



## To: Prospective Applicants for a Sanitary Wastewater Permit

Attached is a **Sanitary Wastewater Discharge Permit Application, WPS-S**. 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 copies (one original and one copy) of your completed application, each with a marked U.S.G.S. Quadrangle map or equivalent attached, 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 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 application 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  
PO Box 4489  
Baton Rouge, LA 70821-4489  
(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>.

For questions regarding this application please contact the Water Permits Division at (225) 219-9371. For help regarding completion of this application please contact DEQ, Business and Community Outreach at 1-800-259-2890.

Date \_\_\_\_\_  
Agency Interest No. AI \_\_\_\_\_  
LPDES Permit No. LA \_\_\_\_\_

Please check:  
(all that apply)

- Initial Permit
- Permit Modification
- Permit Renewal
- Existing Facility

**STATE OF LOUISIANA  
DEPARTMENT OF ENVIRONMENTAL QUALITY**

*Office of Environmental Services*

*Post Office Box 4313*

*Baton Rouge, LA 70821-4313*

*PHONE#: (225) 219-3181*

**LPDES PERMIT APPLICATION TO DISCHARGE TREATED 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/Owner  
(Company, Partnership, Corporation, etc.) \_\_\_\_\_

Facility Name \_\_\_\_\_

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

Zip Code: \_\_\_\_\_

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 street, road, highway, interstate, and/or River Mile/Bank location of the facility for which the application is being submitted. If possible, please provide the 911 address.

City \_\_\_\_\_ 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 feet of an airport  Yes  No

## SECTION I - FACILITY INFORMATION (cont.)

3. Name & Title of Contact Person at Facility \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_  
Facility Federal Tax I.D. \_\_\_\_\_  
*nine-digit number*

SIC (Standard Industrial Classification) Code: \_\_\_\_\_  
*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 application:

Name & Title \_\_\_\_\_  
Company \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Please check (✓) the appropriate blank.

The applicant is:

1. Owner of the facility
2. Operator of the facility
3. Owner & Operator of the facility

Provide the name and telephone number of the Operator of the facility, if other than the owner:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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## SECTION I - FACILITY INFORMATION (cont.)

**D. If the permit revision is due to a facility addition, upgrade or construction of a new facility, please provide a schedule of compliance:**

ACTIVITY	DATE
Begin process of obtaining funds and development of specifications	
Begin construction	
End construction	
Achieve final effluent limitations and monitoring requirements	

**E. Type of Facility** (sewage district, residential subdivision, office building, etc.):

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**F. The sources of raw wastewater are:**

List Municipalities or areas served including populations:

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## SECTION I - FACILITY INFORMATION (cont.)

### G. Connections to the treatment facility:

1. Number of Residences (Houses/Homes):

Existing: \_\_\_\_\_ Planned: \_\_\_\_\_

Anticipated date for planned residences to enter system: Month: \_\_\_\_\_ Year: \_\_\_\_\_

2. Number of Mobile Homes:

Existing: \_\_\_\_\_ Planned: \_\_\_\_\_

Anticipated date for planned residences to enter system: Month: \_\_\_\_\_ Year: \_\_\_\_\_

3. Number of Apartments:

Existing: 1 bedroom: \_\_\_\_\_ 2 bedroom: \_\_\_\_\_ 3 bedroom: \_\_\_\_\_

Planned: 1 bedroom: \_\_\_\_\_ 2 bedroom: \_\_\_\_\_ 3 bedroom: \_\_\_\_\_

Anticipated date for planned apartments to enter system: Month: \_\_\_\_\_ Year: \_\_\_\_\_

Other (List industrial and/or commercial businesses):

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If the facility will serve an incorporated area (city, town, village, etc.), indicate the population:

Existing: \_\_\_\_\_ Planned: \_\_\_\_\_

Anticipated date for expanded population to enter system: Month: \_\_\_\_\_ Year: \_\_\_\_\_

### H. Indirect Discharges

1. Are there any indirect commercial/industrial discharges introduced into the treatment facility?

Yes  No

2. Are any indirect sewage sludge (domestic septage, solids removed from primary, secondary, or advanced wastewater treatment, grease trap waste mixed with sewage sludge, or portable toilet waste) introduced into the facility?

Yes  No

**If yes to G.1 or G.2, please complete ATTACHMENT 1, INDUSTRIAL/INDIRECT WASTE DISCHARGE INTO SANITARY SYSTEM for each indirect discharger into the treatment system.**

**SECTION I - FACILITY INFORMATION (cont.)**

**I. Provide the anticipated date by which a permit is needed:** Month: \_\_\_\_\_ Year: \_\_\_\_\_

**J. Is or was this a Grant or Loan Project?**  Yes  No

If so, please provide the following information:

Type of Grant or Loan: \_\_\_\_\_  
(CDBG, Revolving Loan, FmHA, etc.)

