



APPLICATION (NOTICE OF INTENT) TO OBTAIN COVERAGE UNDER NDPDES GENERAL PERMIT FOR DISCHARGES ASSOCIATED WITH WATER TREATMENT PLANTS AND POTABLE DISTRIBUTION SYSTEMS (NDG52-0000)
 NORTH DAKOTA DEPARTMENT OF HEALTH
 DIVISION OF WATER QUALITY
 SFN 60528 (12/2013)

FOR DEPT. USE ONLY

Application Number

Date Received

GENERAL INFORMATION

1. Legal Name of Owner Responsible for Facility				2. Owner Telephone Number	
3. Mailing Address		4. City		5. State/Province	6. ZIP code
7. Name of Facility		8. Contact Person Name		9. Contact Telephone Number	
10. Contact Mailing Address		11. City		12. State/Province	13. ZIP Code
14. Location of Treatment System	Quarter (ABCD)	Section	Township	Range	15. County
16. Date Constructed			17. Operational Start-up Date		
18. NDPDES ID			19. Public Water System ID		

TYPE OF COVERAGE

20. Water Treatment and Distribution System Components:					
<input type="checkbox"/> Oxidation/Filtration	<input type="checkbox"/> Miscellaneous Waste	<input type="checkbox"/> Intake Screen Backwash			
<input type="checkbox"/> Chemical Precipitation/Filtration and Coagulation/Filtration	<input type="checkbox"/> Chlorinated Discharge	<input type="checkbox"/> Line Flushing			
<input type="checkbox"/> No Discharge Under Normal Operating Conditions	<input type="checkbox"/> Membrane Filtration				

DISCHARGE POINT LOCATION (Complete either Latitude and Longitude (Decimal Degrees) OR Section, Township, and Range):

21. Point ID	Latitude	Longitude			County
	Quarter (ABCD)	SEC.	TWP.	RGE.	
22. Point ID	Latitude	Longitude			County
	Quarter (ABCD)	SEC.	TWP.	RGE.	
23. Point ID	Latitude	Longitude			County
	Quarter (ABCD)	SEC.	TWP.	RGE.	
24. Receiving stream					

SIGNATURE

RETURN COMPLETED APPLICATION TO: North Dakota Department of Health Division of Water Quality 918 East Divide Avenue, 4 th Floor Bismarck, ND 58501-1947 Telephone: (701) 328-5210 Fax: (701) 328-5200	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.			
	25. Printed name of applicant(s)		26. Title	
	27. Signature of applicants(s)		28. Date	

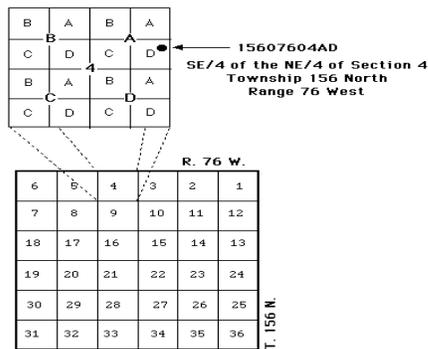
Instructions

Submission of this application is notice that the owner identified on the application intends to be authorized to discharge wastewater associated with the production of drinking water and distribution system flushing to waters of the state in accordance with conditions set forth in North Dakota Pollution Discharge Elimination System permit number NDG52-0000.

Permit coverage becomes effective immediately upon signature of Notice of Coverage letter.

General Information

1. **Legal Name of Owner Responsible for Facility.** List the individual, company, organization or entity for which the legal responsibility falls.
2. **Owner Telephone Number.** Provide a valid telephone number for the organization.
- 3 through 6. **Mailing Address.** Provide a valid mailing address for the owner. The "owner" may be a municipality, business, or person.
7. **Name of Facility.** Provide official name of the facility.
8. **Contact Person Name.** List the contact person who is responsible for the operation and maintenance of the facility.
9. **Contact Telephone Number.** Provide a valid telephone number for the organization.
- 10 through 13. **Contact Mailing Address.** Provide a valid mailing address for the listed contact person.
14. **Location of Treatment System.** Provide the numerical township, range and section of the Water Treatment Plant. Provide the quarter section in the ABCD format. See below.



15. **County.** Provide the county in which the facility is located.
16. **Date Constructed.** Provide the date in which the facility or distribution system started construction.
17. **Operational Start-up Date.** Provide the date in which the facility or distribution system started operation.
18. **NDPDES ID.** Provide your North Dakota Pollutant Discharge Elimination System (NDPDES) permit number if you currently have one.
19. **Public Water System ID.** Provide your identification number given to your facility by the Division of Municipal Facilities within the North Dakota Department of Health.

Type of Coverage

20. **Water Treatment and Distribution System Components.** Water treatment plants should check the box(s) that indicate which type of treatment is used in producing potable water. More than one box may be checked. If the water treatment plant discharges all wastewater to the local Public Works Treating Wastewater (POTW) then check "No Discharge Under Normal Operating Conditions". Potable distribution systems may want to obtain coverage under this general permit for line flushing beyond hydrant flushing.

Discharge Point Location

- 21 through 23. **Discharge Point(s) Location.** Provide the numerical township, range, and section of a discharge point. Provide the quarter section in the ABCD format as shown in 14. Provide the county in which the discharge point is located.
24. **Receiving Stream.** Provide a brief description of area to which treated discharge flows (i.e. river, unnamed stream, landlocked slough, lake, etc.). Use names whenever possible.

Signature Information

- 25 through 28. **Owner Information.** Provide the information requested for the owner of the water treatment plant and/or potable water distribution system. The signatory must be a responsible corporate officer, a general partner, or a principal executive officer or ranking elected official as required in Part IV.E. of the permit number NDG52-0000.