



**APPLICATION FOR PERMIT TO DISCHARGE
(NDPDES) DOMESTIC – SHORT FORM A**
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF WATER QUALITY
SFN 8317 (01/13)

FOR DEPT. USE ONLY

Application No.

Date Received

GENERAL INFORMATION

Legal name of organization responsible for facility			Phone no.	
Mailing address		City	State/Province	Zip code
Name of facility		Contact person name	Contact phone no.	
Contact mailing address		City	State/Province	Zip code
Average population served	Location of treatment system: ¼ ¼ SEC. TWP. RGE.			County
Does the facility receive any industrial waste? <input type="checkbox"/> NO <input type="checkbox"/> YES		Approximate number of industrial dischargers into system:		
Check any facility in the service area of your treatment plant:				
<input type="checkbox"/> Beverage manufacturing	<input type="checkbox"/> Electroplating	<input type="checkbox"/> Metal finishing	<input type="checkbox"/> Restaurants	
<input type="checkbox"/> Centralized waste treatment	<input type="checkbox"/> Hospitals, medical clinics, dentists	<input type="checkbox"/> Metal molding & casting (foundry)	<input type="checkbox"/> Transportation equipment cleaning	
<input type="checkbox"/> Concrete ready-mix	<input type="checkbox"/> Leather tanning & finishing	<input type="checkbox"/> Oil & gas extraction	<input type="checkbox"/> Other (describe):	
<input type="checkbox"/> Dairy products	<input type="checkbox"/> Meat products & processing	<input type="checkbox"/> Petroleum refining		
Estimated percentage of influent flow that is domestic:		Estimated percentage of influent flow that is industrial:		
Does the treatment system receive any hauled-in wastes, including septage haulers? <input type="checkbox"/> NO <input type="checkbox"/> YES		Does the facility have a monitoring plan for accepting hauled waste? <input type="checkbox"/> NO <input type="checkbox"/> YES		
If yes, describe the kinds of waste received and if any such waste is subject to local or federal regulations:		Describe:		
How many days per month is septage dumped?		Does the facility have a dedicated hauled waste discharge location? <input type="checkbox"/> NO <input type="checkbox"/> YES		
How many septic companies dump septage?		If no, where is hauled waste discharged into the facility?		

TYPE OF TREATMENT (complete either A or B below):

A. SEWAGE LAGOON		B. MECHANICAL WASTEWATER TREATMENT PLANT Provide a brief narrative of the treatment process, including sludge handling:
CELL NUMBER	CELL SIZE IN ACRES	

EFFLUENT CHARACTERISTICS

Design flow rate (1000s gal/day):	BOD ₅ (mg/L):	TSS (mg/L):	NH ₃ -N (mg/L):	E. Coli (CFU/100 mL):
Check any of the following contained in the discharge:				
<input type="checkbox"/> Aluminum	<input type="checkbox"/> Cadmium	<input type="checkbox"/> Copper	<input type="checkbox"/> Lead	<input type="checkbox"/> Nickel
<input type="checkbox"/> Beryllium	<input type="checkbox"/> Chromium	<input type="checkbox"/> Cyanide	<input type="checkbox"/> Mercury	<input type="checkbox"/> Phenols
Name of laboratory or consulting firm conducting the analysis			Phone No.	
Mailing address	City	State/Province	Zip code	
Name of laboratory or consulting firm conducting the analysis (if more than one)			Phone No.	
Mailing address	City	State/Province	Zip code	

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

Point ID	Latitude		Longitude			County
	¼	¼	SEC.	TWP.	RGE.	
Point ID	Latitude		Longitude			County
	¼	¼	SEC.	TWP.	RGE.	
Point ID	Latitude		Longitude			County
	¼	¼	SEC.	TWP.	RGE.	
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

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

(Attach additional pages if needed)