Project No. (if applicable): \_\_\_\_\_

Status of Project (include date or best estimate): \_\_\_\_\_

Grant or Loan application submitted: \_\_\_\_\_

Grant or Loan awarded: \_\_\_\_\_

Construction started: \_\_\_\_\_

Project completed or anticipated completion: \_\_\_\_\_

Description of work funded by Grant or Loan: \_\_\_\_\_

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

## SECTION II – TREATMENT INFORMATION

- A. Provide the location of the treatment facility and discharge point(s) on the appropriate section of a U.S.G.S. Quadrangle Map or equivalent and attach to this application (See Section VI). Include on the map, extending one mile beyond the property boundaries of the source, the facility and each of its intake and discharge structures; 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 waterbodies, and drinking water wells listed in public records or otherwise known to the applicant in the map area.

Provide the geographic coordinates of the discharge point(s). Please indicate each discharge point (ex. Outfall 001, Outfall 002, etc.), and give the Latitude and Longitude for each discharge point. (Use additional sheets if necessary.) For each individual outfall, provide the outfall designation and description, include if discharge is continuous or intermittent.

Outfall Number: \_\_\_\_\_

Designation and Description: \_\_\_\_\_

Continuous or Intermittent: \_\_\_\_\_

Latitude: \_\_\_\_\_ deg. \_\_\_\_\_ min. \_\_\_\_\_ sec. Longitude: \_\_\_\_\_ deg. \_\_\_\_\_ min. \_\_\_\_\_ sec.

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

Outfall Number: \_\_\_\_\_

Designation and Description: \_\_\_\_\_

Continuous or Intermittent: \_\_\_\_\_

Latitude: \_\_\_\_\_ deg. \_\_\_\_\_ min. \_\_\_\_\_ sec. Longitude: \_\_\_\_\_ deg. \_\_\_\_\_ min. \_\_\_\_\_ sec.

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

Outfall Number: \_\_\_\_\_

Designation and Description: \_\_\_\_\_

Continuous or Intermittent: \_\_\_\_\_

Latitude: \_\_\_\_\_ deg. \_\_\_\_\_ min. \_\_\_\_\_ sec. Longitude: \_\_\_\_\_ deg. \_\_\_\_\_ min. \_\_\_\_\_ sec.

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

Outfall Number: \_\_\_\_\_

Designation and Description: \_\_\_\_\_

Continuous or Intermittent: \_\_\_\_\_

Latitude: \_\_\_\_\_ deg. \_\_\_\_\_ min. \_\_\_\_\_ sec. Longitude: \_\_\_\_\_ deg. \_\_\_\_\_ min. \_\_\_\_\_ sec.

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

**SECTION II – TREATMENT INFORMATION (cont.)**

**B. Provide a description of how the treatment facility effluent does or would reach State Waters:**

By \_\_\_\_\_ (effluent pipe, ditch, etc.);  
thence into \_\_\_\_\_ (Parish drainage ditch, canal, etc.);  
thence into \_\_\_\_\_ (named bayou, creek, stream, etc.);  
thence into \_\_\_\_\_ (river, lake, etc.).

If the discharge is directly to the Mississippi River, please provide the river mile of the discharge point. This information can be obtained from <http://www.mvn.usace.army.mil/eng/edsd/navbook.htm>.

**C. Provide a description of the treatment facility including collection system, complete description of the treatment method, type of disinfection method, and handling of the effluent (use additional sheets if necessary):**

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

**D. Provide the type of flow measurement/recording device used at the facility (ex. V-notch weir, Totalizer, Totalizing Meter, Continuous Recorder, Combination Totalizing Meter/Continuous Recorder, etc.)**

\_\_\_\_\_

**E. Provide an estimation (or measurement for an existing source) of average raw wastewater flow (gpd) and load (lb BOD<sub>5</sub>/day). Show the method of calculation (use additional sheets if necessary):**

\_\_\_\_\_

**F. Provide the “Treatment Design Capacity” for the facility: (Million Gallons per Day, MGD):**

Existing: \_\_\_\_\_ Planned: \_\_\_\_\_

**G. Provide the “Estimated or Expected Treated Wastewater Flow: (Million Gallons per Day, MGD):**

Existing: \_\_\_\_\_ Planned: \_\_\_\_\_

**H. Additional Plant Information:**

Plant design BOD removal (%): _____	Plant design N removal (%): _____
Plant design P removal (%): _____	Plant design SS removal (%): _____
Plant Began Operation (year): _____	Plant Last Major Renovation (year): _____



## SECTION II – TREATMENT INFORMATION (cont.)

See LABORATORY ACCREDITATION on Page 13

- I. (1) Provide an estimation (or lab analysis for an existing discharge) of the following effluent characteristics (wherever applicable):  
Complete one table for each outfall.

