



## Wyoming Pollutant Discharge Elimination System (WYPDES)

Department of Environmental Quality  
Application for Permit to Discharge Wastewater for:

### *Non-Process Wastewater, Form H Application Instructions*

New: 06-11-08

The non-process wastewater, Form H, is a permit application to discharge wastewater for new and existing operator of facilities that discharge only non-process wastewater (process wastewater is water that comes into direct contact with or results from the production or use of any raw material, intermediate product, finished product, byproduct, waste product, or wastewater) which not regulated by effluent limitation guidelines or new source performance standards. The form is intended primarily for use by dischargers noncontact cooling water. It may not be used for discharges of stormwater runoff or by educational, medical, or commercial chemical laboratories or for sanitary waste.

#### **Mail the application to:**

WYPDES Permits Section  
Department of Environmental Quality/WQD  
122 West 25th Street, Herschler Building, 4W  
Cheyenne, WY 82002

**When to file:** Please file 180 days before your present WYPDES permit expires or 180 days prior to startup.

**Fees:** Permits issued under the WDEQ (Wyoming Department of Environmental Quality) program are subject to an annual \$100 permit fee as long as the permit is active. The annual billing cycle is based on the calendar year. There is no need to pay the fee with the application. All permit fees are invoiced after January 1<sup>st</sup> of each year.

#### **General Application Instructions:**

1. Please provide as much information as possible on the application form. Additional spaces may be inserted in the application form to accommodate additional information. Please keep attachments to a minimum.
2. Please provide a response to ALL items, even if it is to indicate that the item is "not applicable". Leaving items blank may result in the application being returned as incomplete.
3. Do NOT separate any portion of the application, including the following tables. All supplemental information should be attached **following** the permit application. Use of cover sheets should be restricted to supplemental information **ONLY**.
4. Do not staple or bind any of the permit application materials. Only binder clips or paper clips should be used to separate or bind materials.
5. While the WDEQ allows permittees to reference previously completed works, please ascertain that the item being referenced is available to WDEQ personnel for review during the permit application process. WDEQ personnel may request copies of referenced works if not available for review. Information easily incorporated into the permit application may not be referenced (for example, the names and addresses of land owners).
6. Please place all oversized pages at the back (END) of the permit application materials. This aids in scanning and/or copying of the permit application materials. If necessary to attain adequate legibility, tables may be enlarged and submitted on paper other than 8.5 X 11. Use whatever size necessary to achieve adequate legibility.
7. If at all possible, the WDEQ would appreciate the inclusion of an electronic version of the permit application, either on CD or floppy diskette, including any supplemental permit application materials. Inclusion of an electronic version of the permit application speeds permit processing.
8. If at all possible, the WDEQ would appreciate the inclusion of an electronic version of the outfall location table (Table 1 in the permit application), in either Word (.doc) or Excel (.xls) format for inclusion in the draft permit document. Inclusion of this information speeds permit drafting.

9. Please include unique footer information on each page of this application and on all supporting documentation using the following format: "Company Name/ Application type (NEW, MOD, RENEWAL)/ If applying for a renewal or modification, use of the existing WYPDES permit number is sufficient as a unique footer identifier.  
*For example: "Amy's Company/ Renewal/ WY000000/Today's Date"*

