

DEQ USE ONLY

Application #

File#

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LLID/RM:

ACD Fee Paid:

DOC Conf:

Notes:

**APPLICATION FOR NEW
WATER POLLUTION CONTROL FACILITIES
INDIVIDUAL PERMIT
(WPCF-N)**



OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
(SEE PAGES 3-6 FOR DETAILED INSTRUCTIONS)

DEQ USE ONLY

Date Received:

Total Amount Received:

Add. Amt. Due (if any):

Check #

Deposit #

Receipt #

IND DOM

OSS Surcharge:

A. REFERENCE INFORMATION

1. Legal Name of Applicant:

2. Is the name of the applicant the owner of the facility? Yes No

3. Legal Status of Applicant: Federal State Public Private Other (specify):

4. Name of Facility (if different than legal name):

5. Facility SIC Code: or NAICS code: 221111; 221119; 221310; 221330

B. FACILITY LOCATION

1. Physical Street Address:

City: State: Zip Code: County:

2. Latitude: degrees, minutes, seconds
Longitude: degrees, minutes, seconds

3. Township: Section:
Range: Tax Lot #:

C. FACILITY CONTACTS

RESPONSIBLE OFFICIAL

1. Full Name: Telephone #

Mailing Address: City: State: Zip Code:

FACILITY CONTACT

2. Full Name: Telephone #

Mailing Address: City: State: Zip Code:

INVOICE TO

3. Full Name: Telephone #

Billing Address: City: State: Zip Code:

D. GENERAL INFORMATION

1. Briefly describe the proposed facility, type of wastewater, and primary method of wastewater treatment and disposal:

2. Is the proposed facility located within the service boundary of a municipal sanitary sewerage system?
If "Yes", explain why this discharge is not being connected to a sanitary sewer: Yes No

3. Does the proposed facility described in D.1 discharge wastewater to an Underground Injection Control (UIC) system? Yes No

4. Is there any other wash water or wastewater that will be or is being discharged to a UIC system not described in D.1? If "Yes", also provide the information required in Section C, Preliminary Engineering Report/Facility Plan for each UIC. Yes No

5. Does or will stormwater at the facility be drained to a UIC system other than described by this application? If "Yes", also complete UIC Registration Form: Stormwater Drainage Systems (enclosed with this application). Yes No

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LEGAL NAME OF APPLICANT:

E. OTHER DEQ OR PUBLIC AGENCY PERMITS

List all other DEQ or public agency permits issued to or applied for this project:

F. PRELIMINARY ENGINEERING REPORT/FACILITY PLAN

Attach two copies of a Preliminary Engineering Report or Facility Plan Report that fully describes the proposed project using written discussion, maps, diagrams, and any other necessary materials. The report must contain the following information (see instructions for more detail):

1. Complete description of the proposal.
2. Location of the project, adjacent facilities, and waterways on a USGS topographic map. Include the location and latitude/longitude for all UIC wastewater systems on this map. Also provide a tax lot map for the project.
3. Schedule for development, including future expansion plans if applicable.
4. Schematic diagrams of waste streams and treatment/disposal facilities. Include the source and quantity of drinking water and water used for processing or manufacturing.
5. Wastewater characterization.
6. Plans for disposal of solid waste and sludges.
7. Site evaluation report prepared as outlined by OAR 340-071-0150 (on-site sewage disposal systems only).
8. Groundwater information for all areas where wastewater or sludge will be stored or disposed.
9. Evaluation of groundwater and surface water impacts and the steps that will be taken to prevent impacts from occurring.
10. Operation and maintenance plan that specifies the normal operation parameters of the system.

G. LAND USE COMPATIBILITY STATEMENT

Attach a complete Land Use Compatibility Statement (LUCS) signed by the local land use authority. The application will not be processed without evidence that the proposal is approved by the local land use authority and meets statewide planning goals.

H. UNDERGROUND INJECTION CONTROL (UIC) REGISTRATION

Federal and state regulations require that all UIC systems be registered with DEQ. By completing this application, your wastewater UIC systems (UIC) will be registered with the DEQ and you will be sent a UIC registration conformation letter to be maintained at the facility. You will be informed by DEQ of any additional UIC regulations that are applicable to your UIC system once this application has been reviewed.