Outfall Number: \_\_\_\_\_

Pollutant	EXISTING								PROPOSED							
	Influent		Effluent				Influent		Effluent							
	Long Term Average Value		Maximum Weekly Average Value		Maximum Monthly Average Value		Long Term Average Value		Long Term Average Value		Maximum Weekly Average Value		Maximum Monthly Average Value		Long Term Average Value	
	Mass lbs/day	Concentration mg/l	Mass lbs/day	Concentration mg/l	Mass lbs/day	Concentration mg/l	Mass lbs/day	Concentration mg/l	Mass lbs/day	Concentration mg/l	Mass lbs/day	Concentration mg/l	Mass lbs/day	Concentration mg/l	Mass lbs/day	Concentration mg/l
BOD <sub>5</sub> or CBOD <sub>5</sub> (Circle One)																
TSS																
NH <sub>3</sub> -N																
Oil & Grease																
Fecal Coliform (mpn/100 ml)			Value		Value		Value				Value		Value		Value	
Flow (MGD)	Value		Value		Value		Value		Value		Value		Value		Value	
pH (standard units)			Lowest Monthly Value		Highest Monthly Value						Lowest Monthly Average Value		Highest Monthly Average Value			

- (2) For facilities using Chlorine as a disinfectant:

**Total Residual Chlorine:** \_\_\_\_\_ mg/l (instantaneous measurement)

- (3) For facilities having a design capacity equal to or greater than 1.0 MGD:  
(average of effluent grab samples taken on at least four separate days)

**Hardness:** \_\_\_\_\_ mg/l CaCO<sub>3</sub>

**Phosphorus:** \_\_\_\_\_ mg/l total Phosphorus

**Sulfate:** \_\_\_\_\_ mg/l SO<sub>4</sub>

**Nitrogen:** \_\_\_\_\_ mg/l as Total Kjeldahl

## SECTION II - TREATMENT INFORMATION (cont.)

### J. Sewage Sludge and Biosolids.

1. Identify the sewage sludge or biosolids use or disposal practice utilized by the facility (i.e. landfill, land application, or incineration).

\_\_\_\_\_

2. Please give the facility's Sewage Sludge/Biosolids Permit Number \_\_\_\_\_

3. As per LAC 33:IX.7301.D, if you do not have a sewage sludge/biosolids use or disposal permit, you must apply for one.

### K. If treatment includes some form of "Land Application" (ex. overland flow, rapid infiltration, spray irrigation) indicate the number of acres of the land application area and give a description of the land use (ex. pasture, cattle/sheep/goat/horse grazing, etc.)

Acres: \_\_\_\_\_

Land Use: \_\_\_\_\_

\_\_\_\_\_

- L. If the treatment includes the use of a "Natural Wetland System", please contact the Water Permits Division at telephone (225) 219-9371 for additional information prior to submittal of this application.

### M. For Publicly Owned Treatment Works (POTW's):

1. Is the facility operating under an approved pretreatment program?

Yes  No

2. If so, provide the date of approval: \_\_\_\_\_

3. If not, is the facility required to develop a pretreatment program?

Yes  No

## SECTION II - TREATMENT INFORMATION (cont.)

- N. (1) All POTWs having an effluent flow greater than or equal to **0.025 MGD**, all facilities with an approved Pretreatment Program, or all facilities required to develop a Pretreatment Program shall:

Complete Attachment I for each industrial user (make additional copies, if necessary). An Industrial User is defined in LAC 33:IX.6105 as a source of indirect discharge. Indirect discharge is the introduction of pollutants into a POTW from any non-domestic source.

- (2) All facilities having an effluent flow greater than or equal to **1 MGD**, all facilities with an approved pretreatment Program, or all facilities required to develop a Pretreatment Program shall<sup>1</sup>:

(a) Complete Attachment II using an effluent laboratory analysis of the EPA priority pollutants using the appropriate test method and minimum quantification level. **NOTE: Lab analysis results must be turned in on Attachment II, laboratory analysis forms will not be accepted.**

(b) Provide the results of valid whole effluent biological toxicity testing. Use EPA's methods or other established protocols that are scientifically defensible and sufficiently sensitive to detect aquatic toxicity when conducting toxicity testing. Such testing must have been conducted since the last LPDES permit reissuance or permit modification, whichever occurred later.

