

# PERMIT APPLICATION FOR RECLAIMED WATER REUSE (RWR)

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT  
WATER DIVISION-MUNICIPAL SECTION  
PO BOX 301463  
MONTGOMERY, ALABAMA 36130-1463

**INSTRUCTIONS:** APPLICATIONS SHOULD BE TYPED OR PRINTED IN INK AND SUBMITTED TO **ADEM** AT THE ADDRESS ABOVE. PLEASE CONTINUE ON AN ATTACHED SHEET OF PAPER IF INSUFFICIENT SPACE IS NOT AVAILABLE TO ADDRESS ANY ITEM BELOW. PLEASE MARK **N/A** IN THE APPROPRIATE BOX WHEN AN ITEM IS NOT APPLICABLE TO THE APPLICANT.

## PURPOSE OF THIS APPLICATION

INITIAL PERMIT APPLICATION FOR NEW FACILITY  
MODIFICATION OF EXISTING PERMIT  
REVOCATION & REISSUANCE OF EXISTING PERMIT

INITIAL PERMIT APPLICATION FOR EXISTING FACILITY  
REISSUANCE OF EXISTING PERMIT

## SECTION A – GENERAL INFORMATION

1. Reclaimed Water Reuse Facility Name: \_\_\_\_\_

a. Operator Name: \_\_\_\_\_

b. Is the operator identified in 1.a, the owner of the Reclaimed Water Reuse Facility? Yes  No

*If no, provide name and address of the operator and submit information indicating the operator's scope of responsibility for the Reclaimed Water Reuse Facility.*

c. Name of Permittee\* (if different than Operator): \_\_\_\_\_

*\*Permittee will be responsible for compliance with the conditions of the permit*

2. Reclaimed Water Reuse Permit Number: **ALW** \_\_\_\_\_ (Not applicable if initial permit application)

3. Reclaimed Water Reuse Facility Location: (Topographic maps shall be attached in accordance with SECTION G of this application.)

**AL**

\_\_\_\_\_  
Location Street Address                      Location City                      Location County                      State                      Location Zip Code

Latitude (Deg Min Sec): \_\_\_\_\_ Longitude (Deg Min Sec): \_\_\_\_\_

4. Reclaimed Water Reuse Facility Mailing Address (Street or Post Office Box):

\_\_\_\_\_  
Mailing Street Address or PO Box                      Mailing City                      Mailing County                      State                      Mailing Zip Code

5. What is the Applicant's business entity type?

Sole Proprietorship                      Corporation  
Partnership                      Government  
Limited Liability Company                      Other (Specify) \_\_\_\_\_

Identify the Responsible Official or Responsible Officer (as described on page 5 of this application):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_  
Mailing Street Address or PO Box                      Mailing City                      State                      Mailing Zip Code

Phone Number: \_\_\_\_\_ Email Address (Required): \_\_\_\_\_



**SECTION B – RECLAIMED WATER REUSE INFORMATION**

- Attach a process flow schematic of the treatment process, including the size of each unit operation.
- Do you have, or plan to have, automatic sampling equipment or continuous water flow metering equipment at this facility?

<b>Current:</b>	Flow Metering	Yes	No	N/A	<b>Planned:</b>	Flow Metering	Yes	No	N/A
	Sampling Equipment	Yes	No	N/A		Sampling Equipment	Yes	No	N/A
	pH	Yes	No	N/A		pH	Yes	No	N/A
	Turbidity	Yes	No	N/A		Turbidity	Yes	No	N/A
Other:	_____				Other:	_____			

If so, please attach a schematic diagram of the system indicating the present or future location of this equipment and describe the equipment below:

\_\_\_\_\_

- Are any collection or treatment modifications or expansions planned during the next three years that could alter volumes or characteristics of the reclaimed water? (Note: Permit Modification may be required) Yes  No

Briefly describe these changes and any potential or anticipated effects on the reclaimed water quality and quantity: (Attach additional sheets if needed.)

\_\_\_\_\_

- Reclaimed Water Testing Information.** All applicants must provide reclaimed water testing data for the following parameters. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analyses not addressed by 40 CFR Part 136. Results shall be reported based on any representative laboratory analysis or expected discharge levels.

