

Return to:
Oklahoma Department of
Environmental Quality
Water Quality Division

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Revised February 2008
previous editions
are obsolete

Municipal Permitting Section

**Oklahoma DEQ Application for Permit to Discharge
Municipal/Domestic Wastewater**

Form 2M2 – Minor Discharge

**PLEASE DETACH THESE INSTRUCTIONS AND RETURN ONLY THE
COMPLETED APPLICATION FORM ITSELF.**

**This form must be completed by all minor facilities applying for a permit to
discharge under DEQ's Municipal OPDES Permit Program.**

**See instructions for the submittal of applications and the public notice
requirements.**

OKLAHOMA DEPARTMENT OF ENVIRONMENTAL QUALITY

INSTRUCTIONS - DEQ FORM 2M2 (minor)

APPLICATION FOR PERMIT TO DISCHARGE

MUNICIPAL/DOMESTIC WASTEWATER

Form 2M2 must be completed by the owner/responsible official of a minor municipal/domestic wastewater facility that wishes to discharge pollutants to waters of the State of Oklahoma. A minor municipal/domestic wastewater facility is defined as a facility that discharges less than one million gallons per day (mgd). Please read the instructions below while completing Form 2M2 and respond to each item. The Oklahoma Department of Environmental Quality (DEQ) cannot evaluate an application until it is complete. If a particular item does not apply to the facility for which the application is being prepared, or if the correct answer is "NA" (for not applicable) indicate this on the application. If you have questions about any of the items, please contact DEQ or your local DEQ office for assistance. **DO NOT** attempt to complete the application form before reading these instructions.

NOTE: DO NOT write in box marked " FOR DEQ USE ONLY".

SECTION I

1. Give the legal name of the town, city, public entity or name of the person (if privately owned) legally responsible for operating and maintaining the facility.
2. Give the street address, P.O. Box, city, county, state, zip code, telephone number fax number, and e-mail address if applicable of the main office for the applicant in Item 1. This may or may not be the same location of the facility.
3. Give the name of the facility, the street address, telephone number fax number, and e-mail address if applicable and if it is different from the address in Items 1 and 2.
4. Give the physical location of the facility – longitude/latitude and legal description to a 10 acre tract, 1/4,1/4,1/4, Section, Township and Range. Note: This is the location of the treatment plant and it is not necessarily the same as the point of discharge (No. 12).
5. Indicate whether this is a Public, Private, Federal or State owned facility.
6. Give the name, title, address, and telephone number, cell phone number, fax number, and e-mail address of a person who is familiar with the facility and information in the application and who may be contacted concerning the application.
7. Indicate whether the discharge is wastewater from a lagoon system, mechanical plant or, if other, explain.

8. Below is a list of definitions of the types of treatment listed in Item #8. Check more than one item if needed.

Lagoon systems:

- A. **Total Retention by Evaporation** - Wastewater goes to a lagoon or series of lagoons which have no outlet or any other way to discharge. Lagoons cannot be classified total retention if they have any kind of operable outlet structure, even if it is not used. See DEQ Form 530E for Total Retention Facilities.
- B. **Land Application** - Wastewater is given preliminary treatment then applied to land (example: irrigation) in such a manner to insure that no runoff enters surface waters.
- C. **Discharge to Receiving Water** - Wastewater goes to a lagoon or series of lagoons and then to a receiving water through a designed outlet structure. Check this line even if the outlet structure is not being used.

Mechanical Treatment Plants - Please name and describe the mechanical treatment process used at your facility. (Examples: trickling filter, activated sludge, extended air, sequential batch reactor, oxidation ditch)

Other - Please name and explain any process used at your facility other than those listed above.

9. If the facility uses chlorine or any other halogen, indicate whether the facility dechlorinates or dehalogenates before discharging to a receiving water.

If chlorine or any other halogen is used as a disinfecting agent to meet bacteria limits, or for other purposes, a residual limit of no-measurable value will be included in the permit. Dechlorination or dehalogenation will be necessary to meet the limit. Please indicate whether dechlorination or dehalogenation is provided at your facility.