- O. For new/proposed facilities, please attach a copy of the Louisiana Department of Health and Hospitals approval letter for the plans and specifications of the treatment facility. This information may be obtained from the Louisiana Department of Health and Hospitals, Office of Public Health, PO Box 4489, Baton Rouge, LA 70821-4489, (225) 342-7395.

<sup>1</sup> **Note: In addition to the facilities listed in N above, the state administrative authority may require other facilities to submit the results of toxicity tests and/or priority pollutants effluent analysis with their permit applications, based on consideration of the following factors:**

(a) **the variability of the pollutants or pollutant parameters in the facility's effluent (based on chemical specific information, the type of treatment facility, and types of industrial contributors);**

(b) **the dilution of the effluent in the receiving water (ratio of effluent flow to receiving stream flow);**

(c) **existing controls on point or nonpoint sources, including total maximum daily load calculations for the waterbody segment and the relative contribution of the POTW;**

(d) **receiving stream characteristics, including possible or known water quality impairments, and whether the facility discharges to a coastal water or a water designated as an outstanding natural resource; or**

(e) **other considerations (including but not limited to the history of toxic impact and compliance problems at the facility) which the State Administrative Authority determines could cause or contribute to adverse water quality impacts.**

### SECTION III- LABORATORY ACCREDITATION

If any of the analysis reported above were performed by a contract lab or consulting firm, provide the firm name, address, phone number and pollutants analyzed.

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Laboratory procedures and analyses performed by commercial laboratories shall be conducted in accordance with the requirements set forth under LAC 33:1.Subpart 3, Chapters 49-55.

Laboratory data generated by commercial laboratories that are not accredited under LAC 33:1.Subpart 3, Chapters 47-57, will not be accepted by the department. Retesting of analysis will be required by an accredited commercial laboratory.

In the case where effluent testing was completed by an unaccredited laboratory, and where retesting is not possible (i.e. data reported on DMRs for prior month's sampling), the data generated will be considered invalid.

Regulations on the Environmental Laboratory Accreditation Program and a list of labs that have applied for accreditation are available on the department website located at:

<http://www.deq.louisiana.gov/portal/tabid/2412/Default.aspx>

### SECTION IV – COMPLIANCE HISTORY

Report the history of all violations and enforcement actions for **this facility and other facilities owned and/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

## SECTION VI – MAPS/DIAGRAMS

- A. **Site Diagram.** Attach to this application a complete site diagram of your facility demonstrating how the wastewater flows through your facility into each clearly labeled discharge point (including all treatment points). Indicate stormwater flow pattern on this diagram or provide additional diagrams if needed. Please indicate the location of the facility and the front gate or entrance to the facility on the site diagram.
- B. **Topographic Map.** Attach to this application 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, and any existing hazardous waste treatment storage or disposal facilities.

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 – OTHER PERMIT HISTORY

Facilities located in the Louisiana Coastal Zone as mapped by the Louisiana Department of Natural Resources (LDNR) (<http://sonris.com/direct.asp>) must provide verification that the company has either obtained a Coastal Use Permit or is not required to obtain a Coastal Use Permit.

A. Is this facility located in the Louisiana Coastal Zone as mapped by LDNR?  Yes  No

**If yes:**

B. Do you have a Coastal Use Permit issued by DNR:  Yes  No

C. Are there any operations at the facility that may impact coastal waters such as any project involving dredge or fill, water control structures, bulkheads, oil and gas facilities, marina or residential development?

Yes  No

If **yes**, you must contact DNR for a determination (888) 792-0432 or [HelpDeskDNR@la.gov](mailto:HelpDeskDNR@la.gov).

I have contacted LDNR and this facility is not required to obtain a Coastal Use Permit.

If a Coastal Use permit is required, an application was submitted on: \_\_\_\_\_

## ENVIRONMENTAL ASSESSMENT STATEMENT

Those applicants that are **(1) new major facilities or (2) existing major facilities applying for a substantial modification** to their permit must complete this questionnaire. If there is a question about an applicant's designation as a major or minor facility, please contact the Water Permits Division at telephone number **(225) 219-9371**

There is no requirement that the information furnished in response to this questionnaire be certified by a professional engineer or other expert. However, simple **"yes"** or **"no"** answers **will not be acceptable**. A measured response should be given for each question posed, taking into consideration appropriate factors such as: the environmental sensitivity of the area, both for the proposed site and alternative sites; impacts on the economy of the area, both favorable and unfavorable; availability of raw materials, fuels and transportation and the impact of potential sites on their availability and economics; relationship of the facility to other facilities, either within or independent of the company, and the effects of location on these relationships; and other factors which may be appropriate on a case-by-case basis. **(Attach any additional pages if needed.)**

1. Have the potential and real adverse environmental effects of the proposed facility been avoided to the maximum extent possible?

