



DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES

South Dakota Surface Water Discharge Program
Application for Permit to Discharge Wastewater

GENERAL INFORMATION

This form is provided by the Secretary of the South Dakota Department of Environment and Natural Resources in accordance with '74:03:18:09 of the Administrative Rules of South Dakota. No South Dakota Surface Water Discharge Permit will be issued except under completion, and submittal of this form to:

South Dakota Department of Environment and Natural Resources
Surface Water Quality Program
Joe Foss Building
523 East Capitol Avenue
Pierre, South Dakota 57501-3181

Check the appropriate response:

Permit Renewal New Application

Indicate type of facility (check most appropriate response):

POTW Industry
Water Treatment Plant Federal
Other (please specify)

PLEASE PRINT OR TYPE

1. Name of Facility:

2. Mailing Address of Owner:

Name _____
Street _____
City _____
State _____ County _____ Zip Code _____

3. Mailing address of facility (if different from owner):

Name _____
Street _____
City _____
State _____ County _____ Zip Code _____

Include other local contacts:

Name _____ Title _____ Phone _____
Name _____ Title _____ Phone _____

4. Telephone Number:

Owner: _____ Facility: _____

FOR SDDENR USE ONLY

Application Number: _____ Permit Number: _____
Date Received: _____ Date Permitted: _____
New Facility: _____ Existing Facility: _____
Receiving Stream: _____ PCS: _____

5. Is this facility located on Indian lands?

Yes

No

6. Please include a brief description of the nature of the business conducted at this facility.

Include from one to four Standard Industrial Classification (SIC) codes which best reflect the principal products or services provided by the facility.

Please list all the activities which require the applicant to obtain a discharge permit.

7. Operational History:

Date Constructed: _____

Operational Start-up: _____

NOTE: Provide a narrative description of each change or improvement made to this facility, either currently underway or anticipated over the next five years, which will affect the quality of the discharge or generated sludge. For each change or improvement, provide projected dates, as accurately as possible, for completion of each step listed below:

A. Begin Construction _____

B. End Construction _____

C. Begin Discharge _____

D. Operational Level Attained _____

8. Type of treatment (check all appropriate boxes):

A. No treatment

Stabilization pond:

- A. Effluent discharge to "Waters of the State"
- B. Effluent used for irrigation
- C. Total retention - No Discharge
- D. Stabilization pond/artificial wetland system
- E. Infiltration/percolation basins
- F. Aerated Lagoon
- G. Other, please explain: _____

Mechanical Treatment Facilities:

- A. Conventional Secondary Treatment
- B. Advanced Treatment - Tertiary
- C. Other, please explain: _____

NOTE: Please attach a description of the treatment units employed by the facility, including a line drawing of the current wastewater treatment facility. Waters of the State can not be used for treatment

9. Number of separate discharge points which have an existing or potential release of treated or untreated wastewater (outfalls): _____

Describe the discharge and the type of wastewater from each outfall. Include all overflows, bypasses, or seasonal discharges from lift stations, lagoons, holding ponds, etc.:

- Outfall 001 _____
- Outfall 002 _____
- Outfall 003 _____

Attach additional sheets if necessary.

NOTE: Please place points of discharge on a topographic map, or other map if a topographic map is unavailable. This map should extend to one (1) square mile beyond the property boundaries of the facility and each of its intake and discharge facilities; 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 water bodies, drinking water wells, and surface water intake structures listed in public records, or otherwise known to the applicant in the map area.

10. Are you able to bypass your treatment facility?

Yes If yes, which outfall(s) listed above correspond to this bypass discharge? _____
No

11. Is discharge (check one):

- A. Continuous
- B. Intermittent
- C. Seasonal
- D. No Discharge

If other than continuous, please explain:

12. Name of Receiving Waters: _____

If wastewater is discharged to places other than surface water, please explain:

13. Type of Sludge disposal (check all appropriate boxes):

A. Land Application (please explain): _____

B. Surface Disposal

C. Landfill

D. Other (please explain): _____

E. Sludge is not generated or disposed of at this facility

14. If A, B, C, or D was marked in Question 13, provide a narrative on the following sludge production information: (Attach additional sheets if necessary)

A. Tons of dry sludge produced each year _____

B. Average percent solids sludge produced _____

C. Tons of dry sludge disposed of each year _____

D. Average percent solids sludge sent for use and/or disposal _____

E. Attach any sludge monitoring data obtained over the last year (including groundwater monitoring data, results of hazardous waste tests, and results of actions taken to determine whether sludge is hazardous). Include a description of the methods used and sampling locations and dates.