I. SIGNATURE OF LEGALLY AUTHORIZED REPRESENTATIVE

I hereby certify that the information contained in the application is true and correct to the best of my knowledge and belief. In addition, I agree to pay all permit fees required by Oregon Administrative rules 340-045 and/or 340-071. This includes a new application fee to obtain the permit and a compliance determination fee invoiced annually by DEQ to maintain the permit.

Name of Legally Authorized Representative (Type or Print):

Title:

Signature of Legally Authorized Representative:

Date

DEQ USE ONLY

Regional WQ Permit Coordinator route copy of application and Preliminary Engineering Report/Facility Plan to HQ UIC Coordinator.

Date sent to HQ/Initials:

Date Received by HQ/Initials:

EPA Well Type:

5A5 Electric Power Generator	5R21 Aquifer Recharge	5W20 Industrial Process Water	5X15 In Situ Fossil (fuel recovery)
5A6 Geothermal Heat (open loop)	5W9 Untreated Sewage	5W31 Septic System (well disposal)	5X16 Spent Brine Return Flow
5A7 Closed Loop Heat Pump Return	5W10 Cesspool	5W32 Septic System (drainfield)	5X25 Experimental Technology
5A19 Cooling Water Return	5W11 Septic System (general)	5X13 Mine Tailings Backfill	5X26 Aquifer Remediation
5G30 Special Drainage Water	5W12 Water Treatment Plant Effluent	5X14 Solution Mining	5X27 Other Wells

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Please answer all questions and submit with the required application fees.
AN INCOMPLETE APPLICATION OR APPLICATION WITH INCORRECT FEES WILL NOT BE PROCESSED.
If the information requested is not applicable, please indicate as such

A. REFERENCE INFORMATION

1. Enter the legal name of the applicant. The permit will be issued to this entity. This is the person, business, public organization, or other entity that controls the facility described in this application and will be responsible for complying with the conditions of the permit. This must be the legal Oregon name (i.e., Acme Products, Inc.) or the legal representative of the company if it operates under an assumed business name (i.e. John Smith, dba Acme Products). The name must be a legal active name registered with the Oregon Department of Commerce, Corporation Division (503-378-4752), unless otherwise exempted by their regulations
2. Indicate if the applicant is the owner of the facility.
3. Provide the legal status of the applicant. Indicate "public" for a facility solely owned by local government.
4. Enter the common name of the facility or operation if different than the legal name of the applicant.
5. Enter the Standard Industrial Classification (SIC) four-digit code or North American Industry Classification System five or six-digit code (NAICS) for the facility. These codes are used to describe the primary activity at the facility and may be found on fire marshal reports, insurance papers, or tax forms. The NAICS codes replaced the SIC system in 1997, however, it is usually easy to convert between the two systems so either code is acceptable. SIC or NAICS information is also available from the U.S. Census Bureau at 1-888-756-2427 or at <http://www.naics.com/search.htm>.

B. FACILITY LOCATION

1. Enter the physical location of the facility (street address, not mailing address), including city, state, zip code, and county.
2. Enter the latitude and longitude of the approximate center of the facility or site in degrees/minutes/seconds. Latitude and longitude can be obtained from DEQ's location finder web site at <http://deq12.deq.state.or.us/website/findloc/> or from United States Geological Survey (USGS) quadrangle topographic maps by calling toll-free at 1-888-ASK-USGS (1-888-275-8747). For obtaining latitude and longitude from USGS maps, instructions may be obtained from DEQ's web site at <http://www.deq.state.or.us/wq/wqpermit/LatLongInstr.pdf>.
3. Enter the Township, Range, Section, and Tax Lot numbers for the regulated site.

