



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**



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APPENDIX A - PUBLICALLY OWNED TREATMENT WORKS

1. List the name and actual (or, if unavailable, estimated) population for each municipality, quasi-municipality, or unincorporated area served by this treatment facility:
Also, list the population equivalent, if known:

2. Provide the following plant Design and Treatment Data:
A. Average design flow (MGD):
B. Peak design flow (MGD):
C. Average design organic treatment capacity:
D. Peak design organic treatment capacity:

3. Indicate the type of sewer collection system.
A. Combined sanitary/storm sewer
B. Both separate and combined sewer
C. Separate sanitary/storm sewer
D. Other (please specify):

4. If you checked "A" in question 3, during storm events is the increased flow:
A. Bypassed to receiving stream with no treatment
B. Given partial treatment and discharged
C. Given complete treatment and discharged
D. Stored for later treatment

5. Does this treatment facility receive industrial wastes?
Yes
No

If yes, list each significant Industrial User of the sewer system which meets any of the following criteria:

Subject to National Categorical Pretreatment Standards; Discharges 25,000 gallons per day or more of process wastewater; Contributes process wastewater which makes up five percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or has a reasonable potential to adversely affect the POTW treatment plant. Attach additional sheets if necessary.

What percentage of the total flow to the wastewater facility can be attributed to non-domestic industrial sources? % of total flow

6. Are industrial discharges to the system controlled by ordinance?
Yes
No

7. Does the City currently have an approved Pretreatment Program approved under 40 CFR 403?

Yes (See Note below)

No

Pretreatment Program is being developed

NOTE: If the City has an approved Pretreatment Program, has the City evaluated the need to update their local limits?

Yes. When (attach any documentation) _____

No

Will it be necessary to revise the City's local limits?

Yes

No

8. Does the plant receive trucked-in waste?

Yes

No

If yes, describe wastes received, allowable discharge point(s), and if waste is subject to any other local, state, or federal regulations:

9. Does your discharge contain or is it possible for your discharge to contain one or more of the following substances: ammonia, cyanide, aluminum, beryllium, cadmium, chromium, copper, lead, mercury, nickel, selenium, zinc, phenols?

Yes, circle the substances which apply.

No

10. List all instances, over the last three years, of pollutant "pass-through" of the treatment system into the environment without adequate treatment or of "interference" with the operation of the treatment facilities. Give a brief description of why each "pass-through" or "interference" incident occurred.

11. Indicate any discharge sample analyses which are routinely performed by a contract laboratory or consulting firm. For each pollutant for which such analysis is performed, list the name, address, and telephone number of each such laboratory or firm.

12. Indicate any operational or maintenance aspects of your facility for which a contractor is responsible. Supply the name, address, and telephone number of the contractor and describe the contractor's responsibilities.

13. Has this facility been classified as a "Major"?

Yes, attach a copy of a Whole Effluent Toxicity (WET) Test.

No