15. List other information which you feel should be brought to the attention of the SDDENR in regard to the issuance of a discharge permit for the facility. (Attach additional sheets if necessary.)

16. Type of Discharge (check all that apply):

Publicly Owned Treatment Works (Complete Appendix A)

Existing Industrial process wastewater (Complete Appendix B)

New Industrial process wastewater (Complete Appendix C)

Non-contact cooling water, or other non-process wastewater (Complete Appendix D)

Storm water associated with industrial activity (Complete Appendix E)

Large or medium municipal separate storm sewer system

Discharge to sanitary sewer and/or Publicly Owned Treatment Works (Complete Appendix C)

Backwash from water treatment plants (Complete Appendix C)

Concentrated animal feeding operation (Complete Appendix C)

Concentrated aquatic animal production facility (Complete Appendix C)

Privately owned treatment works (Complete Appendix C)

Federal facility (except those located on Indian reservations) (Complete Appendix C)

Silvicultural point source (Complete Appendix C)

Other (please specify) _____

17. Does this application substantially duplicate an application by the same applicant which was denied by the SDDENR or the USEPA within the past five years and which has not been reversed by a court of competent jurisdiction?

Yes

No

18. Existing Environmental Permits

Please check all other Environmental Permits which are held by the facility. Include permit numbers in the space provided:

A. NPDES or SWD (Discharges to Surface Water) _____

B. UIC (Underground Injection of Fluids) _____

C. RCRA (Hazardous Wastes) _____

D. PSD (Air Emissions from Proposed Sources) _____

E. Other (please specify) _____

F. Other (please specify) _____

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 directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I also certify that I will provide for the operation of this facility in accordance with the Rules and Regulations Governing Operation of Water Pollution Control Facilities and will provide certified operators as required by SDCL 34A-3, Water Supply and Treatment System Operators. I am aware that there are significant penalties for submitting false information, including revocation of the permit and the possibility of fine and imprisonment for knowing violations.

NOTE: Application must be signed by the authorized chief elective or executive officer of the applicant, or by the applicant, if an individual.

I declare and affirm under the penalties of perjury that this claim (petition, application, information) has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Name _____ Title _____

Date _____

Signature _____

Department of Environment and Natural Resources
Surface Water Quality Program
Joe Foss Building
523 East Capitol
Pierre, SD 57501-3181
Telephone: (605) 773-3351

STATE OF SOUTH DAKOTA
BEFORE THE SECRETARY OF
THE DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES

IN THE MATTER OF THE) **CERTIFICATION OF**
APPLICATION OF)
_____) **APPLICANT**
(FACILITY NAME))
STATE OF _____)
_____) **SS**
COUNTY OF _____)

I, _____, the applicant in the above matter after being duly sworn upon oath hereby certify the following information in regard to this application:

South Dakota Codified Laws Section 1-40-27 provides:

"The secretary may reject an application for any permit filed pursuant to Titles 34A or 45, including any application by any concentrated swine feeding operation for authorization to operate under a general permit, upon making a specific finding that:

(1) The applicant is unsuited or unqualified to perform the obligations of a permit holder based upon a finding that the applicant, any officer, director, partner or resident general manager of the facility for which application has been made:

- (a) Has intentionally misrepresented a material fact in applying for a permit;*
- (b) Has been convicted of a felony or other crime involving moral turpitude;*
- (c) Has habitually and intentionally violated environmental laws of any state or the United States which have caused significant and material environmental damage;*
- (d) Has had any permit revoked under the environmental laws of any state or the United States; or*
- (e) Has otherwise demonstrated through clear and convincing evidence of previous actions that the applicant lacks the necessary good character and competency to reliably carry out the obligations imposed by law upon the permit holder; or*

(2) The application substantially duplicates an application by the same applicant denied within the past five years which denial has not been reversed by a court of competent jurisdiction. Nothing in this subdivision may be construed to prohibit an applicant from submitting a new application for a permit previously denied, if the new application represents a good faith attempt by the applicant to correct the deficiencies that served as the basis for the denial in the original application.