**Specific items:**

- Item 1.** Application type: If the application type is renewal or major modification, please provide the permit number "WY000000" and expiration date "12/31/2018".
- Item 2.** Self explanatory.
- Item 3.** Provide the general township(s) or range(s) of the facility location.
- Item 4.** Provide a street address if appropriate. If not, indicate that the item is "not applicable" or N/A.
- Item 5.** Receiving waters: This item requires the permittee to provide the written description of drainages from the mainstem to the outfall location. For example: "Powder River via Wild Horse Creek via Middle Prong Wild Horse Creek via an unnamed ephemeral tributary" or "North Platte River via Deer Creek".
- Item 6.** Facility Name: This is the facility name that will appear on your WYPDES permit.
- Item 7.** SIC Code: "Standard Industrial Classification Manual" or SIC codes numbers are industrial descriptions which are prepared by the Executive Office of the President, Office of Management and Budget. The SIC codes are listed on our website at [http://deg.state.wy.us/wqd/WYPDES\\_Permitting/index.asp](http://deg.state.wy.us/wqd/WYPDES_Permitting/index.asp). List in descending order of significance, the four 4-digit standard industrial classification (SIC) codes which best describe your facility in terms of the principal products or services you produce or provide. Also, specify each classification in words. These classifications may differ from the SIC codes describing the operation generating the discharge.
- Item 8.** Permittee Contact Information: This is the company, organization, or individual that has day-to-day supervision and control of activities occurring at the facility. Also, preference is referring to which form of communication do you prefer (e.g. phone, email, fax, etc.)
- Item 9.** Enter the appropriate box to indicate the legal status of the applicant. Indicate "public" for facility solely owned by local government(s) such as a city, town, county, etc.
- Item 10.** Enter the appropriate box to indicate the applicant status as owner and/or operator. Check all boxes that apply.
- Item 11.** Operator Contact Information: This is the individual that has day-to-day supervision and control of activities occurring at the facility. This may be the same as permittee.
- Item 12.** Briefly describe the nature of your business (e.g. products produced or services provided).
- Item 13.** Describe modification requests: For a modification or renewal of the permit, please provide either currently underway or anticipated projects over the next five years, which will affect the quality of the discharge. Note major modification applications for permits within six months of their expiration date will also be processed as renewals. For new facilities, indicate N/A.
- Item 14.** Operational History: For new facilities, provide an estimated date when you expect to begin discharge. For existing facilities, provide an estimated date when the facility was operational.
- Item 15.** Cooling water additives: Self explanatory.
- Item 16.** Provide the name(s) and mailing address(es) of owner(s) of the surface right on whose land the discharge occur. In case where the land is owned by the state or federal government but surface rights are leased to a private individual, provide lessee's name and address.
- Item 17.** Outfall location: **Table 1.** Provide all the information requested in the table for each proposed discharge point (outfalls). If proposing changes (a major modification) to an existing facility, clearly indicate the desired changes on the table. Additional tables may be attached. Use the format provided.

The mainstem is the closest perennial water (class 2). Stream distance from the outfall to the mainstem should be measured in stream miles versus as "the crow flies". Latitude and longitudes should be accurate to a minimum of 5 decimal places and using North American Datum 1983 (NAD 83).

**Item 18. Table 2:** Effluent Characteristic per outfall

All pollutant levels must be reported as concentration and as total mass (except for discharge flow, pH, E.coli, and temperature). Total mass is the total weight of pollutants discharged over a day. Use the following abbreviations for units:

<b>Concentration</b>		<b>Mass</b>	
ppm	parts per million	lbs	pounds
mg/L	milligrams per liter	ton	tons (English tons)
ppb	parts per billion	mg	milligrams
µg/L	microgram per liter	g	grams
kg	kilogram	T	tones (metric tons)

**A. Existing Sources:** You are required to provide at least one analysis for each pollutant or parameter listed by filling in the requested information under the applicable column. Data reported must be representative of the facility's current operation (average daily values over the previous 365 days should be reported). Most facilities routinely monitor these pollutants or parameters as part of existing permit requirements. The pollutants or parameters listed are: average flow, biochemical oxygen demand (BOD), total suspended solids (TSS), E. Coli (if believed present or if sanitary wastes is discharged, pH, total residual chlorine (if chlorine is used), temperature (winter and summer), oil and grease, chemical oxygen demand (COD), total organic carbon (TOC) (COD and TOC are only required if noncontact cooling water is discharged), and ammonia (as N).

Lab Results: When quantitative data for a pollutant are required, the applicant must collect a sample from the facility being proposed for renewal or modification. The analyses must be conducted in accordance with approved EPA test procedures (40 CFR Part 136). Include a signed copy of your lab report that includes the following:

- i. Detection limits
- ii. Results of each of the chemical parameters at the chemical state given below
- iii. Quarter/quarter, section, township, and range of the sample collection location
- iv. Time and date of sample collection
- v. Time and date of analysis for each parameter
- vi. Analyst's initials for each parameter
- vii. Detection limit for each parameter as achieved by the laboratory
- viii. WYPDES permit number and outfall number, where the sample was collected

For pH, temperature, cyanide, total phenols, residual chlorine, oil and grease, fecal coliform, fecal streptococcus and E.coli, grab samples must be used. For all other pollutants 24-hour composite samples must be used. However, a minimum of one grab sample may be taken for effluents from holding pond or other impoundments with a retention period of greater than 24-hours. In addition, the administrator may waive composite sampling for any outfall for which the applicant demonstrates that the use of an automatic sampler is infeasible and that the minimum of four grab samples will be a representative sample of the effluent being discharged. WDEQ may require additional information and/or analysis of these pollutants at a later date. If you expect a pollutant to be present solely as a result of its presence in your intake water, state this information on Table 2.