C. FACILITY CONTACTS

1. Enter the name, telephone number, and mailing address of the Responsible Official. The Responsible Official is the person that receives official correspondence from DEQ, such as renewal notices or notices of noncompliance, and may be contacted if there are questions about this application.
2. Enter the name, telephone number and mailing address of the Facility Contact if different from the Responsible Official. The Facility Contact is the person located at the facility that has specific knowledge of the facility or operation under permit (e.g., the treatment plant operator), and may be contacted if there are specific questions about this application.
3. Enter invoicing information for billing purposes if different from the Responsible Official (e.g., "Invoice To: Business Office - Accounts Payable").

D. GENERAL INFORMATION

1. Briefly describe the proposed facility, type of wastewater (industrial, sewage or both), and primary method of wastewater treatment and disposal. For example, "2 MGD domestic sewage treatment plant consisting of non-discharging, evaporative lagoons" or "Seasonal jelly processing facility with land irrigation of process wastewater."
2. Indicate if a sanitary sewer system is available to receive this wastewater. If "yes," explain why this discharge is not being connected to sanitary sewer.
3. Indicate if an Underground Injection Control (UIC) system will be used or is currently used to dispose of wastewater for the proposed facility described in D.1. Wastewater includes wash water, process wastewater, and/or sewage. The following wastewater disposal systems are considered UICs:

- Non-residential onsite sewage system with a design flow of 2,500 gallons per day or designed to serve 20 or more people a day (excluding single-family residential systems)
- Multi-family residential onsite sewage systems regardless of size
- Any onsite sewage system, regardless of size, that receives industrial wastewater
- Dry wells or sumps
- Infiltration trenches
- French drains
- Industrial wastewater drain holes
- Cesspools/sewage drain holes

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4. Indicate if there is any other wash water or wastewater at the regulated site that will be or is being discharged to a UIC system not included in the proposed facility description found in D.1. **If "yes," also provide the information required in Section F, Preliminary Engineering Report/Facility Plan for each UIC.**
5. Indicate if a UIC system other than the one described in this application will be used or is currently used to drain storm water. **If "yes," complete the UIC Registration Form: Storm Water Drainage Systems enclosed with this application.** The following storm drainage systems are considered UICs:
 - Any UIC wastewater system also used for storm damage
 - Dry wells or sumps
 - Infiltration trenches
 - French drains
 - Storm drain holes

E. OTHER DEQ OR PUBLIC AGENCY PERMITS:

In order for DEQ to coordinate with other DEQ divisions and public agencies, list all permits issued to or applied for this project.

F. PRELIMINARY ENGINEERING REPORT/FACILITY PLAN:

Two copies of a Preliminary Engineering Report or Facility Plan Report must accompany this application and contain the following minimum information:

[Note: When constructing community sewage treatment facilities, also refer to DEQ's *Guidelines for Planning Community Wastewater Projects (January 1998)* for assistance on developing a facility plan.]

1. A description that includes all aspects of the facility, including services to be provided and activities to be conducted.
 2. A USGS topography map that shows the location and scope of the project, locations of adjacent facilities, waterways, wetlands, drainage ways, residential areas, industrial facilities, and commercial areas, including the location and latitude/longitude for all UIC wastewater systems. Also provide a tax lot map for the project.
 3. The proposed development and construction schedule. Also include future expansion plans or potential plans.
 4. Schematic diagrams that include each waste stream, collection facilities, treatment and control facilities, and ultimate disposal methods for each waste product or wastewater effluent. Include a water balance for each waste stream. If alternatives for treatment are also being considered, they should be included as well. Also include the source and quantity of drinking water and water used for processing or manufacturing if different from drinking water supply.
 5. A characterization of the quantity and quality of each waste stream.
 6. Plans for collection, storage, and disposal of any sludges generated by the treatment process, including a characterization of volume and quality.
 7. For on-site sewage systems only, a site evaluation report prepared as outlined in OAR 340-071-0150 by an Agent of the Department or qualified consultant. The report shall contain, at a minimum, a site diagram and observations of the site characteristics.
 8. Groundwater information for all areas where wastewater or sludge will be stored or disposed. The following minimum information is required:
 - Climatic information
 - Topography and soil profile description
 - Flooding and erosion potential
 - Groundwater aquifer characteristics, including quality and gradient
 - Location of all wells and springs within a 1/2 mile radius
- In areas of shallow, unprotected aquifers or other areas with high potential for groundwater contamination, additional information may be required (see [OAR 340-040-0030](#))***
9. A description of the groundwater and surface water impacts that may occur during construction and operation of the facility. Also detail the steps that will be taken to prevent such impacts from occurring.
 10. An operation and maintenance plan that specifies the normal operating parameters of the system(s). Include, for example, the length and spacing of dose cycles, gallonage of a dose cycle, and calibration of flow meters or elapsed time meters. The maintenance schedule should address ALL components to be inspected and maintained, together with procedures for doing so. For each item, include the frequency for inspecting it and the maintenance procedure. If available, include the manufacturer's operation and maintenance literature for system components.

