



**To: Prospective Applicants for a Sanitary Wastewater General Permit**

Attached is a **Sanitary General Wastewater Discharge Permit Notice of Intent (NOI), WPS-G**. To be considered complete, every item on the form must be addressed and the last page signed by an authorized company agent. If an item does not apply, please enter "NA" (for not applicable) to show that the question was considered.

Three copies (one original and two copies) of your **completed NOI**, each with a marked **U.S.G.S. Quadrangle map** or equivalent attached, should be submitted to:

Department of Environmental Quality  
Office of Environmental Services  
Post Office Box 4313  
Baton Rouge, LA 70821-4313  
Attention: Permits Division

Please be advised that completion of this NOI may not fulfill all state, federal, or local requirements for facilities of this size and type.

According to L. R. S. 48:385, any discharge to a state highway ditch, cross ditch, or right-of-way shall require approval from:

Louisiana DOTD  
Office of Highways  
Post Office Box 94245  
Baton Rouge, LA 70804-9245  
(225) 379-1301

AND

Louisiana DHH  
Office of Public Health  
6867 Bluebonnet Road, Box 7  
Baton Rouge, LA 70810  
(225) 765-5044

In addition, the plans and specifications for sanitary treatment plants must be approved by the Louisiana DHH, Office of Public Health at the address above.

A copy of the LPDES regulations may be obtained from the Department's website at <http://www.deq.state.la.us/planning/regs/index.htm> or by contacting the Office of Environmental Assessment, Regulations Development Section, Post Office Box 4314, Baton Rouge, Louisiana 70821-4314, phone (225) 219-3550.

After the review of the NOI, this Office will issue written notification to those applicants who are accepted for coverage under this general permit.

For questions regarding this NOI please contact the Water & Waste Permits Division at (225) 219-3181. For help regarding completion of this NOI please contact DEQ, Small Business Assistance at 1-800-259-2890.

Date \_\_\_\_\_  
Agency Interest No. AI \_\_\_\_\_  
LWDPS Permit No. WP \_\_\_\_\_  
NPDES/LPDES Permit No. LA \_\_\_\_\_

Please check:  Initial Permit  
 Permit Renewal  
 Existing Facility  
 Permit Modification

**STATE OF LOUISIANA**  
**DEPARTMENT OF ENVIRONMENTAL QUALITY**  
*Office of Environmental Services, Permits Division*  
*Post Office Box 4313*  
*Baton Rouge, LA 70821-4313*  
*PHONE#: (225) 219-3181*

**LPDES NOTICE OF INTENT TO DISCHARGE SANITARY WASTEWATER**  
(Attach additional pages if needed.)

**SECTION I - FACILITY INFORMATION**

**A. Permit is to be issued to the following:** (must have operational control over the facility operations - see LAC 33:IX.2501.B and LAC 33:IX.2503.A and B).

1. Legal Name of Applicant (Company, Partnership, Corporation, etc.) \_\_\_\_\_

Facility Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Zip Code: \_\_\_\_\_

If applicant named above is not also the owner, state owner name, phone # and address.  
\_\_\_\_\_  
\_\_\_\_\_

Please check status:

  

Federal

State

  

Parish

Public

  

Municipal

Private

Other: \_\_\_\_\_

Does the Louisiana Public Service Commission regulate this facility?

Yes

No

If yes, under what Company name is this facility regulated? \_\_\_\_\_

2. Location of facility. Please provide a specific address, street, road, highway, interstate, and/or River Mile/Bank location of the facility for which the NOI is being submitted.  
\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_

Zip Code: \_\_\_\_\_

Parish \_\_\_\_\_

Front Gate Coordinates:

Latitude- \_\_\_\_ deg. \_\_\_\_ min. \_\_\_\_ sec.

Longitude- \_\_\_\_ deg. \_\_\_\_ min. \_\_\_\_ sec.

Method of Coordinate Determination: \_\_\_\_\_

(Quad Map, Previous Permit, website, GPS)

Is the facility located on Indian Lands?