**B. New discharges:** You are required to provide an estimated maximum daily and average daily value for each pollutant or parameter (exceptions noted on this form). Please note that follow-up testing and reporting may be required after the facility starts to discharge. Sampling and analysis are not required at this time. If, however, data from such analyses are available, then such data should be reported. The source of the estimates is also required. Based your determination of whether a pollutant will be present in your discharge on your knowledge of the proposed facility's use of maintenance chemicals, and any analyses of your effluent or of any similar effluent. You may also provide the estimates based on available in-house or contractor's engineering reports or any other studies performed on the proposed facility. If you expect a pollutant or parameter to be present solely as a result of its presence in your intake water, state this information on Table 2.

In providing the estimates, use the codes in the following table to indicate the sources of such information:

Engineering Study	
Actual data from pilot plants.....	1
Estimates from other engineering studies.....	2
Data from other similar plants.....	3
Best professional estimates.....	4
Others.....	specify on the form

**C. Testing water:** The administrator may waive the reporting requirements for pollutants in Table 2 if the applicant has demonstrated that such a waiver is appropriated because information adequate to support issuance of a permit can be obtained with less stringent requirements. This request should be submitted before or with the permit application.

**Item 19.** This applies to existing facilities only.

**Item 20.** Indicate whether the discharge will be continuous, intermittent and/or seasonal, or no discharge for each outfall. If the discharge is to be intermittent and/or seasonal, for each outfall provide I) Number of times per year the discharge is to occur II) Anticipated duration of each discharge III) Anticipated flow of each discharge IV) Months in which discharge is expected to occur.

**Item 21.** Facility map: Attach a description and a clear, legible, detailed topographic map of the discharging facility that extends one mile beyond the property boundaries. Include the following:

- a. A legend
- b. Well locations where fluids from the facility are injected underground
- c. Retention Ponds
- d. Each intake sites
- e. Discharge points (outfalls)
- f. Monitoring and/or compliance points
- g. Hazardous waste treatment, storage, or disposal facilities
- h. Immediate receiving streams
- i. Section, Township, and Range information
- j. 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.

**Item 22.** Self explanatory.

**Item 23.** Treatment system: Describe briefly any treatment system(s) used or to be used and indicated whether the treatment system is physical, chemical, biological, sludge and disposal, or other. Provide the type(s) of process(es) used or plan to be used. For example, if a physical treatment system is used, specify the processes applied, such as grit removal, ammonia stripping, dialysis, etc.

**Item 24.** For each outfall, fill out the attached "Outfall Specific Information" sheet (see page 7). Use additional pages for each outfall.

**Item 25.** Self explanatory

**Item 26.** List all active permits or construction approvals received or applied for by the applicant for the following programs:

- Hazardous Waste Management program under the Resource Conservation and Recovery Act.
- Underground injection control program under the Safe Drinking Water Act.
- WPDES program under Clean Water Act.
- Prevention of Significant Deterioration program under the Clean Air Act.
- Non-attainment program under the Clean Air Act.
- National Emission Standards for Hazardous Pollutants under the Clean Air Act.
- Section 404 of the Clean Water Act.
- Impoundments and/or Appropriation of Surface Water under the State Engineer's Office
- Reservoirs under the Oil and Gas Conservation Commission.
- Other relevant local, state, or federal environmental permits.



Wyoming Pollutant Discharge Elimination System (WYPDES)

Official Use only  
Date Received:

Department of Environmental Quality  
Application for Permit to Discharge Wastewater for:

**Non-process wastewater, Form H**

New: 05-21-08

- ✓ Please print or type. Submission of illegible materials will result in return of the application to the applicant.
- ✓ All items must be completed accurately and in their entirety or the application will be deemed incomplete and the processing will be delayed or application returned.
- ✓ An original signature of the applicant is required. Faxes cannot be accepted.