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2. Does a cost benefit analysis of the environmental-impact costs balanced against the social and economic benefits of the proposed facility demonstrate that the latter outweighs the former?

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3. Are there alternative projects which would offer more protection to the environment than the proposed facility without unduly curtailing nonenvironmental benefits?

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4. Are there alternative sites which would offer more protection to the environment than the proposed facility site without unduly curtailing nonenvironmental benefits?

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5. Are there mitigating measures which would offer more protection to the environment than the facility as proposed without unduly curtailing nonenvironmental benefits?

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According to the Louisiana Water Quality Regulations, LAC 33:IX.2503.B, 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 employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
  2. For a partnership or sole proprietorship - by a general partner or the proprietor, respectively;  
or
  3. For a municipality, parish, State, Federal or other public agency - 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 Administrator 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 LAC 33:IX.2503.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 LAC 33:IX.2503.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 a 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 LAC 33:IX.2503.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 LAC 33:IX.2503.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 LAC 33:IX.2503.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 permit application 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."**

The applicant for this permit hereby authorizes the Department of Environmental Quality to publish the public notice for a draft permit once in the appropriate newspaper(s). In accordance with LAC 33:IX.6521.A, the applicant agrees to be responsible for the cost of publication. The newspaper(s) is authorized to invoice the applicant directly.

**Signature** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

**Title** \_\_\_\_\_

**Date** \_\_\_\_\_

**Telephone** \_\_\_\_\_

### IMPORTANT

To prevent any unnecessary delay in the processing of your application, 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. A copy of the Louisiana Department of Health and Hospitals approval letter for the plans and specifications of this treatment facility.
4. The appropriate person has signed the signatory page.
5. Forward the original and one of this application.

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

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

**ATTACHMENT I  
INDUSTRIAL/INDIRECT WASTE DISCHARGER INTO SANITARY SYSTEM**

Legal Name of Company: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

Type of Process: \_\_\_\_\_

Total Daily Flow: \_\_\_\_\_

SIC Code: \_\_\_\_\_

Type of Discharge: (✓) Check One:

Continuous

Intermittent

Batch

If intermittent, give hours per day and number of days per week of discharge:

\_\_\_\_\_

If the discharge is introduced to the treatment plant via a hauler/pumped from a truck, please provide the current Louisiana Department of Health and Hospitals license number for the hauler(s).

Provide a measurement of the following effluent characteristics for the industry's discharge before it reaches the sanitary system:

BOD<sub>5</sub> \_\_\_\_\_ lb/day

TSS \_\_\_\_\_ lb/day

COD \_\_\_\_\_ lb/day

pH \_\_\_\_\_ Standard Units

Oil & Grease \_\_\_\_\_ lb/day

NH<sub>3</sub>-N \_\_\_\_\_ lb/day

Other pertinent physical and chemical properties (ex. toxic compounds, taste and odor compounds, heavy metals)

\_\_\_\_\_

Note: Numerous discharges with similar processes, such as service stations, Laundromats, etc., may be grouped together and the total flow and waste loads reported on one form. An estimate should be provided of the number of discharges. If the above source contains any substances not amenable to treatment by the facility covered by this application, an individual pretreatment determination may be made by the issuing agency.

**ATTACHMENT II**  
**INSTRUCTIONS FOR EFFLUENT ANALYSIS**  
**See LABORATORY ACCREDITATION on Page 13**

In order to process applications for wastewater discharge facilities that have been identified in Section III.J.2, we will need supplemental information regarding toxic pollutants to fulfill our requirements. Therefore, you must submit the information listed in this attachment on Table No. 1.

**Table No. 1 must be used to submit the analysis. This application will not be considered administratively complete unless Table No. 1 is completed.** The table includes EPA approved test methods with appropriate minimum quantification levels (MQL), for your review and use. We recommend that you provide a copy of this **Attachment II and Table No. 1** to your laboratory when requesting the effluent analysis.