10. **Design Flow:** the quantity of waste in million gallons per day (mgd) the facility was designed to treat in one day. List up to 3 decimal places. Example: 3.120 = 3 million one hundred twenty thousand gallons per day. If the facility's design flow is greater than 1.0 mgd please submit Form 2M1.
11. Enter the number for each discharge point and the average quantity of treated waste discharged each day from each pipe.
12. Name the body of surface water that receives treated wastewater. If the receiving stream does not have a name, please indicate what named creek or river downstream receives the tributary flow, and fill out as "tributary of _____ Creek or River."

Check the item which indicates the frequency of wastewater discharges.

continuous: discharging without interruption
batch: discharging several times during the day (i.e. from a sequential batch reactor facility)
intermittent: sporadic discharges during the year
seasonal: discharging only during certain periods during the year

Give the location of the point of discharge to the receiving water. This may be different than the location of the facility. In giving the legal description, provide both the latitude-longitude and 1/4, 1/4, 1/4, Section, Township and Range. Attach additional sheets if necessary to describe additional outfalls.

13. Indicate whether the higher influent flow caused by heavy rains is diverted and discharged resulting in a bypass of partially or completely treated wastewater or if it is stored for later treatment (as in a holding basin).

14. Number 14. A through B of the application concerns the treatment and disposal of biosolids/sludge.

A. Common biosolids/sludge treatment processes are aeration, lime stabilization, heat stabilization etc.

B 1. Sludge management plan numbers start with SMP and usually have 7 numbers. In giving the land application sites, provide the legal description 1/4, 1/4, 1/4, Section, Township and Range and County. Attach additional sheet if facility has more than 3 sites.

B 2. The permittee shall be certain that all landfills used for sewage sludge disposal comply with the state and federal regulations for landfills and solid waste disposal.

15. State if any industries in the community discharge industrial wastewater to the sewer system. If the answer to this question is yes, submit Section II of the application form for each significant industrial facility. Identify any industrial facilities that are "Categorical". Categorical industries are listed at 40 CFR 122 Appendix A - NPDES Primary Industry Categories (See Attachment 1, page 6).

Indicate what type of controls are in place to deal with industrial discharges to the treatment system.

16. If the answer to this question is yes a landowner notification form (found at http://www.deq.state.ok.us/WQDnew/forms/landowner_notification_affidavit.pdf) must be sent to the landowner and the applicant's certifying official must initial the box certifying that this has been done.

17. All other information regarding the facility having to do with the environmental/operational permits including maps, process diagrams, or chemical analysis shall be included with the permit application.

SECTION II

- 1. Give the name, title, address, and telephone number, cell phone number, fax number, and e-mail address of a person who is familiar with the industrial facility and information in the application and who may be contacted concerning the application.**
- 2. All products and by-products for this industrial facility should be listed.**
- 3. Identify any industrial facilities that are “Categorical”. Categorical industries are listed at 40 CFR 122 Appendix A - NPDES Primary Industry Categories (See Attachment 1, page 6). The SIC codes can be found in or should be obtained from the contact described above.**
- 4. Please specify the product produced or raw materials used to produce the final product, how many are produced, and the unit of measurement in which the final product or raw materials are measured.**
- 5. Indicate the volume of water discharged into the municipal system in gallons per day and check the item which indicates the frequency of wastewater discharges.**

continuous: discharging without interruption

intermittent: sporadic discharges during the year

- 6. Indicate if the industrial facility pretreats its wastewater prior to entering the municipal collection system.**
- 7. List the pollutants and maximum concentrations of the pollutants in the industrial facilities wastewater.**

The information provided in the application will be considered in the evaluation and processing of a discharge permit for the referenced facility. Be advised that test procedures used in the analyses of influents, effluents and sludge, must conform to approved EPA methodology or it will not be accepted for the discharge permit evaluation.