1. Check the box corresponding to the type of application being applied for:

- New
- Renewal
- Major modification

Permit number \_\_\_\_\_ Expiration Date: \_\_\_\_\_

2. Description of type of waste:

- Long term construction dewatering
- Noncontact cooling water
- Other Non-process wastewater (explain): \_\_\_\_\_

3. General Facility Location: Township(s) \_\_\_\_\_ Range(s) \_\_\_\_\_

4. Street address if applicable: \_\_\_\_\_

5. Receiving Waters \_\_\_\_\_

6. Name of the facility producing the discharge \_\_\_\_\_

7. Standard Industrial Classification code (SIC Code) and description: \_\_\_\_\_

8. Permittee and Consultant (if applicable) Contact Information:

<i>Permittee Contact Name</i>	<i>Consultant Contact Name</i>
<i>Company Name</i>	<i>Company Name</i>
<i>Mailing Address</i>	<i>Mailing Address</i>
<i>City, State, and Zip Code</i>	<i>City, State, and Zip Code</i>
<i>Telephone Number</i>	<i>Telephone Number</i>
<i>E-Mail Address</i>	<i>E-Mail Address</i>
<i>Preference for contact:</i>	<i>Preference for contact:</i>

9. Status of applicant:  Federal  State  private  public  Other \_\_\_\_\_

10. Status of applicant (check more than one):  Owner  Operator

11. Operator Information:

<i>Operator Name</i>
<i>Operator Certification Number/Class</i>
<i>Mailing Address</i>
<i>City, State, and Zip Code</i>
<i>Telephone Number</i>
<i>E-Mail Address</i>

12. Please include a brief description of the nature of the business conducted at this facility and principal products or services provided by the facility.

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13. Describe modification or renewal requests:

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14. Operational History: Date of operation \_\_\_\_\_

15. Are any cooling water additives used or expected to be used upon commencement of operations?

YES  NO

16. Landowner or lessee's contact information:

<i>Landowner #1 Name</i>	<i>Landowner #2 Name</i>
<i>Mailing Address</i>	<i>Mailing Address</i>
<i>City, State, and Zip Code</i>	<i>City, State, and Zip Code</i>

(additional spaces may be added as necessary)

17. Outfall location: Complete the attached **Table 1**.

18. Outfall Characterization: Complete the attached **Table 2**. See application instructions for details.

19. For applications for existing facilities, has the facility ever exceeded permit limits or water quality standards?

YES  NO  Never discharged or not constructed

If yes,

- a. Which constituents?
- b. Has the exceedance been addressed?
- c. Describe how the exceedance was addressed.

20. Is discharge (check one):

- Continuous
- No Discharge
- Intermittent and/or seasonal

If intermittent and/or seasonal, provide:

- a. Number of times per year the discharge is to occur \_\_\_\_\_
- b. Anticipated duration of each discharge \_\_\_\_\_
- c. Anticipated flow of each discharge \_\_\_\_\_
- d. Months in which discharge is expected to occur \_\_\_\_\_

21. Facility map: Attach a description and a clear, legible, detailed topographic map of the discharging facility. For specifics, follow the application instructions.

22. Describe the control measures that will be implemented to prevent significant damage to or erosion of the receiving water channel at the outfall(s) \_\_\_\_\_

23. Treatment system: Describe briefly any treatment system(s) used or to be used

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24. For each outfall, fill out the attached "Outfall Specific Information" on page 7.

25. Other information: Any optional information the permittee wishes to have considered:

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26. Provide a listing of all active permits or construction approvals received or applied for by the applicant for the site described in this permit application.

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<b>Authorized signatories for this application are the following:</b>	
<i>For corporations:</i>	<i>A principal executive officer of at least the level of vice president, or the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the overall operation of the facility from which the discharge originates.</i>
<i>For partnerships:</i>	<i>A general partner.</i>
<i>For a sole proprietorship:</i>	<i>The proprietor.</i>
<i>For a municipal, state, federal or other public facility:</i>	<i>Either a principal executive officer or ranking elected official.</i>

*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.*

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Printed Name of Person Signing

Title

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Signature of Applicant

Date

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Telephone

Fax

Section 35-11-901 of Wyoming Statutes provides that:

\*All permit applications must be signed in accordance with 40 CFR Part 122.22, "for" or "by" signatures are not acceptable.

