



DEPARTMENT OF AGRICULTURE 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 Agriculture and Natural Resources in accordance with §74:52:02:08 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 Agriculture and Natural Resources
Surface Water Quality Program
Joe Foss Building
523 East Capitol Avenue
Pierre, SD 57501

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 SDDANR 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 SDDANR 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 SDDANR 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 _____

STATE OF SOUTH DAKOTA

BEFORE THE SECRETARY OF

THE DEPARTMENT OF AGRICULTURE AND NATURAL RESOURCES

IN THE MATTER OF THE)	
APPLICATION OF)	
_____)	CERTIFICATION OF
)	
STATE OF _____)	APPLICANT
)	
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:

I have read and understand South Dakota Codified Law Section 1-41-20 which 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.”

I certify pursuant to 1-41-20, that as an applicant, officer, director, partner, or resident general manager of the activity or facility for which the application has been made that I; a) have not intentionally misrepresented a material fact in applying for a permit; b) have not been convicted of a felony or other crime of moral turpitude; c) have not habitually and intentionally violated environmental laws of any state or the United States which have caused significant and material environmental damage; (d) have not had any permit revoked under the environmental laws of any state or the United States; or e) have not otherwise demonstrated through clear and convincing evidence of previous actions that I lack the necessary good character and competency to reliably carry out the obligations imposed by law upon me. I also certify that this application does not substantially duplicate an application by the same applicant denied within the past five years which denial has not been reversed by a court of competent jurisdiction. Further;

“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 (print)

Applicant (signature)

Subscribed and sworn before me this _____ day of _____, 20_____ .

Notary Public (signature)

My commission expires: _____

(SEAL)

**PLEASE ATTACH ANY ADDITIONAL INFORMATION NECESSARY TO DISCLOSE
ALL FACTS AND DOCUMENTS PERTAINING TO
SDCL 1-41-20 (1) (a) THROUGH (e).
ALL VIOLATIONS MUST BE DISCLOSED, BUT WILL NOT
AUTOMATICALLY RESULT IN THE REJECTION OF AN APPLICATION**

Water Permits Division



Application Form 2E

Manufacturing, Commercial, Mining, and Silvicultural Facilities Which Discharge Only Nonprocess Wastewater

NPDES Permitting Program

Paperwork Reduction Act Notice

The U.S. Environmental Protection Agency estimates the average burden to collect and complete Form 2E to be 13.5 hours. This estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. Send comments about the burden estimate or any other aspect of this collection of information to the Chief, Information Policy Branch (PM-223), U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, 725 17th Street, Washington, DC 20503, marked “Attention: Desk Officer for EPA.”

FORM 2E—INSTRUCTIONS

General Instructions

Who Must Complete Form 2E?

You must complete Form 2E if you answered “Yes” to Item 1.2.4 on Form 1—that is, if you are a new or existing facility (including manufacturing, commercial, mining, and silvicultural facilities) that discharges only nonprocess wastewater.

Where to File Your Completed Form

Submit your completed application package (Forms 1 and 2E) to your National Pollutant Discharge Elimination System (NPDES) permitting authority. Consult Exhibit 1–1 of Form 1’s “General Instructions” to identify your NPDES permitting authority.

Public Availability of Submitted Information

The U.S. Environmental Protection Agency (EPA) will make information from NPDES permit application forms available to the public for inspection and copying upon request. You may not claim any information on Form 2E (or related attachments) as confidential.

You may make a claim of confidentiality for any information that you submit to EPA that goes beyond the information required by Form 2E. Note that NPDES permitting authorities will deny claims for treating any effluent data as confidential. If you do not assert a claim of confidentiality at the time you submit your information to the NPDES permitting authority, EPA may make the information available to the public without further notice to you. EPA will handle claims of confidentiality in accordance with the Agency’s business confidentiality regulations at Part 2 of Title 40 of the *Code of Federal Regulations* (CFR).

Completion of Forms

Print or type in the specified areas only. If you do not have enough space on the form to answer a question, you may continue on additional sheets, as necessary, using a format consistent with the form.

Provide your EPA Identification Number from the Facility Registry Service, NPDES permit number, and facility name at the top of each page of Form 2E and any attachments. If you do not know your EPA Identification Number, contact your NPDES permitting authority. See Exhibit 1–1 of Form 1’s “General Instructions” for contact information.

