



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

DWTP FORMS PACKAGE

Drinking Water Treatment Plant (DWTP) General Permit

NPDES General Permit MSG18
For Discharges of Filter or Sedimentation Basin Backwash Waste Water

- DRINKING WATER TREATMENT PLANT NOTICE OF INTENT (DWTP NOI) 1
- REQUEST FOR TERMINATION OF COVERAGE 4
- REQUEST FOR TRANSFER OF PERMIT, GENERAL PERMIT COVERAGE
AND/OR NAME CHANGE 6

These standard forms are used to apply for permit coverage under the Drinking Water Treatment Plant General Permit and for submittals and record keeping required by permit conditions after coverage has been granted. The forms are in adobe format on the MDEQ website at www.deq.state.ms.us. Required information can be completed on screen and printed.

Total Number of Pages is 8

April 2009



MISSISSIPPI DEPARTMENT OF
ENVIRONMENTAL QUALITY

DRINKING WATER TREATMENT PLANT (DWTP) NOTICE OF INTENT (DWTPNOI)

For Coverage under Mississippi's Drinking Water Treatment Plant General Permit
General Permit MSG18 _ _ _ _ _

(NUMBER TO BE ASSIGNED BY STATE)

INSTRUCTIONS

Applicant must be the owner or operator of the drinking water treatment plant. To avoid unnecessary delays, please be sure that the DWTP NOI is signed in accordance with Activity (ACT) 9, T-4, page 14 of the General Permit. The owner or operator that receives coverage is responsible for permit compliance. For new facilities, file at least 30 days prior to proposed discharge.

Required Submittals with the DWTP NOI Include:

- A USGS quadrangle map or copy extending at least one-half of a mile beyond the site's property boundary. The site location and outfalls must be outlined or highlighted. Quad maps can be obtained from the Office of Geology at 601-961-5523. If a copy is submitted, provide the name of the quadrangle map that is found in upper right hand corner.
- Labeled site drawing indicating:
 - (a) Location of any water supply wells,
 - (b) Identity and location of any receiving streams, named or unnamed,
 - (c) Location of all water treatment units, filters, ponds, etc.
- For any new or expanding discharge, the applicant must submit an anti-degradation study along with the DWTPNOI. For existing dischargers seeking coverage under this general permit, anti-degradation review is not required.
- A list of water treatment chemicals proposed to be used. Please submit the following information for each specific chemical: name and composition of the additive, discharge concentration, dosage addition rates, frequency of use, EPA registration (if applicable), and aquatic species toxicological data.
- Appropriate documentation from the MDEQ, Office of Land & Water concerning approval for groundwater supply usage. A Permit to Withdraw for Beneficial Use can be obtained from the MDEQ Office of Land & Water by calling the program coordinator at 601-961-5201.

ALL INFORMATION REQUESTS MUST BE ANSWERED (answer "NA" if not applicable)

THE APPLICANT IS **OWNER** **OPERATOR** (please check one or both)
THE FACILITY IS **NEW or EXPANDING** **EXISTING** (please check one)

**DWTP NOI MSG18
OWNER INFORMATION**

Owner Contact Name: _____	Position: _____
Owner Company Name: _____	
Owner Street (P.O. Box): _____	
Owner City: _____	State: _____ Zip: _____
Owner Phone Number (include area code): _____	

OPERATOR INFORMATION (if different than owner)

Operator Contact Name: _____	Position: _____
Operator Company Name: _____	
Operator Street (P.O. Box): _____	
Operator City: _____	State: _____ Zip: _____
Operator Phone Number (include area code): _____	

FACILITY INFORMATION

Facility Name: _____	
Mississippi Permit to Withdraw for Beneficial Use Number: MS-GW- __ __ __ __ __	
(A Permit to Withdraw for Beneficial Use can be obtained from the MDEQ Office of Land & Water by calling the program coordinator at 601-961-5201. Wells with inner diameter less than 6" are exempted from this groundwater withdrawal permit. If so, mark: <input type="checkbox"/> Exempt)	
Physical Site Address (if not available indicate the nearest named road)	
Street: _____	City: _____
County: _____	Zip: _____
Latitude: _____	Longitude: _____

WASTEWATER DISCHARGE INFORMATION

Where is the waste water proposed to be discharged? <input type="checkbox"/> State Waters <input type="checkbox"/> Collection/Treatment System
Name of Receiving Stream: _____
Will this discharge impact a Wetlands or Impaired Waterbody? If so, explain: _____ _____
Proposed Discharge Rate of Flow (MGD): _____
Is treatment provided at any outfall? If so, describe: _____ _____

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 gathered and evaluated 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 ¹	_____ Date Signed
_____ Printed Name ¹	_____ Title

¹This application shall be signed according to the General Permit, Activity 9, T-4, page 14, as follows:

- For a corporation, by a responsible corporate officer.
- For a partnership, by a general partner.
- For a sole proprietorship, by the proprietor.
- For a municipal, state or other public facility, by principal executive officer, the mayor, or ranking elected official.

