (mgd)	
Number of Months per Year	Number of Days per Week	Number of Hours per Day	Long Term Avg.	Daily Maximum

SECTION IV – COMPLIANCE HISTORY

A. Report the history of all violations and enforcement actions for this facility and all other facilities owned or operated by this applicant, a summary of all permit excursions including effluent violations reported on the facility's Discharge Monitoring Reports (DMRs) and bypasses for the last three years. Using a brief summary, report on the current status of all administrative orders, compliance orders, notices of violation, cease and desist orders, and any other enforcement actions either already resolved within the past 3 years or currently pending. The state administrative authority may choose, at its discretion, to require a more in-depth report of violations and compliance actions for the applicant covering any law, permit, or order concerning pollution at this or any other facility owned or operated by the applicant.

SECTION V – LAC 33:I.1701 REQUIREMENTS

A. Does the company or owner have federal or state environmental permits identical to, or of a similar nature to, the permit for which you are applying in other states? (This requirement applies to all individuals, partnerships, corporations, or other entities who own a controlling interest of 50% or more in your company, or who participate in the environmental management of the facility for an entity applying for the permit or an ownership interest in the permit.)

☐ Permits in Louisiana. List Permit Numbers: _____

☐ Permits in other states (list states): _____

☐ No other environmental permits.

B. Do you owe any outstanding fees or final penalties to the Department? ☐ Yes ☐ No

If yes, please explain. _____

_____

C. Is your company a corporation or limited liability company? ☐ Yes ☐ No

If yes, is the corporation or LLC registered with the Secretary of State? ☐ Yes ☐ No
If yes, attach a copy of your company's Certificate of Registration and/or Certificate of Good Standing from the Secretary of State.

SECTION VI – MAPS/DIAGRAMS

A. Site Diagram. Attach to this NOI a complete site diagram of your facility showing the boundaries of your facility, the location of all buildings and/or storage areas, the location of treatment units (such as settling basins, oxidation ponds, sewage treatment plants), and demonstrate how the wastewater flows through your facility into each clearly labeled discharge point (including all treatment points). Please indicate the location of the facility and the front gate or entrance to the facility on the site diagram. The diagram does not need to be drawn to scale.

B. Topographic Map. Attach to this NOI a map or a copy of a section of the map which has been **highlighted to show the path of your wastewater from your facility to the first named water body**. Include on the map the area extending at least one mile beyond your property boundaries. Indicate the outline of the facility, the location of each of its existing and proposed discharge structures.

A U.S.G.S. 1:24,000 scale map (7.5' Quadrangle) would be appropriate for this item. Appropriate maps can be obtained from local government agencies such as DOTD or the Office of Public Works. Maps can also be obtained online at http://map.deq.state.la.us/. Private map companies can also supply you with these maps. If you cannot locate a map through these sources you can contact the Louisiana Department of Transportation and Development at:

1201 Capitol Access Road
Baton Rouge, LA 70802
(225) 379-1107
maps@dotd.louisiana.gov

SECTION VII – SITE HISTORY

A. Date operations began at this site: _____

B. Is the current operator the original operator? ☐ Yes ☐ No

If **no**, give a reverse chronological list of previous operators. Include the company name and telephone number (if available), and the dates through which the company operated this facility.

Company	Dates of Operation		Telephone Number
	From	To	

According to the Louisiana Water Quality Regulations, LAC 33:IX.2503, the following requirements shall apply to the signatory page in this application:

Chapter 25. Permit Application and Special LPDES Program Requirements

2503. Signatories to permit applications and reports

A. All permit applications shall be signed as follows:

1. For a corporation - by a responsible corporate officer. For the purpose of this Section responsible corporate officer means:

   (a) A president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or

   (b) The manager of one or more manufacturing, production, or operating facilities provided: the manager is authorized to make management decisions that govern the operation of the regulated facility, including having the explicit or implicit duty of making major capital investment recommendations and initiating and directing other comprehensive measures to ensure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken together complete and accurate information for permit application requirements; and the authority to sign documents has been assigned or delegated to the manager in accordance with corporation procedures.

NOTE: LDEQ does not require specific assignments or delegations of authority to responsible corporate officers identified in the Permit **Standard Conditions, Section D.10.a.(1)(a)**. The agency will presume that these responsible corporate officers have the requisite authority to sign permit applications unless the corporation has notified the state administrative authority to the contrary. Corporate procedures governing authority to sign permit applications may provide for assignment or delegation to applicable corporate positions under Permit **Standard Conditions, Section D.10.a.(1)(b)** rather than to specific individuals.

2. For a partnership or sole proprietorship - by a general partner or the proprietor, respectively; or

3. For a municipality, state, federal or other public agency – by either a principal executive officer or ranking elected official. For the purposes of this section a principal executive officer of a federal agency includes:

   (a) The chief executive officer of the agency, or

   (b) A senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrators of EPA).

B. All reports required by permits and other information requested by the state administrative authority shall be signed by a person described in Permit **Standard Conditions, Section D.10.a**., or by a duly authorized representative of that person. A person is a duly authorized representative only if:

1. The authorization is made in writing by a person described in Permit **Standard Conditions, Section D.10.a**.

2. The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity such as the position of plant manager, operator of a well or well field, superintendent, position of

equivalent responsibility, or an individual or position having overall responsibility for environmental matters for the company, (a duly authorized representative may thus be either a named individual or any individual occupying a named position); and

3. The written authorization is submitted to the state administrative authority.

C. Changes to authorization. If an authorization under Permit **Standard Conditions, Section D.10.b** is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, a new authorization satisfying the requirements of **Section D.10.b** must be submitted to the state administrative authority prior to or together with any reports, information, or applications to be signed by an authorized representative.

D. Any person signing any document under Permit **Standard Conditions, Section D.10.a. or b** shall make 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 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."

SIGNATORY AND AUTHORIZATION

Pursuant to the Water Quality Regulations (specifically LAC 33:IX.2503) promulgated September 1995, the state NOI must be signed by a responsible individual as described in LAC 33:IX.2503 and that person shall make 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 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."**

Signature _____

Printed Name _____

Title _____

Company _____

Date _____

Telephone _____

CHECKLIST

To prevent any unnecessary delay in the processing of your notice of intent to be covered under the general permit, please take a moment and check to be certain that the following items have been addressed and enclosed:

1. ALL questions and requested information have been answered (N/A **only** if the question or information was not applicable).
2. ALL required maps, drawings, lab analysis, and other reports are enclosed.
3. The **appropriate** person has signed the signatory page.
4. Please forward the original and one copy of this NOI and all attachments.

ANY NOI THAT DOES NOT CONTAIN ALL OF THE REQUESTED INFORMATION WILL BE CONSIDERED INCOMPLETE. NOI PROCESSING WILL NOT PROCEED UNTIL ALL REQUESTED INFORMATION HAS BEEN SUBMITTED.

NOTE: UPON RECEIPT AND SUBSEQUENT REVIEW OF THE NOI BY THE PERMITS DIVISION, YOU MAY BE REQUESTED TO FURNISH ADDITIONAL INFORMATION IN ORDER TO COMPLETE THE PROCESSING OF THE PERMIT.