APPLICATION FOR PERMIT TO DISCHARGE (NDPDES) INDUSTRIAL-SHORT FORM C

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF WATER QUALITY
SFN 8319 (1-96)

Clear Form

Instructions: This form can be filled out on a computer.

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_____

METHOD OF TREATMENT IS TO ROUTE WATER TO:

☐ 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 **If more than one, attach sheet with locations and types of waters handled at each point.**

DISCHARGE POINT LOCATION					
Latitude 0 ____ I ____ II ____		Longitude 0 ____ I ____ II ____			County
OR	____ ¼ ____ ¼	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.

RETURN COMPLETED APPLICATION TO:

North Dakota Department of Health
Division of Water Quality
918 East Divide Avenue, 4th Floor
Bismarck, ND 58501-1947
Telephone: 701.328.5210

CERTIFICATION:

I certify I am familiar with NDCC 61-28-08 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