Yes

No

**SECTION I - FACILITY INFORMATION (cont.)**

3. Name & Title of Contact Person at Facility \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

SIC (Standard Industrial Classification) Code(s): \_\_\_\_\_

*SIC codes can be obtained from the U. S. Department of Labor internet site at <http://www.osha.gov/oshstats/sicser.html>*

**B. Name and address of responsible representative who completed the NOI:**

Name & Title \_\_\_\_\_

Company \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_

**C. Facility Information.**

1. What is the date by which this permit is needed? \_\_\_\_\_

2. Who/what does the treatment facility serve? (i.e. apartment complex, subdivision, restaurant, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

3. Does the treatment facility receive any commercial food service waste?  Yes  No

4. Do any of the following activities occur at this site?
- |                              |                             |   |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Equipment and/or vehicle washing.           |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Loading & unloading of chemicals/compounds. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Outside material and/or equipment storage.  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Vehicle and/or equipment maintenance.       |

Explain any "Yes" response(s).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Are there any activities that generate wastewater, other than sanitary and those listed above, which occur at this site? If yes, please explain.  
\_\_\_\_\_  
\_\_\_\_\_

**Any yes answer to questions 4 and/or 5 may exclude you from coverage under this general permit, please contact the Department at (225) 219-3181 to verify eligibility of coverage prior to submittal of this NOI.**

6. For new/proposed facilities, please attach a copy of the Louisiana Department of Health and Hospitals approval letter for the plans and specifications of the treatment facility. This information may be obtained from the Louisiana Department of Health and Hospitals, Office of Public Health, 6867 Bluebonnet Road, Box 3, Baton Rouge, Louisiana 70810, (225) 765-5044.

**SECTION I - FACILITY INFORMATION (cont.)**

6. Complete the following information as it applies to your facility:

SUBDIVISION

\_\_\_\_\_ Number of existing homes  
\_\_\_\_\_ Maximum number of connections

PUBLICLY OWNED TREATMENT WORKS

\_\_\_\_\_ Design capacity of treatment facility in gpd

TRAILER PARK

\_\_\_\_\_ Number of existing trailers  
\_\_\_\_\_ Maximum number of connections

OFFICE/WAREHOUSE

\_\_\_\_\_ Number of employees

WASHATERIA/LAUNDROMAT

\_\_\_\_\_ Number of washing machines

APARTMENT COMPLEX

\_\_\_\_\_ Number of 1 bedroom apartments  
\_\_\_\_\_ Number of 2 bedroom apartments  
\_\_\_\_\_ Number of 3+ bedroom apartments

BAR/LOUNGE

\_\_\_\_\_ Does the bar have regular food service?  
(Yes/No)  
\_\_\_\_\_ Number of Seats  
\_\_\_\_\_ Number of employees

RV CAMPGROUND

\_\_\_\_\_ Is there a Dump Station? (Yes/No)  
\_\_\_\_\_ Volume of waste accepted/day in gpd  
\_\_\_\_\_ Number of RV spaces

GAS STATION/CONVENIENCE STORE

\_\_\_\_\_ Number of individual fueling points  
If food service is offered, please fill out the section regarding restaurants.

SCHOOLS

\_\_\_\_\_ Elementary School, Number of Pupils  
\_\_\_\_\_ Junior & High Schools, Number of Pupils  
\_\_\_\_\_ Number of Employees

HOTELS/MOTELS

\_\_\_\_\_ Any food service available? (Yes/No)  
\_\_\_\_\_ Number of rooms  
\_\_\_\_\_ Number of employees

RESTAURANT

\_\_\_\_\_ Is the restaurant open 24 hours/day? (Yes/No)  
\_\_\_\_\_ Is the restaurant along a freeway? (Yes/No)  
\_\_\_\_\_ Is the restaurant considered a "Fast Food" Restaurant? (Yes/No)  
\_\_\_\_\_ Number of employees  
\_\_\_\_\_ Number of seats

CHURCH

\_\_\_\_\_ Does the church have a kitchen? (Yes/No)  
\_\_\_\_\_ Number of sanctuary seats

RETAIL SHOPPING CENTER

\_\_\_\_\_ Number of employees

VIDEO POKER

\_\_\_\_\_ Number of Machines

HOSPITAL

\_\_\_\_\_ Number of beds  
\_\_\_\_\_ Number of employees

NURSING HOME

\_\_\_\_\_ Maximum number of patients  
\_\_\_\_\_ Number of employees

SHOWERS

\_\_\_\_\_ Number of individual showers

7. If your facility is not listed above, please give a detailed description including the number of units, number of employees/residents, etc.

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## SECTION I - FACILITY INFORMATION (cont.)

8. If this facility is a shopping center, list the types of businesses, square footage of the shopping center, and number of employees served by the treatment facility.