All applications filed pursuant to Titles 34A and 45 shall include a certification, sworn to under oath and signed by the applicant, that he is not disqualified by reason of this section from obtaining a permit. In the absence of evidence to the contrary, that certification shall constitute a prima facie showing of the suitability and qualification of the applicant. If at any point in the application review, recommendation or hearing process, the secretary finds the applicant has intentionally made any material misrepresentation of fact in regard to this certification, consideration of the application may be suspended and the application may be rejected as provided for under this section.

Applications rejected pursuant to this section constitute final agency action upon that application and may be appealed to circuit court as provided for under chapter 1-26."

Pursuant to SDCL 1-40-27, I certify that I have read the forgoing provision of state law, and that I am not disqualified by reason of that provision from obtaining the permit for which application has been made.

I declare and affirm under the penalties of perjury that this claim (petition, application, information) has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Dated this _____, day of _____, 20 ____.

Applicant Signature

Applicant Name (print)

**PLEASE ATTACH SHEET DISCLOSING ALL FACTS PERTAINING TO
SDCL 1-40-27 (1) (a) THROUGH (e).
ALL VIOLATIONS MUST BE DISCLOSED, BUT WILL NOT
AUTOMATICALLY RESULT IN THE REJECTION OF AN APPLICATION**



DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES

South Dakota Surface Water Discharge Program
Application for Permit to Discharge Wastewater

APPENDIX D – NEW/EXISTING INDUSTRIAL NON-PROCESS

Permits Division



Application Form 2E —

Facilities Which Do Not Discharge Process Wastewater

Paperwork Reduction Act Notice

The public reporting and recordkeeping burden for this collection of information is estimated to average 14 hours per response. This estimate includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to respond to a collection of information; search existing data sources; complete and review the collection of information; and transmit or otherwise disclose the information. An Agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Chief, OPPE Regulatory Information Division, U.S. Environmental Protection Agency (2136), 401 M St., S.W., Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, 725 17th St., N.W., Washington, DC 20503, Attention: Desk Officer for EPA. Include the OMB control number in any correspondence. Do not send the completed application form to these addresses.



Form 2E Instructions

Who Must File Form 2E

EPA Form 3510-2E must be completed in conjunction with EPA Form 3510-1 (Form 1). This short form may be used only by operators of facilities which discharge only nonprocess wastewater (process wastewater is water that comes into direct contact with or results from the production or use of any raw material, intermediate product, finished product, byproduct, waste product, or wastewater) which is not regulated by effluent limitations guidelines or new source performance standards. The form is intended primarily for use by dischargers (new or existing) of sanitary wastes and noncontact cooling water. It may not be used for discharges of stormwater runoff or by educational, medical, or commercial chemical laboratories or by publicly owned treatment works (POTW's).

Where to File Applications

The application forms should be sent to the EPA Regional Office which covers the State in which the facility is located. Form 2E (the short form) must be used only when applying for permits in States where the NPDES permits program is administered by EPA. For facilities located in States which are approved to administer the NPDES permits program, the State environmental agency should be contacted for proper permit application forms and instructions. Information on whether a particular program is administered by EPA or by a State agency can be obtained from your EPA Regional Office. Form 1, Table 1 of the "General Instructions" lists the addresses of EPA Regional Offices and the States within the jurisdiction of each Office.

Public Availability of Submitted Information

You may not claim as confidential any information required by this form or Form 1, whether the information is reported on the forms or in an attachment. Section 402(j) of the CWA requires that all permit applications shall be available to the public. This information will therefore be made available to the public upon request.

You may claim as confidential any information you submit to EPA which goes beyond that required by this form or Form 1. However, confidentiality claims for effluent data must be denied. If you do not assert a claim of confidentiality at the time of submitting the information, EPA may make the information public without further notice. Claims of confidentiality will be handled in accordance with EPA's business confidentiality regulations in 40 CFR Part 2.

Completeness

Your application will not be considered complete unless you answer every question on this form and Form 1

(except as instructed below). If an item does not apply to you, enter "NA" (for "not applicable") to show that you considered the question.