Section 35-11-901 of Wyoming Statutes provides that:

Any person who knowingly makes any false statement, representation, or certification in any application ... shall upon conviction be fined not more than \$10,000 or imprisoned for not more than one year, or both.

**TABLE 1: Outfall Location Information**

Desired Changes (modifications and renewals only)	Discharge Point (Outfall) #	Immediate Receiving Stream	Mainstem (closest perennial water)	Stream Distance from outfalls to mainstem (miles)	Quarter/Quarter	Section	Township	Range	Latitude (NAD 83, decimal degrees accurate to a minimum of 5 decimal places)	Longitude (NAD 83, decimal degrees accurate to a minimum of 5 decimal places)	County
	001										
	002										
	003										
	004										
	005										

*Additional spaces/pages may be added if necessary. Use the format provided. Please use North American Datum 1983 (NAD 83) when reporting latitudes and longitudes.*

**Table 2: Effluent Characteristics per outfall**

**A. Existing Sources-**Provide measurements for the parameters listed in the left-hand column below, unless waived by the WDEQ (see instructions)  
**B. New Dischargers-** Provide estimates for the parameters listed in left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of the estimated values (see instructions).

Outfall # _____	Maximum Daily Value		Average monthly value		Number of Measurements taken (last year)	Source of Estimate (if new discharger)
	Parameter	Mass	Concentration	Mass		
Biochemical Oxygen Demand (BOD <sub>5</sub> )						
Total Suspended Solids (TSS)						
E. coli (if believed present or if sanitary waste is discharged)						
Oil and grease						
Total Residual Chlorine (if chlorine is used)						
*Total Organic Carbon (TOC)						
*Chemical Oxygen Demand (COD)						
Ammonia (as N)						
Flow, discharge, MGD						
pH (range) S.U.	Max	Min	Max	Min		
Temperature (Winter) °C						
Temperature (Summer) °C						

*\*If noncontact cooling water is discharged*

Outfall Specific Information:

Outfall # \_\_\_\_\_

For each outfall, please check the process descriptions that apply to that outfall. Use additional pages for each outfall.

1. System Information:

- One-pass, non-contact cooling water system (provide a flow estimate): \_\_\_\_\_
- Recirculated, non-contact cooling water system (provide a flow estimate): \_\_\_\_\_
- Closed, non-contact system
- Open, non-contact system
- Open, contact system
- N/A

If "Open, contact system", option was selected, please describe a description of all areas of the cooling system that are open or where cooling water contact products or process materials.

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2. If cooling water is recirculated, which types of heat exchangers are present?

- Closed-loop heat exchanger
- Evaporative cooling tower
- Other (please provide a description): \_\_\_\_\_
- N/A

3. Are there any ammonia refrigeration or cooling systems that use this cooling water?

- YES       NO       N/A

a. If yes, attach a description of the heat exchange system including ammonia leak detection and prevention measures.

4. Water Source Information:

- City Supply (specify the source): \_\_\_\_\_
- Well Supply (specify the source): \_\_\_\_\_
- Surface water (specify the source): \_\_\_\_\_
- Other (specify the source): \_\_\_\_\_

5. Chlorination and chemical additives used:

a. Is the water discharged chlorinated?  YES  NO

b. Are there any other chemicals added?  YES  NO

i. If yes, identify and attach the MSDS information \_\_\_\_\_

6. Other Sources that may contribute to the discharge:

- Floor drains
- Air compressor tank and/or air line condensation
- Boiler Blowdown
- Softener or other water treatment discharges
- Air emission scrubbers
- Condensate (Specify source): \_\_\_\_\_
- Other (Specify source): \_\_\_\_\_

a. If any of these above sources are present, please provide adequate detail in attachments.

- i. Information on the pollutant potential
- ii. Discharge flow rates
- iii. Process description
- iv. Identity of any chemical additives
- v. MSDS sheets for those additives
- vi. Measures taken to control pollutant discharges