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	# of Samples
pH (Minimum)		S.U.			
pH (Maximum)		S.U.			
Flow Rate					
CBOD <sub>5</sub>					
TSS					
E. Coli					
Nitrates + Nitrites					
Turbidity					
Total Phosphorus					
Total Nitrogen					

- If sources holding a State Indirect Discharge (SID) permit contribute discharge to the treatment system, attach a completed Part D of EPA Form 2A, which can be found on the Department's website at <http://adem.alabama.gov/programs/water/waterforms.cnt>.

**SECTION C – WASTE STORAGE AND DISPOSAL INFORMATION**

1. If not reported under a NPDES permit application, describe the location of all sites used for the storage of solids or liquids that have any potential for accidental discharge to a water of the state, either directly or indirectly via storm sewer, municipal sewer, municipal wastewater treatment plants, or other collection or distribution systems that are located at or operated by the subject existing or proposed RWR-permitted facility. Indicate the location of any potential release areas and provide a map or detailed narrative description of the areas of concern as an attachment to this application:

<u>Description of Waste</u>	<u>Description of Storage Location</u>
_____	_____
_____	_____
_____	_____

2. Describe the location of any sites used for the ultimate disposal of solid or liquid waste materials or residuals (e.g. sludges) generated by any wastewater treatment system located at the facility.

<u>Description of Waste</u>	<u>Quantity (lbs/day)</u>	<u>Disposal Method*</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*Indicate any wastes disposed at an off-site treatment facility and any wastes that are disposed on-site

**SECTION D – INDUSTRIAL INDIRECT DISCHARGE CONTRIBUTORS**

1. List the existing and proposed industrial source wastewater contributions to the municipal wastewater treatment system (Attach other sheets if necessary)

Company Name	Description of Industrial Wastewater	Existing or Proposed?	Flow (MGD)	Subject to SID Permit?
				Yes    No
				Yes    No
				Yes    No

2. Are industrial wastewater contributions regulated via a locally approved sewer use ordinance? Yes    No  
 If so, please attach a copy of the ordinance.

**SECTION E – STORAGE PONDS**

1. Attach a copy of the specifications of the Reclaimed Water Pond required by ADEM 335-6-20-.19(2).

2. Reject Water Ponds:

a. Does the facility have a Reject Water Pond?      Yes      No      Not Required

If not required, what alternate discharge option is available?

b. What type of liner is used?    Synthetic       Clay  

c. What is the storage capacity of the reject water pond? \_\_\_\_\_

**SECTION F– ENGINEERING REPORT/PLAN AND SPECIFICATION REQUIREMENTS**

Any Engineering Report or Plans and Specifications required to be submitted to ADEM by the applicant must be in accordance with ADEM 335-6-20-.07(7)(b), 335-6-20-.15, and 335-6-20-.16.

**SECTION G – TOPOGRAPHIC MAPS**

Any topographic map(s) required to be submitted to ADEM by the applicant must be in accordance with ADEM 335-6-20-.07(7)(c).

**SECTION H – NUTRIENT MANAGEMENT PLANS**

Any Nutrient Management Plan required to be submitted to ADEM by the applicant must be in accordance with ADEM 335-6-20-.08(6).

**SECTION I – APPLICATION CERTIFICATION**

*The information contained in this form must be certified by a Responsible Official as defined in ADEM Administrative Rule 335-6-6-.09 "Signatory Requirements for Permit Applications" (see below).*

*"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 of Responsible Official)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Name of Responsible Official-Please type or print)

\_\_\_\_\_  
(Official Title of Responsible Official-Please type or print)

**If a Responsible Official other than the person listed in Section A, Item 5 is signing this form, provide the following:**

\_\_\_\_\_  
Mailing Street Address or PO Box

\_\_\_\_\_  
Mailing City

\_\_\_\_\_  
State

\_\_\_\_\_  
Mailing Zip Code

Phone Number: \_\_\_\_\_

Email Address (Required): \_\_\_\_\_

**SIGNATORY REQUIREMENTS FOR PERMIT APPLICATIONS**

**Responsible official** is defined as follows:

1. In the case of a corporation, by a principal executive officer of at least the level of vice president, or a manager assigned or delegated in accordance with corporate procedures, with such delegation submitted in writing if required by the Department, who is responsible for manufacturing, production, or operating facilities and is authorized to make management decisions which govern the operation of the regulated facility
2. In the case of a partnership, by a general partner
3. In the case of a sole proprietorship, by the proprietor, or
4. In the case of a municipal, state, federal, or other public facility, by either a principal executive officer, or a ranking elected official.