**Please be aware that all analyses must be performed at the minimum level of sensitivity as listed in Table No. 1. The analyses must demonstrate that an acceptable calibration point as low as the specified MQL was used or a check standard equal to the MQL that is within 25% of the known value. Test procedures must conform to approved EPA methodology listed in 40 CFR Part 136.**

If similar scans were performed within two (2) years prior to the date of submittal of this application and the reported results conform to the instructions detailed above, that information may be submitted with this application. However, if the scan was performed prior to two (2) years, the results of a more recent analysis should be submitted along with this application. **NOTE: If available, the results of more than one scan may be submitted with this application.**

The data requested in this attachment and Table No. 1 shall be submitted to this Office along with the permit application information so that we may proceed with issuance of a permit for this facility. You must include copies of the laboratory results and detection levels and certification that QA/QC procedures were implemented. This information will be considered in the evaluation and processing of the permit for your facility. If you have any questions regarding these requirements, please contact DEQ Customer Assistance at (888) 763-5424.

The permittee is required to analyze the effluent discharge from the referenced facility for each pollutant listed in Table No. 1, Sample Laboratory Analysis Format, in accordance with the following instructions:

- A. Effluent samples, for the analysis of toxic pollutants (except volatile compounds), shall consist of at least twelve (12) aliquots collected at equal intervals over a representative twenty-four (24) hour period and composited according to flow. When composite samples are inappropriate due to sampling methods, holding time, or analytical constraints, four (4) grab samples taken at equal intervals over a representative twenty-four (24) hour period are acceptable.

For the sampling of (toxic) volatile compounds using EPA Methods 601, 602, 603, 624, 1624, or any other 40 CFR Part 136 method approved after the effective date of the permit, the permittee may use one of the following methods:

For "**24-hour composite**" sampling, the permittee shall manually collect four (4) aliquots at regular intervals during the actual hours of discharge during the 24-hour sampling period using sample collection, preservation, and handling techniques specified in the appropriate test method. These aliquots must be combined in the laboratory immediately before analysis. To composite these aliquots, see the instructions for the test method selected in Method 601 (Section 10.4), Method 602 (Section 10.4), Method 603 (Section 10.4), Method 624 (Section 11.4), or Method 1624 (Section 10.3). Each aliquot is poured into a syringe. The plunger is added, and the volume is adjusted to 1-1/4 ml. Each aliquot (1-1/4 ml) is injected into the purging chamber (total 5 ml). After four (4) injections, the chamber is purged. Only one analysis or run is required since the aliquots are combined prior to analysis.

**ATTACHMENT II**  
**INSTRUCTIONS FOR EFFLUENT ANALYSIS (cont.)**

The daily determination of mass (lbs/day) shall be the product of the daily concentration ( $\mu\text{g/L}$ ) determined above times 0.001 times the density correction factor (8.34 lbs/gal) times the daily flow (MGD) occurring during the 24-hour sampling period.

- (2) For "**grab**" sampling, the permittee may collect at least four (4) separate and discrete grab samples at regular intervals during the actual hours of discharge during the 24-hour sampling period. A separate analysis shall be conducted for each discrete grab sample following the approved test methods.

The daily determination of concentration shall be the arithmetic average (weighted by flow) of all grab samples collected during the sampling day. All other provisions of the preceding paragraph shall apply where applicable.

- B. The permittee shall **report each metal as a TOTAL metal** in accordance with the procedure described in 40 CFR §136.3, Table IB, footnote 3.
- C. In addition to the pollutants listed in this attachment and Table No. 1, provide at least one effluent analysis for any pollutant listed in Chapter 71 of the Water Quality Regulations, Appendix D, Table V, that you know or suspect is discharged to the receiving stream.

The permittee shall provide any quantitative effluent data collected in the past three years for the pollutants listed in Chapter 71 of the Water Quality Regulations, Appendix D, Tables II, III, and IV.

The permittee shall collect, preserve, and analyze each pollutant in accordance with EPA approved methods in 40 CFR Part 136.

Before analyzing the effluent, **PLEASE NOTE**, that each pollutant listed in Table No. 1 has a Minimum Quantification Level (MQL) developed by EPA, Region 6, for proper evaluation of that pollutant. All analyses must be performed at the minimum level of sensitivity as listed in Table No. 1. The analyses must demonstrate that an acceptable calibration point as low as the specified MQL was used or a check standard equal to the MQL that is within 25% of the known value. Test procedures must conform to approved EPA methodology listed in 40 CFR Part 136.

Please analyze each pollutant on this list in accordance with the suggested test method at the specified MQL. We will consider a nondetectable level (zero effluent concentration) as equal to or less than the listed MQL. For those pollutants with reported laboratory method detection levels greater than the MQL listed in Table No. 1, we will:

- A. Consider the pollutant to be potentially present in the effluent, and
- B. Those pollutants which are State regulated will be evaluated for potential exceedance of the State's water quality criteria, where applicable. Effluent limitations will be included in the permit for any pollutant which exceeds the State's water quality criteria for that pollutant.

