



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

APPLICATION – NEW APPLICATION – RENEWAL APPLICATION – MODIFICATION

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.

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

GROUNDWATER DISCHARGE PERMIT APPLICATION (CONTINUED)

Hydrology:

Depth to groundwater:	
Groundwater elevation:	
Groundwater flow direction:	

5. FLOW:

	30-Day Average			Daily Maximum		
	MGD		gpm	MGD		gpm
Design treatment capacity:						
Requested Flow Limit:						
Current Operational Flow*:						
* If applicable MGD: million gallons per day gpm: gallons per minute						
Does the 30-day average flow exceed 85% of the design flow?	<input type="checkbox"/> YES		<input type="checkbox"/> NO			
If YES, have plans for expansion been submitted for approval by the Division?	<input type="checkbox"/> YES		Date of Submittal:			
	<input type="checkbox"/> NO		Explain Why Not:			

6.0 DISCHARGE ACTIVITY:

Describe the activity producing the discharge. (Example – wastewater treatment, dewatering, cooling, manufacturing, etc.). Include pertinent elements of water processing or treatment that could affect the quality of the water discharged. **Include a Process Flow Diagram.**

Description of facility process (if applicable):	
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7.0 DISPOSAL/REUSE:

Describe the method of disposal and/or reuse application method (irrigation, percolation, evaporation, spray, disk, etc.):

8.0 TREATMENT:

Describe the treatment or process that will be used to meet the discharge limits:		
A.	Has NDEP approved the design of this treatment works?	<input type="checkbox"/> YES Date Approved: _____ <input type="checkbox"/> NO
B.	Does this facility have an approved Operations and Maintenance Manual or Effluent Management Plan?	<input type="checkbox"/> YES Date Approved: _____ <input type="checkbox"/> NO

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:

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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. Attach a tabulated compilation of all compliance data for all monitoring parameters analyzed or measured during the preceding five (5) years or the lifetime of the permit, whichever is shorter. Provide the tabulated data in hard copy, and if available, an electronic file compatible with Microsoft Office software (version 97 or later).

14.0 OWNERSHIP:

The applicant must demonstrate proof of ownership of receiving location of the discharge or demonstrated proof of authorization to discharge to the receiving location prior to issuance of a permit by the Department.

Is the receiving location of the discharge publicly or privately owned?

Public

Private

Publicly owned: NDEP must receive documentation providing the following:

1. Demonstrated proof of ownership or demonstrated proof of authorization to discharge to the receiving location.

Privately owned: NDEP must receive documentation providing the following:

1. Demonstrated proof of ownership or demonstrated proof of authorization to discharge to the receiving location, and
2. Authorized to enter the discharge receiving property for the purpose of permit and inspection purposes.

Please note that without proof of ownership or demonstrated proof of authorization to discharge to the receiving location, NDEP will not approve any new applications.

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.

GROUNDWATER DISCHARGE PERMIT APPLICATION (CONTINUED)

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

**NEVADA DIVISION OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER POLLUTION CONTROL
901 SOUTH STEWART STREET, SUITE 4001
CARSON CITY, NEVADA 89701-5249
ATTENTION: PERMITS BRANCH**

PHONE: 775.687.9418