



**State of Nevada
Department of Conservation
and Natural Resources
Division of Environmental Protection**

Groundwater Discharge Program

FOR BWPC USE ONLY:	
Check No.:	_____
Receipt No.:	_____
Amount:	\$ _____

GROUNDWATER DISCHARGE PERMIT APPLICATION

PERMIT NUMBER: NEV (LEAVE BLANK IF NEW PERMIT)

1. OWNER/RESPONSIBLE PARTY INFORMATION:

Business/Agency Name: _____

Contact Person: _____ Phone Number: _____

Mailing Address: _____ Fax Number: _____

City: _____ County: _____ State: _____ Zip Code: _____

Email Address: _____

Federal Tax ID No.: _____

Note: The Federal Tax ID number is necessary in the event of any error in monetary transaction, i.e. refund or reimbursement, from the State of Nevada

2. BILLING ADDRESS:

Business/Agency Name: _____

Contact Person: _____ Phone Number: _____

Mailing Address: _____ Fax Number: _____

City: _____ County: _____ State: _____ Zip Code: _____

3. FACILITY/SITE INFORMATION:

Note: A separate permit application form must be completed for each discharging facility operated by the applicant.

Facility Name: _____

Contact Person: _____ Phone Number(s): 1. _____
2. _____

Email Address: _____ Fax Number: _____

Street Address/Location: _____

City: _____ County: _____ State: _____ Zip Code: _____

Township: _____ Range: _____ Section(s): _____

Latitude: _____ Longitude: _____

Discharge Location(s): _____

Discharge Latitude: _____ Discharge Longitude: _____

Name of Operator*: _____ Certification Grade: _____

* If applicable



GROUNDWATER DISCHARGE PERMIT APPLICATION (CONTINUED)

If you are applying or supplying effluent or biosolids to other sites (reuse sites), please provide the location for each:

Site 1:

Facility Name: _____ Permit No.: _____
 Contact Name: _____
 Phone No.: _____ Fax No. _____
 Email Address: _____
 Street Address/
 Location: _____
 City: _____ County: _____ State: _____ Zip Code: _____
 Application
 Acres: _____
 Township: _____ Range: _____ Section(s): _____
 Latitude: _____ Longitude: _____

Site 2:

Name: _____ Permit No.: _____
 Contact Name: _____ Phone No.: _____
 Email Address: _____
 Street Address/
 Location: _____
 City: _____ County: _____ State: _____ Zip Code: _____
 Application
 Acres: _____
 Township: _____ Range: _____ Section(s): _____
 Latitude: _____ Longitude: _____

Continue listing reuse sites and site information on additional pages, if needed.

4. SITE CHARACTERISTICS:

Maps:

Include a topographic map and a site map showing the location of the proposed discharge(s) and the location of proposed or existing groundwater monitoring wells, drinking water wells, irrigation or other wells within a one (1) mile radius.

Wells:

List all wells on the property and include copies of well logs or well specifications. Continue descriptions on additional sheets if necessary. Complete the following information as accurately as possible.

<u>Well Designation</u>	<u>Well Log Number</u>	<u>Notice of Intent Number</u>	<u>Latitude/Longitude</u>	or	<u>Section, Township, Range</u>

GROUNDWATER DISCHARGE PERMIT APPLICATION (CONTINUED)

9.0 DISCHARGE CONSTITUENTS:

Describe the average annual results of the parameters listed below **that may be present in the discharge and in the monitoring wells**. Also attach copies of all laboratory analytical reports.

<u>Analyte</u>	<u>Concentration (mg/L)</u>	<u>Analyte</u>	<u>Concentration (mg/L)</u>
BOD ₅ :	_____	Total Nitrogen as N:	_____
Total Suspended Solids:	_____	Kjeldahl Nitrogen as N:	_____
Total Dissolved Solids:	_____	Nitrate as N:	_____
Fecal Coliform:	_____	Cyanide (as applicable):	_____
pH (Standard Units)	_____	Total Phosphorus:	_____
Chloride	_____	Other:	_____

10.0 BIOSOLIDS:

Class of biosolids to be applied/used: _____

Source of biosolids for use (supplier): _____ Permit No. _____

Volume of biosolids to be applied/used per year:
(NAC 445A.232) _____

Describe the pathogen and vector controls: _____

An analysis of arsenic, cadmium, chromium, copper, lead, mercury, molybdenum, nickel, selenium, and zinc constituents in biosolids material on a dry weight basis must accompany this application.

If laboratory reports indicate the presence of any **toxic materials** in the discharge, i.e. organics, solvents, metals, petroleum products (benzene, toluene, ethylbenzene, xylene, methyl tertbutyl ether, and total petroleum hydrocarbons), or other contaminants or pollutants, please complete the **attached sheet**. This table is a compilation of the materials listed in NAC445A.144 and the standards found in 40 CFR 141.

If, to the best of your knowledge, you expect that none of the analytes listed above will be present in your discharge, and a laboratory profile was not performed, then please provide a brief explanation why you believe the listed analytes will not be present:

RENEWAL APPLICANTS ONLY: PERMITTEES RENEWING EXISTING PERMITS MUST ALSO COMPLETE ITEMS 9-11.

11.0 MODIFICATIONS:

List and briefly describe any changes to the production, treatment, or disposal processes of the facility since issuance of the current permit:

12.0 DISCHARGE DISCREPANCIES:

List Discharge Monitoring Report (DMR) dates and parameters where the facility exceeded the permitted discharge limits (attach additional sheets if necessary):

GROUNDWATER DISCHARGE PERMIT APPLICATION (CONTINUED)

13.0 DISCHARGE HISTORY:

Submit graphs of the monitored parameters in the discharge and in any groundwater wells over the time period of the existing permit (e.g., plot BOD₅ vs. month). The time scale should not be less frequent than the permitted sampling frequency.

I hereby certify that I am familiar with the information contained in the application and that to the best of my knowledge and ability such information is true, complete, and accurate.

Print Name of Applicant:

Title:

Signature of Applicant:

Date:

Any person who knowingly makes any false statement, representation, or certification in any application, record, report, plan, or other document filed or required to be maintained by the provisions of NAC445A.070 to 445A.348, inclusive, or by any permit, rule, regulation, or order issued pursuant thereto, or who falsifies, tampers with, or knowingly renders inaccurate any monitoring device or method required to be maintained under the provisions of NAC 445A.070 to 445A.348, inclusive, or by any permit, rule, regulation, or order issued pursuant thereto, is guilty of a gross misdemeanor and shall be punished by a fine of not more than \$10,000 or by imprisonment in the county jail for not more than 1 year, or by both fine and imprisonment.

REMIT APPLICATION AND FEE (PER NAC445A.232) TO:

**NEVADA DIVISION OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER POLLUTION CONTROL
333 WEST NYE LANE
CARSON CITY, NEVADA 89706-0851
ATTENTION: PERMITS BRANCH**

PHONE: 775.687.9418