Please note that the application must be signed by the authorized chief elective or executive officer of the applicant, or by the applicant if an individual. The authorized signature must be notarized. An example of a common mistake is when a Public Works Authority Chairman signs the application as - John Doe, Mayor. The Mayor is not the legal official of the PWA; the chairman is, even if the individual holds both positions.

Please read the certification carefully. There are significant penalties for submitting false information on this application form.

Please detach these instructions and return only the completed application form itself.

NOTICE FOR ALL APPLICANTS

Upon filing an application for a new permit, renewal of an existing permit, or major modification of an existing permit with the Department, the applicant shall publish a notice of the filing in a local newspaper which contains:

- (1) Date of filing;
- (2) Name and address of the applicant;
- (3) Type of wastewater discharge and permit sought;
- (4) Location, including legal description and street address of facility and discharging point or points;
- (5) Name of receiving water;
- (6) Name, address and telephone number of contact person for applicant; and
- (7) Locations where application may be reviewed.

Attachment 1

40 CFR Ch. 1 Pt. 122

APPENDIX A-NPDES Primary
INDUSTRY CATEGORIES

Any permit issued after June 30, 1981 to dischargers in the following categories shall include effluent limitations and a compliance schedule to meet the requirements of section 301(b)(2)(A),(C),(D),(E), and (F) of CWA, whether or not applicable effluent limitations guidelines have been promulgated See §§ 122.44 and 122.46.

Industry Category

Adhesives and sealants
Aluminum forming
Auto and other laundries
Battery manufacturing
Coal mining
Coil coating
Copper forming
Electrical and electronic components
Electroplating
Explosives manufacturing
Foundries
Gum and wood chemicals
Inorganic chemicals manufacturing
Iron and steel manufacturing
Leather tanning and finishing
Mechanical products manufacturing
Ore mining
Organic chemicals manufacturing
Paint and ink formulation
Pesticides
Petroleum refining
Pharmaceutical preparations
Photographic equipment and supplies
Plastics processing
Plastic and synthetic materials manufacturing
Porcelain enameling
Printing and Publishing
Pulp and paper mills
Rubber processing
Soap and detergent manufacturing
Steam electric power plants
Textile mills
Timber products processing

40CFR 261.20

Subpart C-Characteristics of Hazardous Waste

§ 261.20 General

(a) A solid waste, as defined in § 261.2, which is not excluded from regulation as a hazardous waste under § 261.4(b), is a hazardous waste if it exhibits any of the characteristics identified in this subpart.

{ *Comment:* § 262.11 of this chapter sets forth the generator's responsibility to determine whether his waste exhibits one or more of the characteristics identified in this subpart }

(b) A hazardous waste which is identified by a characteristic in this subpart is assigned every EPA Hazardous Waste Number that is applicable as set forth in this subpart. This number must be in compliance with the notification requirements of section 3010 of the Act and all applicable recordkeeping and reporting requirements under parts 262 through 265, 268, and 270 of this chapter.

(c) For purposes of this subpart, the Administrator will consider a sample obtained using any of the applicable sampling methods specified in Appendix I to be a representative sample within the meaning of Part 260 of this chapter.

{ *Comment:* Since the Appendix I sampling methods are not being formally adopted by the Administrator, a person who desires to employ an alternative sampling method is not required to demonstrate the equivalency of his method under the procedures set forth in §§ 260.20 and 260.21. }

{45FR 33119.May 1980. As amended at 51 FR 40636. Nov. 7, 1986: 55 FR 22684. June 1, 1990 }

OKLAHOMA DEPARTMENT OF ENVIRONMENTAL QUALITY
APPLICATION FOR PERMIT TO DISCHARGE MUNICIPAL/DOMESTIC WASTEWATER
UNDER THE OKLAHOMA POLLUTANT DISCHARGE ELIMINATION SYSTEM (OPDES)

FORM 2M2 (minor)

FOR
DEQ
USE
ONLY

Application/Permit Number OK00 _____ Facility ID No. _____
Date Received: _____
SIC Code: _____
If a proposed facility, give estimated date of completion: _____
DEQ PERMIT ENGINEER: _____

DO NOT attempt to complete this application without reading the instructions!