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## SECTION II - TREATMENT INFORMATION

**A. Treatment Facility Information**

1. Provide a description of the treatment facility including the collection system, type of treatment, disinfection and handling of waste materials.

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2. If this treatment plant receives any wastewater other than sanitary, list the source(s) and amounts.

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3. Are any indirect discharges introduced into the treatment facility (septic hauled wastes, port-o-let wastes, etc..)?

Yes       No

If yes, provide the following for each indirect discharger:

Company Name	Address	Type of Waste	Average Daily Flow in GPD	Current LDHH Hauler's License Number

### SECTION III - DISCHARGE INFORMATION

**A. Complete this section for each discharge outfall.** Outfalls are discharge points. An external outfall is a discrete discharge point beyond which the waste stream receives no further mixing with other waste streams prior to discharging into a receiving waterbody. An internal outfall is an outfall for a waste stream that combines with other waste stream(s) before discharging into an "external" outfall. Make additional copies for each outfall.

1. Outfall Identification. Provide a description of all operations contributing wastewater to the effluent.  
(ex: Outfall 001 – sanitary wastewater – 5,000 gpd)

Outfall No.	Operation Contributing Flow	Average Flow (gpd)

2. Outfall Location. Provide a description of the physical location for each outfall.

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3. Latitude/Longitude of Discharge:

Latitude- \_\_\_ deg. \_\_\_ min. \_\_\_ sec.      Longitude- \_\_\_ deg. \_\_\_ min. \_\_\_ sec.

Method of Coordinate Determination: \_\_\_\_\_  
*(Quad Map, Previous Permit, website, GPS)*

4. If a new discharge, when do you expect to begin discharging? \_\_\_\_\_
5. Indicate how the wastewater reaches state waters (named water bodies). This will usually be either *directly*, by *open ditch* (if it is a highway ditch, indicate the highway), or by *pipe*. Please specifically name all of the minor water bodies that your wastewater will travel through on the way to a major water body. This information can be obtained from U.S.G.S. Quadrangle Maps. Include river mile of discharge point if available.

By \_\_\_\_\_ (effluent pipe, ditch, etc.);  
 thence into \_\_\_\_\_ (parish drainage ditch, canal, etc.);  
 thence into \_\_\_\_\_ (named bayou, creek, stream, etc.);  
 thence into \_\_\_\_\_ (river, lake, etc.).

6. If the discharge is intermittent or seasonal, please complete the following table.

Frequency of Flow (average)			Flow Rate (mgd)	
Number of Months per Year	Number of Days per Week	Number of Hours per Day	Flow Rate (mgd)	
			Long Term Avg.	Daily Maximum

## SECTION IV – COMPLIANCE HISTORY

- A. Report the history of all violations and enforcement actions for the facility, a summary of all permit excursions including effluent violations reported on the facility's Discharge Monitoring Reports (DMRs) and bypasses for the last three years. Using a brief summary, report on the current status of all administrative orders, compliance orders, notices of violation, cease and desist orders, and any other enforcement actions either already resolved within the past 3 years or currently pending. The state administrative authority may choose, at its discretion, to require a more in-depth report of violations and compliance actions for the applicant covering any law, permit, or order concerning pollution at this or any other facility owned or operated by the applicant.

## SECTION V – LAC 33.I.1701 REQUIREMENTS

- A. Does the company or owner have federal or state environmental permits identical to, or of a similar nature to, the permit for which you are applying in other states? (This requirement applies to all individuals, partnerships, corporations, or other entities who own a controlling interest of 50% or more in your company, or who participate in the environmental management of the facility for an entity applying for the permit or an ownership interest in the permit.)
- Permits in Louisiana. List Permit Numbers: \_\_\_\_\_
- Permits in other states (list states): \_\_\_\_\_
- No other environmental permits.
- B. Do you owe any outstanding fees or final penalties to the Department?  Yes  No
- If yes, please explain. \_\_\_\_\_
- C. Is your company a corporation or limited liability company?  Yes  No
- If yes, is the corporation or LLC registered with the Secretary of State?  Yes  No

## SECTION VI – MAPS/DIAGRAMS

- A. **Site Diagram.** Attach to this NOI a complete site diagram of your facility demonstrating how the wastewater flows through your facility into each clearly labeled discharge point (including all treatment points). Please indicate the location of the facility and the front gate or entrance to the facility on the site diagram.
- B. **Topographic Map.** Attach to this NOI a map or a copy of a section of the map which has been highlighted to show the path of your wastewater from your facility to the first named water body. Include on the map the area extending at least one mile beyond your property boundaries. Indicate the outline of the facility, the location of each of its existing and proposed discharge structures.