Followup Requirements for New Dischargers and New Sources

Please note that no later than 2 years after commencement of discharge from the proposed facility, you must complete and submit Item IV of this form (NPDES Form 2E). At that time you must test and report actual rather than estimated data for the pollutants or parameters in Item IV, unless waived by the permitting authority.

Definitions

Significant terms used in these instructions and in the form are defined in the Glossary found in the General Instructions accompanying Form 1.

Item I

Under Part A, list an outfall number. Under Part B, list the latitude and longitude to the nearest 15 seconds for this outfall. Under Part C, list the name of the outfall's receiving water. When there is more than one outfall, you must submit a separate Form 2E (Items I, III, and IV only) for each outfall.

Item II (New Dischargers Only)

This item requires your best estimate of the date on which your facility will begin to discharge.

Item III

In Part A, indicate the general type(s) of wastes to be discharged by placing an "x" in the appropriate box(es). If "other nonprocess wastewater" is marked, it should be identified. If cooling water additives are to be used, they must be listed by name under Part B.

In addition, the composition of the cooling water additives should be listed if this information is available. The composition of cooling water additives may be found on product labels or from manufacturer's data sheets.

Item IV — Reporting

All pollutant levels must be reported as concentration and as total mass (except for discharge flow, pH, and temperature). Total mass is the total weight of pollutants discharged over a day. Use the following abbreviations for units:

	Concentration	Mass	
ppm	parts per million	lbs	pounds
mg/l	milligrams per liter	ton	tons (English tons)
ppb	parts per billion	mg	milligrams
Ug/l	micrograms per liter	g	grams
kg	kilograms	T	Tonnes (metric tons)

A. Existing Sources

You are required to provide at least one analysis for each pollutant or parameter listed by filling in the requested infor-

representation, or certification in any application, . . . shall upon conviction, be punished by a fine of no more than \$10,000 or by imprisonment for not more than six months or both."

40 CFR Part 122.22 requires the certification to be signed as follows:

- a. For a corporation: by a responsible corporate officer. A responsible corporate officer means (i) 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 decisionmaking functions for the corporation, or (ii) the manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25,000,000 (in second quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- b. For a partnership or sole proprietorship: by a general partner or the proprietor, respectively; or
- c. For a municipality, State, Federal, or other public agency: by either a principal executive officer or ranking elected official. For purposes of this section, a principal executive officer of a Federal agency includes (i) the chief executive officer of the agency, or (ii) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrators of EPA).

Please type or print in the unshaded areas only

Form
2E
NPDES



Facilities Which Do Not Discharge Process Wastewater

I. Receiving Waters

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number (list)	Latitude			Longitude			Receiving Water (name)
	Deg	Min	Sec	Deg	Min	Sec	

II. Discharge Date (If a new discharger, the date you expect to begin discharging)

III. Type of Waste

A. Check the box(es) indicating the general type(s) of wastes discharged.

- Sanitary Wastes
 Restaurant or Cafeteria Wastes
 Noncontact Cooling Water
 Other Nonprocess Wastewater. (Identify)

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

IV. Effluent Characteristics

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority (see instructions).

B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values (see instructions).

Pollutant or Parameter	(1) Maximum Daily Value (include units)		(2) Average Daily Value (last year) (include units)		(3) Number of Measurements Taken (last year)	(4) Source of Estimate (if new discharger)
	Mass	Concentration	Mass	Concentration	(or)	
Biochemical Oxygen Demand (BOD)						
Total Suspended Solids (TSS)						
Fecal Coliform (if believed present or if sanitary waste is discharged)						
Total Residual Chlorine (if chlorine is used)						
Oil and Grease						
*Chemical oxygen demand (COD)						
*Total organic carbon (TOC)						
Ammonia (as N)						
Discharge Flow	Value					
pH (give range)	Value					
Temperature (Winter)						°C
Temperature (Summer)						°C

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? Yes No
 If yes, briefly describe the frequency of flow and duration.

Blank space for describing the frequency of flow and duration.

VI. Treatment System (Describe briefly any treatment system(s) used or to be used)

Blank space for describing the treatment system(s).

VII. Other Information (Optional)

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

Blank space for providing other information.

VIII. 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	B. Phone No. (area code & no.)
C. Signature	D. Date Signed