SECTION I

1. Legal name of applicant:

2. Mailing address of applicant:

Street Address or PO Box _____

City _____ County _____ State _____ Zip Code _____

Telephone (____) _____ Fax (____) _____

E-mail Address _____

3. Name and address of facility:

Facility Name _____

Street Address _____

City _____ County _____ State _____ Zip Code _____

Telephone (____) _____ Fax (____) _____

E-mail Address _____

4. Location of discharging facility (e.g., NE ¼ , SW ¼ , SE ¼ , Section 1, Township 2 North, Range 3 West):

Legal Description of Facility Location _____, _____, _____, Section _____, Township _____, Range _____

Latitude: _____N Longitude: _____W

5. Type Ownership: Public () Private () Federal () State ()

6. Contact Person:

Name and Title _____

Address _____ City _____

County _____ State _____ Zip Code _____ Telephone (____) _____

Fax (____) _____ Cell Phone (____) _____

E-mail Address _____

7. Type of discharge:

- _____ A. Wastewater from lagoon system
- _____ B. Wastewater from mechanical plant
- _____ C. Other (specify) _____

8. Type of treatment:

- _____ A. Lagoon system with total retention by evaporation (Does not require this form, it requires Form 583-B)
- _____ B. Lagoon system with effluent used for land application (Does not require this form, it requires Form 852-NIWP)
- _____ C. Lagoon system with effluent discharge to receiving water
- _____ D. Lagoon system with effluent discharge and effluent used for land application
- _____ E. Mechanical Plant: (please describe briefly) _____

9. Is chlorine or any other halogen used at this facility?

() Yes () No

If yes, is dechlorination or dehalogenation used at this facility? (See instructions)

() Yes () No

Is an ultraviolet (UV) system used at this facility?

() Yes () No

10. Design flow of facility in million gallons per day (mgd) _____

**11. Discharge point number
(List all outfalls)**

**Total volume presently discharged
in mgd**

| | |
|---------------------|-------|
| 001 | _____ |
| 002 (if applicable) | _____ |
| 003 (if applicable) | _____ |

12. Legal description(s) of all discharge point(s):

Outfall 001:

Name of receiving water(s): _____

Discharge is (check one) Continuous () Intermittent () Seasonal ()

Latitude: _____ N Longitude: _____ W

Legal Description of Discharge Point _____, _____, _____, Section _____, Township _____, Range _____

Outfall 002 (if applicable):

Name of receiving water(s): _____

Discharge is (check one) Continuous () Intermittent () Seasonal ()

Latitude: _____ N Longitude: _____ W

Legal Description of Discharge Point _____, _____, _____, Section _____, Township _____, Range _____

Outfall 003 (if applicable):

Name of receiving water(s): _____

Discharge is (check one) Continuous () Intermittent () Seasonal ()

Latitude: _____ N Longitude: _____ W

Legal Description of Discharge Point _____, _____, _____, Section _____, Township _____, Range _____

13. During periods of heavy rain, is the increased flow:

- () Bypassed to the receiving stream with no treatment
- () Given partial treatment and discharged
- () Given complete treatment and discharged
- () Stored for later treatment

14. Biosolids/Sludge generated by this facility:

A. Current biosolids/sludge treatment process. (Please explain)

B. Amount of biosolids/sludge produced (dry metric tons/year) _____

1. Land application of biosolids

Sludge management plan, if any:

Sludge management permit number _____ approved by the Department of Environmental Quality or the Oklahoma State Department of Health on _____

Location(s) of current land application site(s) (legal description to the nearest 10 acres).