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G. LAND USE COMPATIBILITY STATEMENT:

A completed Land Use Compatibility Statement (LUCS) signed by the local land use authority must be submitted with this application. The application will not be processed without evidence that the proposal is approved by the local land use authority and meets statewide planning goals. A LUCS form is enclosed with this application.

H. UNDERGROUND INJECTION CONTROL (UIC) REGISTRATION:

Federal and state regulations require that all UIC systems be registered with DEQ. By completing this application, your wastewater UIC system(s) will be registered with DEQ and you will be sent a UIC registration confirmation letter to be maintained at the facility. You will be informed by DEQ of any additional UIC regulations that are applicable to your UIC system once this application has been reviewed.

I. SIGNATURE OF LEGALLY AUTHORIZED REPRESENTATIVE

The signature of a legally authorized representative must be provided in order to process this application. See the table below for more information.

DEFINITION OF LEGALLY AUTHORIZED REPRESENTATIVE:

Please also provide the information requested in brackets []

- **Corporation** - president, secretary, treasurer, vice-president, or any person who performs principal business functions; or a manager of one or more facilities that is authorized in accordance to corporate procedure to sign such documents
- **Partnership** - General partner *[list of general partners, their addresses, and telephone numbers]*
- **Sole Proprietorship** - Owner(s) *[each owner must sign the application]*
- **City, County, State, Federal, or other Public Facility** - Principal executive officer or ranking elected official
- **Limited Liability Company** - Member *[articles of organization]*
- **Trusts** - Acting trustee *[list of trustees, their addresses, and telephone numbers]*

FEE AND APPLICATION SUBMITTAL:

Please see the cover letter enclosed with this application form or call the appropriate regional office below for fee information and to determine where to send this application. Send this form and fee to the regional office. Make your check payable to the Department of Environmental Quality.

FOR ONSITE SEWAGE SYSTEMS IN NORTHWEST REGION AND WESTERN REGION:

(see map on next page)

DEQ Western Region
Attn: WPCF-OS Section
165 East 7th Avenue, Suite 100
Eugene, OR 97401-3049
541-686-7838 or 1-800-844-8467

FOR ALL OTHER SYSTEMS OR FACILITIES:

(see map on next page)

