

# “TEMPORARY” DISCHARGES

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**NORTH DAKOTA**  
DEPARTMENT *of* HEALTH

# TEMPORARY DISCHARGE PERMIT (NDG-070000)



# Temporary Discharge Permit

- Permit # NDG-070000
- Issued April 1, 2010
- Expiration March 31, 2015



# Temporary Discharge Permit

- ▣ What is considered a temporary discharge?
  - Disinfection of potable water lines, swimming pools, and similar structures.
  - Pump testing of water wells.
  - Construction dewatering.
  - The treatment of contaminated ground or surface water from remediation activities.
  - Hydrostatic testing of pipes, tanks or other vessels

# Temporary Discharge Permit (Stormwater Construction)

-How to apply for a permit?

Submit a NOI-Short Form C

- 30-days prior to start of discharge.

- What is required under the permit?

- Take water samples and submit the results to the Health Department.

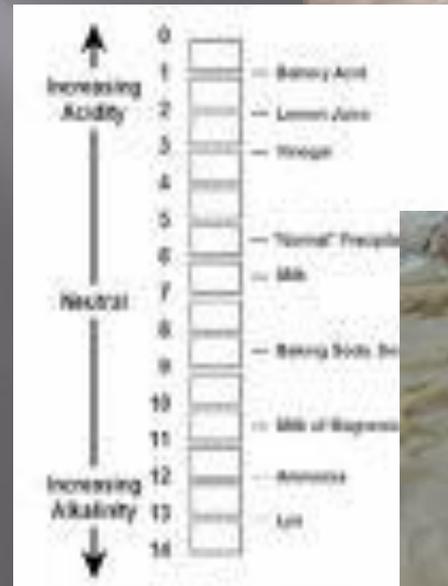
# Short Form C

- ▣ Used as application
- ▣ Address certain items
  - Brief description
  - Method of treatment
  - Amount discharged
  - Discharge point(s)
  - Aerial Photograph and possible Topographic Map

APPLICATION FOR PERMIT TO DISCHARGE (NDPDES) INDUSTRIAL-SHORT FORM C NORTH DAKOTA DEPARTMENT OF HEALTH DIVISION OF WATER QUALITY SFN 8319 (1-96)				FOR DEPT USE ONLY		
				Application Number _____		
				Date Received _____		
Organization Responsible for Facility						
Individual Responsible for Discharge				Telephone Number		
Mailing Address			City	State	Zip Code	
Brief description of nature of operations which produce the discharge						
Check all possible substances which discharge may contain:						
Aluminum	Beryllium	Chromium	Cyanide	Mercury	Phenols	Zinc
Ammonia	Cadmium	Copper	Lead	Nickel	Selenium	Other _____
<b>METHOD OF TREATMENT IS TO ROUTE WATER TO:</b>						
Municipal Sewer System		Owner of System		If discharge is to a municipal sewer system, skip to signature area at bottom.		
OR	Evaporation Lagoon or Ponds		Number of Ponds	Size of Each (Acres)		
OR	No Treatment, Goes to Surface Waters Directly		Name of Body of Water			
OR	Other (Specify)					
Method of Treating Sanitary Wastes (if different from above)						
TYPE AND AMOUNT OF WASTEWATER DISCHARGED TO TREATMENT SYSTEM(S) OR WATER OF THE STATE						
Sanitary Wastewater _____ gal/day		Cooling Water _____ gal/day		Hydrostatic Testing _____ gal/day		
Process Water _____ gal/day		Surface Runoff Water		Other: Type _____ / _____ gal/day		
Frequency of Discharge from Treatment Facility (if only certain months please indicate)						
Number of Separate Discharge Points: 1    2    3    4 or more <b>If more than one, attach sheet with locations and type of waters involved at each point.</b>						
<b>DISCHARGE POINT LOCATION</b>	Latitude		Longitude		County	
	OR	1/4    1/4    Section	Township	Range	County	
Provide a brief description of area to which treated discharge flows (i.e., river, unnamed stream, landlocked slough, lake, etc.). Use names whenever possible.						
<b>RETURN COMPLETED APPLICATION TO:</b>			<b>CERTIFICATION:</b>			
North Dakota Department of Health Division of Water Quality P.O. Box 8520 Bismarck, ND 58506-8520 Telephone: 701.328.5210			I certify I am familiar with NDCC 61-26-08 and with the information contained in this application. To the best of my knowledge and belief the information in this application is true, complete and accurate.			
			Name of Applicant		Title	
			Signature of Applicant		Application Date	

# Effluent Limits

- ▣ TSS- 100.0 mg/l
- ▣ Total Residual Chlorine- 0.05mg/l
- ▣ Total Petroleum Hydrocarbons- 10.0 mg/l
- ▣ pH- 6 to 9 S.U. for class II and III waters or 7 to 9 S.U. for class I and IA waters

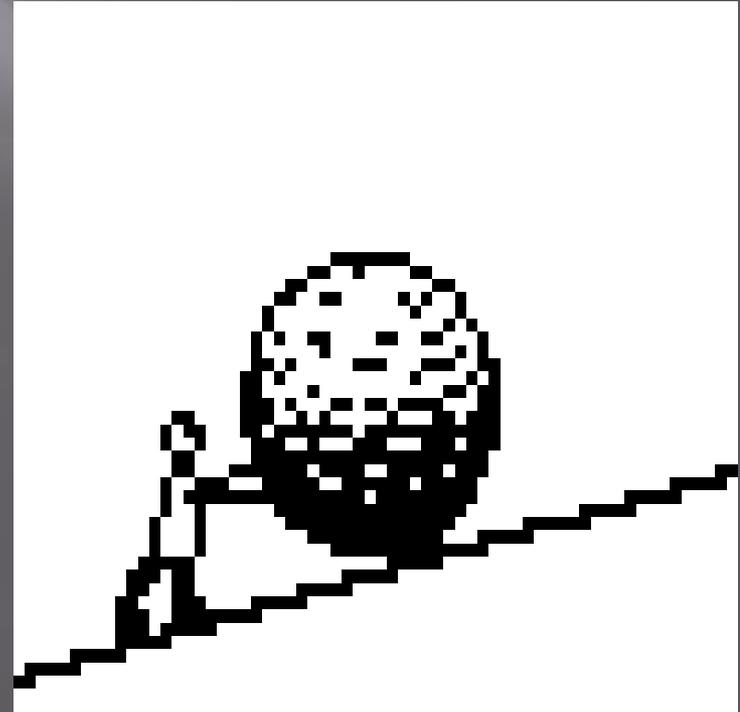


# Inspections/ Daily Logs

- ▣ Inspections for site, **DAILY** while dewatering
- ▣ Inspections kept for 3 years
- ▣ **DAILY** Logs
  - Flow information and discharge dates
  - Sample results
  - Visual inspections
  - Notation of any problems (ESC)
  - Name of receiving water

# Reporting

- ▣ Discharge Monitoring Reports (DMRs) cover a 3 month cycle
- ▣ 1<sup>st</sup> Quarter (Jan- Mar), etc
- ▣ Monitoring results summarized
- ▣ Send DMR to NDDH



# Termination



- ▣ Submit NOT
  - As simple as a few sentences in a cover letter.
- ▣ State reason why termination
- ▣ Can be written with Inspection Reports