Do not leave any response areas blank unless the form directs you to skip them. If the form directs you to respond to an item that does not apply to your facility or activity, enter “NA” for “not applicable” to demonstrate that you considered the item and determined a response was not necessary for your facility.

The NPDES permitting authority will consider your application complete when it and any supplementary material are received and completed according to the authority’s satisfaction. The NPDES permitting authority will judge the completeness of any application independently of the status of any other permit application or permit for the same facility or activity.

Definitions

The legal definitions of all key terms used in these instructions and Form 2E are in the “Glossary” at the end of the “General Instructions” in Form 1.

Follow-up Requirements for New Dischargers

Note that no later than 24 months after commencement of discharge from the proposed facility, you must complete and submit Section 4 of this form. At that time you must test and report *actual* rather than estimated data for the pollutants or parameters listed, unless waived by the NPDES permitting authority.

Line-by-Line Instructions

If you have multiple outfalls, you must submit a separate Form 2E for each (Sections 1, 3, and 4 only).

Section 1. Outfall Location

Item 1.1. Complete sections 1 through 6 for each outfall. Provide the latitude and longitude to the nearest 15 seconds for the outfall. Latitude and longitude coordinates may be obtained in a variety of ways, including use of hand held devices (e.g., a GPS enabled smartphone), internet mapping tools (e.g., <https://myasadata.larc.nasa.gov/latitudelongitude-finder/>), geographic information systems (e.g., ArcView), or paper maps from trusted sources (e.g., U.S. Geological Survey or USGS). The location of each outfall (i.e., where the coordinates are collected) shall be the point where the discharge is released into a water of the United States. If you need further guidance in responding to Item 1.1, refer to <http://www.epa.gov/geospatial/latitudelongitude-data-standard>.

Section 2. Discharge Date

Item 2.1. Indicate whether you are a new or an existing discharger. If you are an existing discharger, skip to Section 3 after completing this item.

Item 2.2. Indicate the date on which the facility will or is estimated to commence discharge.

Section 3. Waste Types

Item 3.1. Indicate the general type(s) of wastes being discharged or to be discharged, depending on whether you are an existing or new discharger. If you mark the response “Other Nonprocess Wastewater,” specify the nature of your discharge.

Item 3.2. Indicate if the facility uses cooling water additives. If yes, continue. If no, skip to Section 4.

Item 3.3. List the cooling water additives being used (or to be used) and specify the composition of the additives, if such information is available to you. You can generally find composition information on product labels or from manufacturers’ data sheets.

Section 4. Effluent Characteristics

Items 4.1 to 4.8. These items require you to collect and report data for the parameters and pollutants listed in Section 4. The instructions are distinct for applicants with existing discharges versus applicants that are new.

Important note: Read the “General Instructions for Reporting, Sampling, and Analysis” on pages 2E-3 and 2E-4 before completing Section 4.

FORM 2E—INSTRUCTIONS CONTINUED

Item 4.1. Indicate whether you have completed monitoring for all parameters in the table under Item 4.2 and attached it to the application package. If you answer “No” because you have requested a waiver from your NPDES authority, skip to Section 5. If “Yes,” continue to Item 4.2.

Item 4.2. Provide the sampling data requested in the table per the “General Instructions for Reporting, Sampling, and Analysis” for biochemical oxygen demand (BOD), total suspended solids (TSS), oil and grease, ammonia (as N), flow, pH, and temperature (winter and summer).

Item 4.3. Answer whether you believe fecal coliform to be present in your discharge or whether sanitary waste is discharged (or will be discharged). If you answer “No,” skip to Item 4.5. Otherwise, continue to Item 4.4.

Item 4.4. Provide the sampling data requested in the table per the “General Instructions for Reporting, Sampling, and Analysis” for fecal coliform, *Escherichia coli* (*E. coli*), and enterococci.

Item 4.5. Indicate whether chlorine is used (or will be used). If no, skip to Item 4.7. Otherwise, continue to Item 4.6.

Item 4.6. Provide the sampling data requested in the table per the “General Instructions for Reporting, Sampling, and Analysis” for total residual chlorine.

Item 4.7. Answer whether non-contact cooling water is (or will be) discharged from your facility. If no, skip to Section 5. If yes, continue to Item 4.8.

Item 4.8. Provide the sampling data requested in the table per the “General Instructions for Reporting, Sampling, and Analysis” for chemical oxygen demand (COD), and total organic carbon (TOC).