The permittee shall submit a written certification, from the laboratory analyzing the effluent, certifying that each pollutant was analyzed in accordance with the appropriate quality control procedures described in 40 CFR 136.

**TABLE 1 - LABORATORY EFFLUENT ANALYSIS**

**METALS, CYANIDE AND TOTAL PHENOLS**

**Note: The following metals must be expressed as total metals.**

Pollutant Name	Pollutant Analysis Results µg/l	Lab Detection Level µg/l	EPA Required MQL µg/l	EPA Test Method	Pollutant Name	Pollutant Analysis Results µg/l	Lab Detection Level µg/l	EPA Required MQL µg/l	EPA Test Method
Antimony			60	200.7	*Mercury			0.005	1631
*Arsenic			5	206.2	*Lead			2	239.2
Beryllium			0.5	200.7	*Nickel (fresh)			5	200.7
*Cadmium			1	213.2	*Nickel (marine)			5	249.2
*Chromium (III)			10	200.7	Selenium			5	270.2
*Chromium (VI)			10	200.7	Silver			0.5	200.8
Total Chromium			10	200.7	Thallium			0.5	200.8
*Copper			3	220.2	*Zinc			20	289.2
Cyanide (total)			10	335.3	*Phenols, Total**			5	420.1

\*\* - Total Phenol must be measured in accordance with the 4-Aminoantipyrine (4AAP) method.

**VOLATILE COMPOUNDS**

Pollutant Name	Pollutant Analysis Results µg/l	Lab Detection Level µg/l	EPA Required MQL µg/l	EPA Test Method	Pollutant Name	Pollutant Analysis Results µg/l	Lab Detection Level µg/l	EPA Required MQL µg/l	EPA Test Method
Acrolein			50	624	Chlorobenzene			50	624
Acrylonitrile			20	624	1,1-Dichloroethane			10	624
*Benzene			10	624	*1,2-Dichloroethane (EDC)			10	624
*Bromodichloromethane			10	624	1,1-Dichloroethene			10	624
*Bromoform			10	624	1,2-Dichloropropane			10	624
*Carbon Tetrachloride			2	624	*Ethyl Benzene			10	624
Chloroethane			50	624	*1,3-Dichloropropene (trans)			10	624
Chloroethylvinyl-2 ether			10	624	*Dibromochloromethane			10	624
Chloroform			10	624					

**TABLE 1 - LABORATORY EFFLUENT ANALYSIS**  
**VOLATILE COMPOUNDS (cont.)**

Pollutant Name	Pollutant Analysis Results µg/l	Lab Detection Level µg/l	EPA Required MQL µg/l	EPA Test Method	Pollutant Name	Pollutant Analysis Results µg/l	Lab Detection Level µg/l	EPA Required MQL µg/l	EPA Test Method
*1,3-Dichloro-propene (cis)			10	624	1,2-Trans-Dichloro-ethene			10	624
*Methylene Chloride			20	624	*1,1,1-Trichloro-ethane			10	624
Methyl Bromide (Bromomethane)			50	624	*1,1,2-Trichloro-ethane			10	624
*Methyl chloride (Chloromehtane)			50	624	*Tetrachloroethene			10	624
*1,1,2,2-Tetrachloro-ethane			10	624	*Toluene			10	624
					*Trichloroethene			10	624
					*Vinyl Chloride			10	624

**ACID COMPOUNDS**

Pollutant Name	Pollutant Analysis Results µg/l	Lab Detection Level µg/l	EPA Required MQL µg/l	EPA Test Method	Pollutant Name	Pollutant Analysis Results µg/l	Lab Detection Level µg/l	EPA Required MQL µg/l	EPA Test Method
*2-Chlorophenol			10	625	2,4-Dimethylphenol			10	625
*3-Chlorophenol			10	625	2,4-Dinitrophenol			50	625
*4-Chlorophenol			10	625	2-Methyl 4,6-dinitro-phenol			50	625
4-Chloro 3-Methyl phenol			10	625	2-Nitrophenol			20	625
*2,3-Dichlorophenol			10	625	4-Nitrophenol			50	625
*2,4-Dichlorophenol			10	625	Pentachlorophenol			5	625
*2,5-Dichlorophenol			10	625	Phenol			10	625
*2,6-Dichlorophenol			10	625	2,4,6-Trichlorophenol			10	625
*3,4-Dichlorophenol			10	625					