DWTP NOI forms must be submitted to:

Chief, Environmental Permits Division
MS Dept of Environmental Quality, Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225

April 2009

Request for Termination (RFT) of Coverage

Use this form to request coverage termination at least 30 days prior to ceasing a discharge of wash water.

DWTP General NPDES Permit No. MSG18 _____ County _____
(Fill in your Certificate of Coverage Number and County)
(Please Print or Type)

Facilities planning to cease the discharge of filter or sedimentation basin backwash waste water shall request termination of its DWTP General Permit Coverage by completing this form.

Facility Name: _____

Physical Site Location:

Street: _____

City: _____ County: _____

Closure Date: _____

Owner Company / Agency Name: _____

Owner Company / Agency Contact Name & Position _____

Owner Mailing Address:

Street/P.O. Box: _____

City: _____ State: _____ Zip: _____

Tel. # (____) _____

Operator Company Name (if different than owner): _____

Operator Contact Name & Position: _____

Operator Mailing Address:

Street/P.O. Box: _____

City: _____ State: _____ Zip: _____

Tel. # (____) _____

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 gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the plant, 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 fines and imprisonment for knowing violations. I understand that by submitting this Request for Termination and receiving written confirmation, I will no longer be authorized to discharge waste water under this general permit. Discharging pollutants to waters of the United States is unlawful under the Clean Water Act where the discharge is not authorized by a NPDES permit. I also understand that the submittal of this Request for Termination does not release an owner or operator from liability for any violations of this permit or the Clean Water Act.

Authorized Name (Print)	Telephone	Signature	Date Signed
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¹This application shall be signed according to the General Permit, Activity 9, T-4, as follows:

- For a corporation, by a responsible corporate officer.
- For a partnership, by a general partner.
- For a sole proprietorship, by the proprietor.
- For a municipal, state or other public facility, by principal executive officer, mayor, or ranking elected official.

After signing please mail to: Chief, Environmental Permits Division,
MS Department of Environmental Quality, Office of Pollution Control
P.O. Box 2261
Jackson, MS 39225

April 2009

Environmental Permits for Industrial Facilities

Request for Transfer of Permit, General Permit Coverage and/or Name Change

Instructions: For Ownership Change-Complete all Items on Page 1 (except Item VIII) and Page 2 (reverse side).
 For Name Change Only-Complete Items I, II, V, VI, VII, VIII, and Page 2 (reverse side).
 Note-This form should be submitted to MDEQ when a transferal date is finalized but prior to the actual transfer.