Section 5. Flow

Item 5.1. Indicate whether any of the discharges that you described in Sections 1 and 3 (except for stormwater runoff, leaks, or spills) are intermittent or seasonal. If yes, continue to Item 5.2. If no, skip to Section 6.

Item 5.2. Describe the average frequency of flow and duration of any intermittent or seasonal discharge (except for stormwater runoff, leaks, or spills) in gallons or million gallons per day (gpd or mgd), whichever is appropriate. The frequency of flow is the number of days or months per year there is an intermittent discharge. Duration is the number of days or hours per discharge. For new dischargers, report your best estimate.

Section 6. Treatment System

Item 6.1. Briefly describe any treatment system(s) used (or to be used for new dischargers), indicating whether the treatment system is physical, chemical, biological, sludge and disposal, or other. Also give the particular type(s) of process(es) used (or to be used). For example, if a physical treatment system is used (or will be used), specify the processes applied (or to be applied), such as grit removal, ammonia stripping, dialysis, etc.

Section 7. Other Information

Item 7.1. OPTIONAL ITEM. Report any additional information or data (such as sampling results) that you believe the NPDES permitting authority should consider when establishing permit

limitations. If you wish to demonstrate your eligibility for a “net” effluent limitation (i.e., an effluent limitation adjusted to provide credit for the pollutant(s) present in your intake water) add a short statement as to why you believe you are eligible. See also 40 CFR 122.45(g). You will be contacted by the NPDES permitting authority with further instructions.

Section 8. Checklist and Certification Statement

Item 8.1. Review the checklist provided on the application. In Column 1, mark the sections of Form 2E that you have completed and are submitting with your application. For each section in Column 2, indicate whether you are submitting attachments.

Item 8.2. The Clean Water Act (CWA) provides for severe penalties for submitting false information on this application form. CWA Section 309(c)(2) provides that “Any person who knowingly makes any false statement, 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.”

FEDERAL REGULATIONS AT 40 CFR 122.22 REQUIRE THIS APPLICATION TO BE SIGNED AS FOLLOWS:

- A. For a corporation, by a responsible corporate officer. For the purpose of this section, a responsible corporate officer means: (1) 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 (2) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where 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.
- C. For a municipality, state, federal, or other public facility, by either a principal executive officer or ranking elected official. For purposes of this section, a principal executive officer of a federal agency includes: (1) The chief executive officer of the agency, or (2) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrators of EPA).

END

**Submit your completed Form 1, Form 2E, and
all associated attachments
(and any other required NPDES application forms)
to your NPDES permitting authority.**

General Instructions for Reporting, Sampling, and Analysis

Important note: Read these instructions before completing Section 4 of Form 2E.

General Items

Complete the applicable tables for each outfall at your facility. Be sure to note the EPA Identification Number, NPDES permit number, facility name, and applicable outfall number at the top of each page of any associated attachments.

You may report some or all of the required data by attaching separate sheets of paper instead of completing Section 4 for each of your outfalls so long as the sheets contain all of the required information and are similar in format to Section 4.

Reporting of Effluent Data

Report pollutant levels for all pollutants in Section 4 as concentration *and* total mass, with the exception of flow, pH, and temperature. Total mass is the total weight of pollutants discharged over a day.

Flow, temperature, pH, and fecal coliform organisms must be reported as mgd, degrees Celsius (°C), standard units, and most probable number per 100 milliliters (MPN/100 mL), respectively. Use the following abbreviations in the columns requiring “units” in Section 4.

Concentration	Mass
ppm = parts per million	lbs = pounds
mg/L = milligrams per liter	ton = tons (English tons)
ppb = parts per billion	mg = milligrams
µg/L = micrograms per liter	g = grams
MPN = most probable number per 100 milliliters	kg = kilograms
	T = tonnes (metric tons)

Existing Dischargers

You must provide at least one analysis for each parameter or pollutant, including the following: BOD, TSS, oil and grease, ammonia (as N), fecal coliform including *E. coli* and enterococci (if believed present or if sanitary waste is or will be discharged), total residual chlorine (if chlorine is or will be used), COD, and TOC (if non-contact cooling water is or will be discharged), discharge flow, pH, and temperature (winter and summer).