A U.S.G.S. 1:24,000 scale map (7.5' Quadrangle) would be appropriate for this item. Appropriate maps can be obtained from local government agencies such as DOTD or the Office of Public Works. Maps can also be obtained online at <http://map.deq.state.la.us/> or [www.topozone.com](http://www.topozone.com). Private map companies can also supply you with these maps. If you cannot locate a map through these sources you can contact the Louisiana Department of Transportation and Development at:

1201 Capitol Access Road  
Baton Rouge, LA 70802  
(225) 379-1107  
[maps@dotd.louisiana.gov](mailto:maps@dotd.louisiana.gov)

## SECTION VII – SITE HISTORY

A. Date operations began at this site: \_\_\_\_\_

B. Is the current operator the original operator?       Yes       No

If **no**, give a reverse chronological list of previous operators. Include the company name and telephone number (if available), and the dates through which the company operated this facility.

Company	Dates of Operation		Telephone Number
	From	To	



According to the Louisiana Water Quality Regulations, LAC 33:IX.2503, the following requirements shall apply to the signatory page in this application:

#### Chapter 25. Permit Application and Special LPDES Program Requirements

##### 2503. Signatories to permit applications and reports

- A. All permit applications shall be signed as follows:
1. For a corporation - by a responsible corporate officer. For the purpose of this Section responsible corporate officer means:
    - (a) A president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or
    - (b) The manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
  2. For a partnership or sole proprietorship - by a general partner or the proprietor, respectively; or
  3. For a municipality, parish, State, Federal or other public agency - either a principal executive officer or ranking elected official. For the purposes of this Section a principal executive officer of a Federal agency includes:
    - (a) The chief executive officer of the agency, or;
    - (b) A senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrator of EPA).
- B. All reports required by permits, and other information requested by the state administrative authority shall be signed by a person described in LAC 33:IX.2503.A, or by a duly authorized representative of that person. A person is a duly authorized representative only if:
1. The authorization is made in writing by a person described in LAC 33:IX.2503.A.
  2. The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity, such as a position of plant manager, operator of a well or well field, superintendent, position of equivalent responsibility, or an individual or position having overall responsibility for environmental matters for the company. (A duly authorized representative may thus be either a named individual or any individual occupying a named position); and
  3. The written authorization is submitted to the state administrative authority.
- C. Changes to authorization. If an authorization under LAC 33:IX.2503.B is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, a new authorization satisfying the requirements of LAC 33:IX.2503.B must be submitted to the state administrative authority prior to or together with any reports, information, or applications to be signed by an authorized representative.
- D. Any person signing any document under LAC 33:IX.2503.A or B shall make the following 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 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."

## SIGNATORY AND AUTHORIZATION

Pursuant to the Water Quality Regulations (specifically LAC 33:IX.2503) promulgated September 1995, the state NOI must be signed by a responsible individual as described in LAC 33:IX.2503 and that person shall make the following 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 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."**

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Date \_\_\_\_\_

Telephone \_\_\_\_\_

### CHECKLIST

To prevent any unnecessary delay in the processing of your notice of intent to be covered under the general permit, please take a moment and check to be certain that the following items have been addressed and enclosed:

1. ALL questions and requested information have been answered (N/A if the question or information was not applicable).
2. ALL required maps, drawings, lab analysis, and other reports are enclosed.
3. The appropriate person has signed the signatory page.
4. Please forward the original and two copies of this NOI and all attachments.

**ANY NOI THAT DOES NOT CONTAIN ALL OF THE REQUESTED INFORMATION WILL BE CONSIDERED INCOMPLETE. NOI PROCESSING WILL NOT PROCEED UNTIL ALL REQUESTED INFORMATION HAS BEEN SUBMITTED.**

**NOTE: UPON RECEIPT AND SUBSEQUENT REVIEW OF THE NOI BY THE PERMITS DIVISION, YOU MAY BE REQUESTED TO FURNISH ADDITIONAL INFORMATION IN ORDER TO COMPLETE THE PROCESSING OF THE PERMIT.**