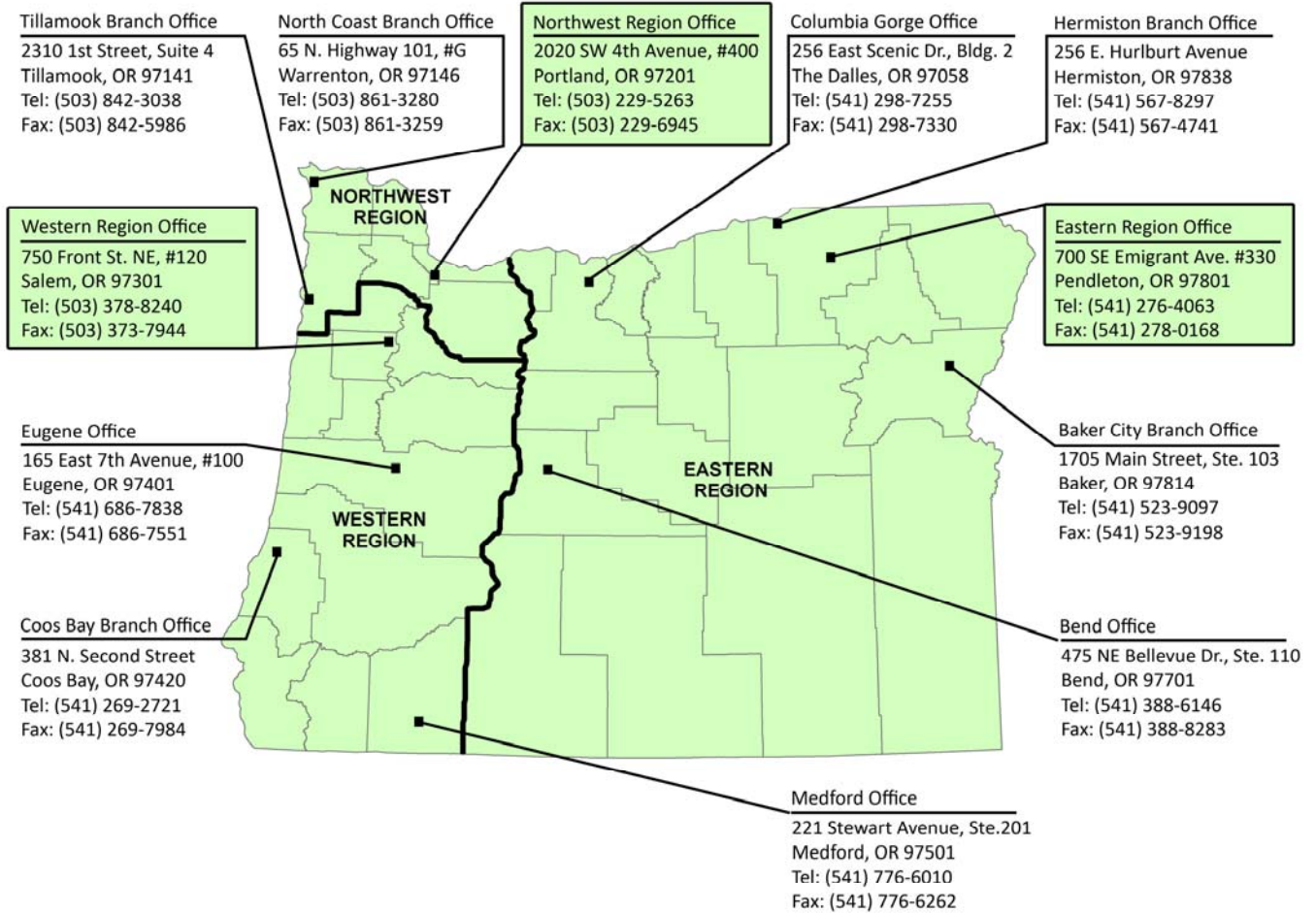
DEQ Northwest Region
2020 SW 4th Avenue, Suite 400
Portland, OR 97201-4987
503-229-5263 or 1-800-452-4011

DEQ Western Region
750 Front Street NE, Suite 120
Salem, OR 97301-1039
503-378-8240 or 1-800-349-7677

DEQ Eastern Region
700 SE Emigrant Avenue, Suite 330
Pendleton, OR 97801
541-276-4063 or 1-800-452-4011

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DEQ REGIONAL AND BRANCH OFFICES



NOTE: SUBMIT YOUR APPLICATION TO THE APPROPRIATE REGIONAL OFFICE

NORTHWEST REGION COUNTIES

Clackamas	Clatsop	Columbia	Multnomah	Tillamook	Washington
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WESTERN REGION COUNTIES

Benton	Coos	Curry	Douglas	Jackson	Josephine
Lane	Lincoln	Linn	Marion	Polk	Yamhill

EASTERN REGION COUNTIES

Baker	Crook	Deschutes	Gilliam	Grant	Harney
Hood River	Jefferson	Klamath	Lake	Malheur	Morrow
Sherman	Umatilla	Union	Wallowa	Wasco	Wheeler