You may report quantitative data that you have collected over the past 365 days if they are representative of your current operations. The data reported must include maximum daily discharge, average daily discharge, and number of analyses. Most existing facilities routinely monitor the pollutants and parameters listed in Section 4 as part of their existing NPDES permit requirements.

You must collect and analyze samples in accordance with 40 CFR 136. Grab samples must be used for analyses of pH, temperature, total residual chlorine, oil and grease, fecal coliform (including *E. coli*), and enterococci (previously known as fecal streptococcus) and volatile organic compounds. Twenty-four-hour composite samples must be used for all other pollutants, using at least four grab samples unless otherwise specified at 40 CFR 136. For a composite sample, only one analysis of the composite of aliquots is required.

If you have sampling and analysis questions, direct them to your NPDES permitting authority. The authority may request that you do additional testing, if appropriate, on a case-by-case basis under CWA Section 308.

New Dischargers

You must provide maximum daily and average daily discharge *estimates* for the parameters or pollutants listed in Section 4, unless specifically indicated on the form. Note that if you have the results of *actual* analyses for the listed parameters or pollutants, you are required to report those results rather than submit estimates.

Report or estimate all parameter or pollutant levels as concentration *and* as total mass, except for flow, pH, and temperature. Indicate the source of all estimates in the appropriate column in the Section 4 tables using the engineering study codes below. Note that you are required to conduct follow-up testing and reporting no later than two years once your facility commences discharge.

Engineering Report Codes

- Actual data from pilot plants1
- Estimates from other engineering reports2
- Data from other similar plants3
- Best professional estimates4
- Others*specify on the form*

Base your determination of whether a pollutant will be present in your discharge on your knowledge of the proposed facility’s use of maintenance chemicals and any analyses of your effluent or of any similar effluent. You may also provide the estimates based on available in-house or contractor engineering reports or any other studies performed on the proposed facility.

Pollutants Solely in Intake Water

If you expect a pollutant to be present solely because of its presence in your intake water, you must still provide an estimate or analytical result in Section 4; however, you should indicate in Section 7 in Item 7.1 that you believe the pollutant or parameter to be present only due to its presence in your source water. See the instructions under Item 7.1.

Testing Waivers

The NPDES permitting authority may waive the testing and reporting requirements for flow or any of the pollutants listed in Section 4 if you submit a written request for such a waiver before or with your application. Contact your NPDES permitting authority for more information.

Sampling

The collection of samples for the reported analyses should be supervised by a person experienced in performing sampling of industrial wastewater. You may contact your NPDES permitting authority for detailed guidance on sampling techniques and for answers to specific questions. See Exhibit 1–1 of Form 1 for contact information. Any specific requirements in the applicable analytical methods—for example, sample containers, sample preservation, holding times, and the collection of duplicate samples—must be followed.

General Instructions for Reporting, Sampling, and Analysis Continued

The time when you sample should be representative of your normal operation, to the extent feasible, with all processes that contribute wastewater in normal operation, and with your treatment system operating properly with no system upsets. Collect samples from the center of the flow channel, where turbulence is at a maximum, at a site specified in your present NPDES permit, or at any site adequate for the collection of a representative sample.

Analysis

Except as specified below, all required quantitative data shall be collected in accordance with sufficiently sensitive analytical methods approved under 40 CFR 136 or required under 40 CFR chapter I, subchapter N or O. A method is “sufficiently sensitive” when:

- The method minimum level (ML) is at or below the level of the applicable water quality criterion for the measured pollutant or pollutant parameter.
- The method ML is above the water quality criterion, but the amount of the pollutant or pollutant parameter in the facility’s discharge is high enough that the method detects and quantifies the level of the pollutant or pollutant parameter in the discharge.

- The method has the lowest ML of the analytical methods approved under 40 CFR 136 or required under 40 CFR chapter I, subchapter N or O for the measured pollutant or pollutant parameter.

Consistent with 40 CFR 136, you may provide matrix- or sample-specific MLs rather than the published levels. Further, where you can demonstrate that, despite a good faith effort to use a method that would otherwise meet the definition of “sufficiently sensitive,” the analytical results are not consistent with the quality assurance (QA)/quality control (QC) specifications for that method, then the NPDES permitting authority may determine that the method is not performing adequately and the NPDES permitting authority should select a different method from the remaining EPA-approved methods that is sufficiently sensitive consistent with 40 CFR 122.21(e)(3)(i). Where no other EPA-approved methods exist, you must select a method consistent with 40 CFR 122.21(e)(3)(ii).

