



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

**National Pollutant Discharge
 Elimination System**

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

NPDES PERMIT APPLICATION SUPPLEMENTAL

APPLICATION – NEW APPLICATION – RENEWAL APPLICATION – MODIFICATION

PERMIT NUMBER: NV _____ (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

NPDES PERMIT APPLICATION SUPPLEMENTAL (CONTINUED)

4. FLOW:

	<u>30-Day Average</u>				<u>Daily Maximum</u>			
Design Capacity:		MGD		gpm		MGD		gpm
Requested Flow Limit:		MGD		gpm		MGD		gpm
Current Operational Flow*:		MGD		gpm		MGD		gpm
* <i>If applicable</i> MGD: <i>million gallons per day</i> gpm: <i>gallons per minute</i>								

5. 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 <i>(if applicable)</i> :

6. TREATMENT:

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

7. NOTIFICATION REQUIREMENTS:

In the event of an unauthorized diversion, bypass, spill, overflow, or discharge while operating under an NPDES permit, the Permittee must notify all agencies, organizations, tribes, utilities, and local governments responsible for, having a legal interest in, or impacted by downstream water quality affecting public health and welfare, biological integrity, or designated uses. On the attached form, provide the list of any agencies, organizations, tribes, utilities, and local governments that would be required to be contacted in the event of an unauthorized discharge:
See Attached Form

8. MODIFICATIONS:

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

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

NDEP – Bureau of Water Pollution Control

<http://ndep.nv.gov>

Page 2 of 5



NPDES PERMIT APPLICATION SUPPLEMENTAL (CONTINUED)

9. DISCHARGE DISCREPANCIES:

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

10. 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).

11. 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.



NPDES PERMIT APPLICATION SUPPLEMENTAL (CONTINUED)

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

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

PHONE: 775.687.9418



UNAUTHORIZED DISCHARGE
NOTIFICATION LIST

NPDES PERMIT NV _____ (LEAVE BLANK IF NEW PERMIT)

In the event of an unauthorized diversion, bypass, spill, overflow, or discharge of treated or untreated wastewater from facilities or operations under the control of a Permittee otherwise authorized to discharge under a National Pollutant Discharge Elimination System permit, the Permittee shall notify the Nevada Division of Environmental Protection and all agencies, organizations, tribes, utilities, or municipalities responsible for, having a legal interest in, or impacted by downstream water quality affecting public health and welfare, biological integrity, or designated uses within the State of Nevada, within twenty-four hours of the occurrence.

The following list of agencies, organizations, tribes, utilities, or municipalities have been identified by the Permittee as those that must be notified if an unauthorized discharge occurs during the effective dates of an existing permit or as a condition of a pending NPDES permit.

ENTITY NAME	CONTACT NAME	MAILING ADDRESS	CONTACT PHONE NUMBER (IF AVAILABLE)	CONTACT EMAIL (IF AVAILABLE)

If additional space is needed, please complete and sign additional pages as appropriate.

I hereby certify/recertify that the foregoing information is, to the best of my knowledge and ability, a complete and accurate list of those required to be notified under the conditions or circumstances described above.

Print Name of Applicant: _____

Signature of Applicant _____

Title: _____ Date: _____

Recertification Date: _____