**TABLE 1 - LABORATORY EFFLUENT ANALYSIS**

**PESTICIDES**

Pollutant Name	Pollutant Analysis Results µg/l	Lab Detection Level µg/l	EPA Required MQL µg/l	EPA Test Method	Pollutant Name	Pollutant Analysis Results µg/l	Lab Detection Level µg/l	EPA Required MQL µg/l	EPA Test Method
*Aldrin			0.01	608	*Dieldrin			0.02	608
*Chlordane			0.2	608	*Endosulfan I			0.01	608
*DDD - 4,4			0.1	608	*Endosulfan II			0.02	608
*DDE - 4,4			0.1	608	Endosulfan sulfate			0.1	608
*DDT - 4,4			0.02	608	*Endrin			0.02	608
*Heptachlor			0.01	608	Endrin aldehyde			0.1	608
Heptachlor epoxide			0.01	608	*PCB - 1016			0.2	608
Hexachlorocyclohexane-alpha(BHC)			0.05	608	*PCB - 1221			0.2	608
Hexachlorocyclohexane-beta(BHC)			0.05	608	*PCB - 1232			0.2	608
Hexachlorocyclohexane-delta(BHC)			0.05	608	*PCB - 1242			0.2	608
*Hexachlorocyclohexane-gamma(lindane)			0.05	608	*PCB - 1248			0.2	608
					*PCB - 1254			0.2	608
					*PCB - 1260			0.2	608
					*Toxaphene			0.3	608

**BASE / NEUTRAL COMPOUNDS**

Pollutant Name	Pollutant Analysis Results µg/l	Lab Detection Level µg/l	EPA Required MQL µg/l	EPA Test Method	Pollutant Name	Pollutant Analysis Results µg/l	Lab Detection Level µg/l	EPA Required MQL µg/l	EPA Test Method
Acenaphthene			10	625	Bis(2-chloroisopropyl) ether			10	625
Acenaphthylene			10	625	4-Bromophenyl phenyl ether			10	625
Anthracene			10	625	2-Chloronaphthalene			10	625
*Benzidine			50	625	4-Chlorophenyl phenyl ether			10	625
Benzo(a) anthracene			5	625	Chrysene			5	625
3,4-Benzofluoranthene			10	625	Dibenzo(a,h) anthracene			5	625
Benzo(k) fluoranthene			5	625					
Benzo(a) pyrene			5	625					
Di-n-butylphthalate			10	625					

**TABLE 1 - LABORATORY EFFLUENT ANALYSIS**

**BASE / NEUTRAL COMPOUNDS (cont.)**

Pollutant Name	Pollutant Analysis Results µg/l	Lab Detection Level µg/l	EPA Required MQL µg/l	EPA Test Method	Pollutant Name	Pollutant Analysis Results µg/l	Lab Detection Level µg/l	EPA Required MQL µg/l	EPA Test Method
Benzo(ghi)perylene			20	625	1,3-Dichlorobenzene			10	625
Benzyl butyl phthalate			10	625	1,4-Dichlorobenzene				
Bis(2-chloroethyl)ether			10	625	p-Dichlorobenzene			10	625
Bis(2-chloroethoxy) methane			10	625	3,3-Dichlorobenzidine			50	625
Bis(2-ethylhexyl) phthalate			10	625	Diethyl phthalate			10	625
Di-n-octylphalate			10	625	Dimethyl phthalate			10	625
1,2-Diphenylhydrazine			20	625	2,4-Dinitrotoluene			10	625
Flouranthene			10	625	2,6-Dinitrotoluene			10	625
Flourene			10	625	Isophorone			10	625
*Hexachlorobenzene			5	625	Naphthalene			10	625
*Hexachlorobutadiene			10	625	Nitrobenzene			10	625
Hexachlorocyclopentadiene			10	625	N-Nitrosodimethylamine			50	625
Hexachloroethane			10	625	N-Nitrosodiphenylamine			20	625
Indeno(1,2,3-cd)pyrene			5	625	N-nitrosodi-n-propyl-amine			20	625
1,2-Dichlorobenzene			10	625	Phenanthrene			10	625
					Pyrene			10	625
					1,2,4-Trichlorobenzene			10	625

**HAZARDOUS SUBSTANCES**

Pollutant Name	Pollutant Analysis Results µg/l	Lab Detection Level µg/l	EPA Required MQL µg/l	EPA Test Method	Pollutant Name	Pollutant Analysis Results µg/l	Lab Detection Level µg/l	EPA Required MQL µg/l	EPA Test Method
*2,4-D (2,4-Dichlorophenoxy acetic acid)			10	6640B	*2,4,5-TP (Silvex)			4	6640B

**FOOTNOTE: \*These pollutants are regulated under LAC, Title 33, Part IX, Chapter 11, Louisiana Water Quality Standards.**