BOBBY JINDAL
GOVERNOR

PEGGY M. HATCH
SECRETARY

State of Louisiana

DEPARTMENT OF ENVIRONMENTAL QUALITY
ENVIRONMENTAL SERVICES

TO: PROSPECTIVE APPLICANTS FOR A COMMUNITY DEVELOPMENT BLOCK GRANT

Attached is the "Notice of Application to the Division of Administration for a Community Development Block Grant for a Sewer Project" form to be filled out and **submitted directly to this Office before October 9, 2015** by the required applicants for the Community Development Block Grant Program. The required applicants are **ONLY** those applicants who are (1) proposing a new sewerage treatment facility, (2) planning an upgrade that will increase the design capacity, or (3) operating an existing facility without a permit or under an expired permit. Notices mailed to this Office after October 9, 2015 **will not be considered.** Complete the Notice form in full and submit to:

Department of Environmental Quality
Office of Environmental Services
Post Office Box 4313
Baton Rouge, Louisiana 70821-4313
Attention: Municipal, Biosolids and Water Quality Section

Your forms will not be considered complete unless you address every question and the appropriate person signs the signatory page. If an item does not apply, enter "N/A" (for Not Applicable) to indicate that you considered the question.

Please be aware that all applicants who are proposing a "new" sewerage treatment facility, or who have an existing facility operating without a permit, or under an expired permit must also apply for a Louisiana Pollutant Discharge Elimination System (LPDES) permit. Additionally, applicants who have an existing facility and whose proposed project will cause a change in the facility's design capacity or discharge location must apply for a modification to their present permit.

This permit requirement is in accordance with Subtitle II of Title 30 of the Louisiana Revised Statutes (La. R.S. 30:2075) which states "No person shall conduct any activity which results in the discharge of any substance into the waters of the state without the appropriate permit, variance, or license required under the regulations of the department adopted pursuant to this Chapter" as implemented by the Louisiana Administrative Code, Title 33, Part IX.2311 of the Water Quality Regulations which states, "The LPDES program requires permits for the discharge of pollutants from any point source into waters of the State."

An LPDES Permit Application may be obtained by contacting the Office of Environmental Services at (225) 219-3181 or by writing to Post Office Box 4313, Baton Rouge, Louisiana 70821-4313. The LPDES Permit Application may also be downloaded by accessing the following Internet address:

http://www.deq.louisiana.gov/portal/Default.aspx?tabid=1837

Please be advised, for sanitary treatment plants, the plans and specifications must be approved by the Department of Health and Hospitals, Office of Public Health, PO Box 4489, Baton Rouge, LA 70821-4489, telephone (225) 342-7499.

Please be further advised that according to La. R.S. 48:385 any discharge to a highway ditch, cross ditch, or right of way shall require approval from the Louisiana Department of Transportation and Development, P. O. Box 94245, Baton Rouge, Louisiana 70804, (225) 379-1234, and by the Department of Health and Hospitals, Center for Environmental Health Services, P.O. Box 4489, Baton Rouge, Louisiana 70821-4489, (225) 342-7499.

If you have any questions, please feel free to contact Mr. Jeremy "Todd" Franklin, Office of Environmental Services, Municipal, Biosolids, and Water Quality Section, Post Office Box 4313, Baton Rouge, Louisiana 70821-4313 or (225) 219-3209.

Sincerely,

Tegan B. Treadaway

Tegan Treadaway
Assistant Secretary

dgb

Attachment

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

NOTICE OF APPLICATION
FOR A LOUISIANA COMMUNITY DEVELOPMENT
BLOCK GRANT SEWER PROJECT

STATE OF LOUISIANA
DEPARTMENT OF ENVIRONMENTAL QUALITY
Office of Environmental Services
Post Office Box 4313
Baton Rouge, LA 70821-4313
PHONE#: (225) 219-3181

(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: _____

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.

_____

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

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

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, <u>if other than the owner</u>:

Name: _____ Telephone: _____

SECTION I - FACILITY INFORMATION (cont.)

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

_____

_____

_____

_____

_____

SECTION I - FACILITY INFORMATION (cont.)

D. The sources of raw wastewater are:

List Municipalities or areas served including populations:

_____

_____

Number of Residences (Houses/Homes):

Existing: _____ Planned: _____

Anticipated date for planned residences to enter system: Month: _____ Year: _____

Number of Mobile Homes:

Existing: _____ Planned: _____

Anticipated date for planned mobile homes to enter system: Month: _____ Year: _____

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): _____

_____

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

Existing: _____ Planned: _____ (figures from most recent census can be used)

Anticipated date for expanded population to enter system: Month: _____ Year: _____

E. **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 E.1 or E.2, please complete ATTACHMENT I, INDUSTRIAL/INDIRECT WASTE DISCHARGER INTO SANITARY SYSTEM for each indirect discharger into the treatment system.

SECTION I - FACILITY INFORMATION (cont.)

F. Indicate the estimated yearly amount (in dollars) of sewer user revenues for the following:

(1) Sewer User Fees _____

(2) Sales Taxes _____

(3) Property/Other Taxes _____

(4) Commercial and/or industrial user charges _____

Indicate an estimated annual operation and maintenance cost (in dollars)

_____

_____

_____

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. 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):

_____

_____

_____

_____

_____

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.)

_____

D. Provide an estimation (or measurement for an existing source) of average raw wastewater flow (gpd) and load (lb BOD_5/day). Show the method of calculation (use additional sheets if necessary):

_____

Provide the "Treatment Design Capacity" for the facility: (in Million Gallons per Day, MGD):

Existing: _____ Planned: _____

Provide the "Estimated or Expected Treated Wastewater Flow: (in Million Gallons per Day, MGD):

Existing: _____ Planned: _____

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.)

E. (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: _____

	EXISTING								PROPOSED							
Pollutant	**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_5 or $CBOD_5$(Circle																
TSS																
NH_3-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 _____ 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 $CaCO_3$
Phosphorus: _____ mg/l total Phosphorus
Sulfate: _____ mg/l SO_4
Nitrogen: _____ mg/l as Total Kjeldahl Nitrogen

SECTION II - TREATMENT INFORMATION (cont.)

F. If sludge is produced at this facility, indicate the method of disposal.

If the sludge is disposed of "off-site", provide a complete description of the disposal site including the Solid Waste permit number if disposal is at a landfill.

If the method of disposal will be some type of "Beneficial Reuse", please indicate what type of beneficial reuse, and give a complete description of the location of disposal.

_____

_____

_____

G. 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: _____

_____

H. If the treatment includes the use of a "Natural Wetland System", please contact the Water Permits Division at telephone (225) 219-3209 for additional information prior to submittal of this application.

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

(1) Is the facility operating under an approved pretreatment program? (YES or NO) _____

(2) If so, provide the date of approval: _____

(3) If not, is the facility required to develop a pretreatment program? (YES or NO) _____

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

Print Name: _____

Title: _____

Date: _____

Telephone Number: _____

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** 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.

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_5	_____ lb/day	TSS	_____ lb/day
COD	_____ lb/day	pH	_____ Standard Units
Oil & Grease	_____ lb/day	NH_3-N	_____ lb/day

Other pertinent physical an 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.