Site 1: _____, _____, _____, Section _____, Township _____, Range _____ County _____

Site 2 (if applicable): _____, _____, _____, Section _____, Township _____, Range _____ County _____

Site 3 (if applicable): _____, _____, _____, Section _____, Township _____, Range _____ County _____

2. Landfilled sludge

Sludge disposition plan, if any:

Sludge disposition permit number (if applicable) _____ approved by the Department of Environmental Quality or the Oklahoma State Department of Health on _____

Name of Landfill _____

Landfill permit number _____

15. Does this facility receive industrial wastewater? Yes () No ()

If "Yes", Submit Section II of this form (attached) for each significant industrial facility discharging to the sewer system.

Are industrial discharge(s) to the system(s) controlled by

- () Ordinance

() Pretreatment Program

16. Landowner Notification (THIS SECTION MUST BE COMPLETED PRIOR TO SUBMISSION OF THE APPLICATION – THE APPLICATION WILL AUTOMATICALLY BE CONSIDERED INCOMPLETE IF IT IS NOT COMPLETED):

Is any part of the land on which the facility is located (including treatment units, discharge conveyances, stormwater holding basins and/or flow equalization basins) owned by a person or entity other than the applicant?

() No

() Yes – the applicant or applicant’s certifying official must ensure that such landowner(s) have been notified of the applicant’s intent to obtain an OPDES permit and initial the box to the right indicating that such notification has been made.

17. List other information which should be brought to the attention of the Department of Environmental Quality (DEQ) in regard to the issuance of a discharge permit for the facility.

Certification:

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 directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I also certify that I will provide for the operation of this facility in accordance with the Oklahoma Discharge Permits and Pollution Control Regulations and will provide certified operators as required by the Oklahoma Water and Wastewater Operators Certification Act. I further certify that I shall acquire or possess a right to the use of the property or properties on which the discharging facilities, activities or discharge sources are located as well as the property on which the proposed discharge point(s) are located, including the access route thereto. I understand I shall maintain such right of use and access for the duration of the permit term. I am aware that there are significant penalties for submitting false information, including revocation of the permit and the possibility of fine and imprisonment for knowing violations.

Note: Applications must be signed by the authorized chief elective or executive officer of the applicant, or by the applicant, if an individual.

Name (print) _____

Title _____

Date _____

Signature _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public My commission expires _____

The application shall be filed in duplicate with the original and one copy to be submitted to the DEQ, and one copy to be submitted to the local DEQ office.

Please return completed form with attachments to:

**Water Quality Division
Department of Environmental Quality
707 N. Robinson
P.O. Box 1677
Oklahoma City, Oklahoma 73101-1677**

SECTION II

INDUSTRIAL WASTEWATER CONTRIBUTION TO MUNICIPAL SYSTEM

Submit a description of each industrial facility discharging to the municipal system, using a separate Section II for each. Indicate the 4 digit Standard Industrial Classification (SIC) Code for the industry, the major product or raw material, the flow (in gallons per day), and the characteristics of the wastewater discharged from the industrial facility into the municipal system.

1. Major Contributing Facility

Contact person _____

Name of facility _____

Address _____

City _____ County _____

State _____ ZIP Code _____

Telephone (____) _____ Fax (____) _____ Cell Phone (____) _____

E-mail Address _____

2. Product or item produced at this facility _____

3. Primary Standard Industrial Classification (SIC) Code _____

4. Principal Product or Raw Material (see instructions)

| Product or Raw Material | Quantity | Units |
|-------------------------|----------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

5. Flow: Indicate the volume of wastewater discharged into the municipal system in gallons per day (gpd) and whether this discharge is intermittent or continuous.

_____ GPD Intermittent () Continuous ()

6. Pretreatment Provided: Indicate if pretreatment is provided prior to entering the municipal system.

Yes () No ()

7. Characteristics of Wastewater: Please list the pollutants and maximum concentrations of the pollutants in the table below.

| Parameter Name | | | | |
|-----------------------|--|--|--|--|
| Maximum Concentration | | | | |