When there is no analytical method that has been approved under 40 CFR 136; required under 40 CFR chapter I, subchapter N or O, and is not otherwise required by the NPDES permitting authority, you may use any suitable method but shall provide a description of the method. When selecting a suitable method, other factors such as a method’s precision, accuracy, or resolution, may be considered when assessing the performance of the method.

Effluent Characteristics Continued	4.3	Is fecal coliform believed present, or is sanitary waste discharged (or will it be discharged)? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.5.						
	4.4	Provide data as requested in the table below. ¹ (See instructions for specifics.)						
		Parameter or Pollutant	Number of Analyses <small>(if actual data reported)</small>	Maximum Daily Discharge <small>(specify units)</small>		Average Daily Discharge <small>(specify units)</small>		Source <small>(Use codes per Instructions.)</small>
				Mass	Conc.	Mass	Conc.	
		Fecal coliform						
	<i>E. coli</i>							
	Enterococci							
	4.5	Is chlorine used (or will it be used)? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.7.						
	4.6	Provide data as requested in the table below. ¹ (See instructions for specifics.)						
		Parameter or Pollutant	Number of Analyses <small>(if actual data reported)</small>	Maximum Daily Discharge <small>(specify units)</small>		Average Daily Discharge <small>(specify units)</small>		Source <small>(use codes per instructions)</small>
			Mass	Conc.	Mass	Conc.		
Total Residual Chlorine								
4.7	Is non-contact cooling water discharged (or will it be discharged)? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 5.							
4.8	Provide data as requested in the table below. ¹ (See instructions for specifics.)							
	Parameter or Pollutant	Number of Analyses <small>(if actual data reported)</small>	Maximum Daily Discharge <small>(specify units)</small>		Average Daily Discharge <small>(specify units)</small>		Source <small>(use codes per instructions)</small>	
			Mass	Conc.	Mass	Conc.		
	Chemical oxygen demand (COD)							
Total organic carbon (TOC)								

SECTION 5. FLOW (40 CFR 122.21(h)(5))

Flow	5.1	Except for stormwater water runoff, leaks, or spills, are any of the discharges you described in Sections 1 and 3 of this application intermittent or seasonal? <input type="checkbox"/> Yes → Complete this section. <input type="checkbox"/> No → SKIP to Section 6.				
	5.2	Briefly describe the frequency and duration of flow.				

SECTION 6. TREATMENT SYSTEM (40 CFR 122.21(h)(6))

Treatment System	6.1	Briefly describe any treatment system(s) used (or to be used).				
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¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

EPA Identification Number	NPDES Permit Number	Facility Name
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SECTION 7. OTHER INFORMATION (40 CFR 122.21(h)(7))

Other Information	7.1	Use the space below to expand upon any of the above items. Use this space to provide any information you believe the reviewer should consider in establishing permit limitations. Attach additional sheets as needed.
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SECTION 8. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement	8.1	In Column 1 below, mark the sections of Form 2E that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.					
		Column 1	Column 2				
		<input type="checkbox"/> Section 1: Outfall Location	<input type="checkbox"/> w/ attachments (e.g., responses for additional outfalls)				
		<input type="checkbox"/> Section 2: Discharge Date	<input type="checkbox"/> w/ attachments				
		<input type="checkbox"/> Section 3: Waste Types	<input type="checkbox"/> w/ attachments				
		<input type="checkbox"/> Section 4: Effluent Characteristics	<input type="checkbox"/> w/ attachments				
		<input type="checkbox"/> Section 5: Flow	<input type="checkbox"/> w/ attachments				
		<input type="checkbox"/> Section 6: Treatment System	<input type="checkbox"/> w/ attachments				
		<input type="checkbox"/> Section 7: Other Information	<input type="checkbox"/> w/ attachments				
		<input type="checkbox"/> Section 8: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments				
	8.2	<p>Certification Statement</p> <p><i>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.</i></p> <table border="1"> <tr> <td>Name (print or type first and last name)</td> <td>Official title</td> </tr> <tr> <td>Signature</td> <td>Date signed</td> </tr> </table>		Name (print or type first and last name)	Official title	Signature	Date signed
Name (print or type first and last name)	Official title						
Signature	Date signed						