<p>Item I.</p> <p>Facility Name: _____</p> <p>Location: (Do Not Use P.O. Box)</p> <p style="padding-left: 40px;">Street: _____</p> <p style="padding-left: 40px;">City: _____ State: <u>MS</u> Zip: _____</p> <p>County: _____</p> <p>Telephone: (_____) _____</p>	<p>Item II.</p> <p>Responsible official after transfer or name change:</p> <p>Name: _____</p> <p>Title: _____</p> <p>Mailing Address:</p> <p style="padding-left: 40px;">Street/P.O. Box: _____</p> <p style="padding-left: 40px;">City: _____ State: _____ Zip: _____</p> <p>Telephone (_____) _____</p>								
<p>Item III.</p> <p>Previous Permittee¹: _____</p> <p>Mailing Address:</p> <p style="padding-left: 40px;">Street/P.O. Box: _____</p> <p style="padding-left: 40px;">City: _____ State: _____ Zip: _____</p> <p>Telephone: (_____) _____</p>	<p>Item IV.</p> <p>New Permittee¹: _____</p> <p>Mailing Address:</p> <p style="padding-left: 40px;">Street/P.O. Box: _____</p> <p style="padding-left: 40px;">City: _____ State: _____ Zip: _____</p> <p>Telephone: (_____) _____</p>								
<p>Item V.</p> <p>Industrial Activity SIC Code: _____</p> <p>Brief Description:</p>	<p>Item VI.</p> <p>Will Facility Operations Change? Yes _____ No _____</p> <p>If yes, the appropriate applications and permits may require modification prior to change.</p>								
<p>Item VII.</p> <p>Will Facility Name Change? Yes _____ No _____</p> <p>If Yes, Provide New Name for Permit Coverage.</p> <p>New Name: _____</p>	<p>Item VIII.</p> <p>Signature for Name Change</p> <p>Print Name: _____</p> <p>Authorized Signature²: _____</p> <p>Title: _____ Date: _____</p>								
<p>Item IX.</p> <p>We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form.</p> <p>From: _____</p> <p>To: _____ Acquisition Date: _____</p> <p>By signature below, the recipient certifies that: 1) they are aware of the requirements of the permit(s), 2) the applicant can demonstrate to the Permit Board it has the financial resources and operational expertise and 3) agrees to accept responsibility and liability for the permit(s) listed on the back of this document. By signature below, the previous permittee is requesting that the permit(s) and/or permit coverage(s) be transferred to the recipient. The transfer of the permit(s) or permit coverage(s) will be by written notification from the Office of Pollution Control (OPC). The OPC may require submittal of information regarding financial capability and past compliance history of the recipient.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p>_____</p> <p>Print New Permittee¹ Name</p> </td> <td style="width: 50%; border: none;"> <p>_____</p> <p>Print Previous Permittee¹ Name</p> </td> </tr> <tr> <td style="border: none;"> <p>_____</p> <p>New Authorized Signature²</p> </td> <td style="border: none;"> <p>_____</p> <p>Previous Authorized Signature²</p> </td> </tr> <tr> <td style="border: none;"> <p>_____</p> <p>Title</p> </td> <td style="border: none;"> <p>_____</p> <p>Title</p> </td> </tr> <tr> <td style="border: none;"> <p>_____</p> <p>Date</p> </td> <td style="border: none;"> <p>_____</p> <p>Date</p> </td> </tr> </table>		<p>_____</p> <p>Print New Permittee¹ Name</p>	<p>_____</p> <p>Print Previous Permittee¹ Name</p>	<p>_____</p> <p>New Authorized Signature²</p>	<p>_____</p> <p>Previous Authorized Signature²</p>	<p>_____</p> <p>Title</p>	<p>_____</p> <p>Title</p>	<p>_____</p> <p>Date</p>	<p>_____</p> <p>Date</p>
<p>_____</p> <p>Print New Permittee¹ Name</p>	<p>_____</p> <p>Print Previous Permittee¹ Name</p>								
<p>_____</p> <p>New Authorized Signature²</p>	<p>_____</p> <p>Previous Authorized Signature²</p>								
<p>_____</p> <p>Title</p>	<p>_____</p> <p>Title</p>								
<p>_____</p> <p>Date</p>	<p>_____</p> <p>Date</p>								

¹A Permittee Name is an individual that has been issued an individual permit or coverage under a general permit.

²Authorized Signature must be owner or in the case of a corporation, a corporate officer as defined in Regulations APC-S-2 and WPC-1.

Mississippi Department of Environmental Quality/Office of Pollution Control

P.O. Box 2261
Jackson, Mississippi 39225
(601) 961-5171

<p>Item X. Storm Water</p> <p>(Check One)</p> <p><input type="checkbox"/> A Storm Water Pollution Prevention Plan (SWPPP) is not required for the site.</p> <p><input type="checkbox"/> The recipient certifies that they have received a copy of the Office of Pollution Control approved SWPPP from the original owner.</p> <p><input type="checkbox"/> The recipient is submitting a new SWPPP, which is attached to this form.</p> <p><input type="checkbox"/> A copy of the SWPPP cannot be obtained from the original owner.</p>	<p>Item XI. Hazardous Waste ID Number</p> <p>EPA ID No. _____</p> <p>(Check One)</p> <p><input type="checkbox"/> An EPA Hazardous Waste ID Number is not required for the site.</p> <p><input type="checkbox"/> The site's EPA ID Number is listed above and a Notification of Regulated Waste Activity Form is attached.</p>
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Item XII. Permit(s) and/or Coverage(s) to be Transferred
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Permit Type: _____ Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: _____	Permit Type: _____ Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: _____
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Permit Type: _____ Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: _____	Permit Type: _____ Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: _____
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Permit Type: _____ Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: _____	Permit Type: _____ Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: _____
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Permit Type: _____ Permit/Coverage No.: _____ Permit Issuance Date: _____ Date of General Permit Coverage: _____ Permit Expiration Date: _____	OTHER INFORMATION:
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