



State of Ohio Environmental Protection Agency

Ohio EPA Form 2A
Revised 7/07

National Pollutant Discharge Elimination System

Application for Permit to Discharge Wastewater Publicly Owned Treatment Works

NPDES Form 2A

Submit this application to the appropriate district office

District Offices

Northeast District • 2110 East Aurora Road • Twinsburg, Ohio • 44087

Northwest District • 347 North Dunbridge Road • Bowling Green, Ohio • 43402

Central District • P.O. Box 1049 • Columbus, Ohio • 43216-1049

Southeast District • 2195 Front Street • Logan, Ohio • 43138

Southwest District • 401 East 5th Street • Dayton, Ohio • 45402

For Agency Use	Facility Name:	Date Received (yy/mm/dd)
	Ohio EPA Permit Number:	Application Number:



**Form 2A
NPDES Application for Permit to Discharge Wastewater
Publicly-Owned Treatment Works**

I. Outfall Information

(All treatment works must complete Part I)

A. Description of Outfall. List all effluent outfalls through which sanitary wastewater is discharged. Do not include information on combined sewer overflows (CSO) or collection system / treatment works bypass points.

Outfall Number	Latitude			Longitude			Discharge Point Location	Receiving Water
	Deg.	Min.	Sec.	Deg.	Min.	Sec.		

Latitude/Longitude Data Comments: _____

B. Intermittent Discharges. Except for storm runoff, leaks, or spills are any of the discharges described in Item A intermittent or seasonal?

_____ Yes *(Complete the following table)* _____ No

Outfall Number	Period of Discharge	Frequency	Duration

II. Treatment Works Information

(All treatment works must complete Part II. The treatment works includes the collection system and treatment plant.)

A. Population. List the municipalities or areas served *(municipalities and unincorporated service areas)*. Also, list their populations or total population served. *(Attach additional pages as needed)*

Municipality or Area	Population Served
Total Population Served:	

B. Collection System

1. Indicate the type(s) of collection system(s) tributary to this treatment plant; check all that apply. Also estimate the percent contribution (by miles) of each.

_____ Separate Sanitary Sewer _____ %
 _____ Combined Storm and Sanitary Sewer _____ %

2. Are you responsible for maintenance of the entire collection system tributary to the treatment plant?

_____ Yes _____ No (*List entities who are responsible for the collection system below*)

3. Total number of lift stations in your collection system.

_____ Separate Sanitary
 _____ Combined Storm and Sanitary

4. Does your collection system have bypasses or overflows? (*Do not include CSOs*)

_____ Yes _____ No

If yes, are the overflows or bypasses:

- _____ a. at locations specifically constructed to provide hydraulic relief to the collection system
- _____ b. unintentional and beyond the reasonable control of the operator

For the overflows or bypasses that are "specifically constructed", complete the following table.

Discharge Point Location	Latitude			Longitude			Receiving Water	Treatment Description
	Deg.	Min.	Sec.	Deg.	Min.	Sec.		

Latitude/Longitude Data Comments: _____

5. List source(s) of water supply that services the entire collection system. (*Attach additional pages as needed*)

Source Type	Source Location	Owner

C. Inflow and Infiltration

1. Estimate the current average inflow and infiltration flow rate in gallons per day (gpd) for the sewerage system:

_____ gpd

2. Briefly explain any steps underway or planned to minimize inflow and infiltration. (*Attach additional pages as needed*)

D. Flow. Indicate the design influent flow rate of your treatment plant. Also provide the annual average daily flow rate for each of the last three years (mgd to three decimal places).

1. Design daily influent flow rate: _____ mgd

6. Provide a line drawing showing the wastewater flow through the treatment plant, including all bypass piping.

F. Treatment Operations

1. Number of employees at the treatment works

_____ Collection system _____ hr/day _____ days/wk
 _____ Treatment plant _____ hr/day _____ days /wk

2. Name and certification of person in responsible charge of the treatment works.

3. Name and certification of person in responsible charge of each collection system tributary to the treatment plant (if known). (Attach additional pages as needed)

4. Does the treatment works (collection system and/or treatment plant) have an Operations and Maintenance Manual?

_____ Yes (Complete the following table. Attach additional pages as needed.) _____ No

Type	Developed By	Date Developed	Date of Last Modification

G. Improvements

1. Are you required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions administrative orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

_____ Yes (Complete the following table. Attach additional pages as needed.) _____ No

Identification of Condition	Outfall Number	Description of Project	Final Compliance Date

2. Optional: You may provide information describing any additional water pollution control programs (or other environmental projects which may affect your discharge) that are currently in progress or planned. Indicate the implementation schedule for the programs.

III. Combined Sewers System Information (Attach additional pages as needed)

A. Does the treatment works have CSOs in the collection system?

_____ Yes (Complete the following table for each CSO) _____ No

Outfall Number	Description	Latitude			Longitude			Receiving Water
		Deg.	Min.	Sec.	Deg.	Min.	Sec.	

Latitude/Longitude Data Comments: _____

B. System Evaluation. List below studies that have been performed of the combined sewer collection system since the last permit application. Include modeling studies, hydraulic studies, past monitoring efforts, facility plans, etc.

Date	Title/Description	Author
_____	_____	_____
_____	_____	_____
_____	_____	_____

IV. Industrial Users Information

A. Number of Industrial Users. Provide the number of each of the following types of industrial users that discharge to this treatment works.

1. Number of Industrial Users: _____
2. Number of non-categorical significant industrial users (SIU): _____
3. Number of categorical industrial users: _____

B. Average Daily Flow from all Industrial Users. Estimate the total average daily wastewater flow from all industrial users.

1. All industrial users: _____ mgd
2. Non-categorical SIUs only: _____ mgd
3. Categorical industrial users only: _____ mgd

C. Pretreatment Program. Does this POTW have an approved pretreatment program? _____ Yes _____ No
 If *no*, does this POTW have technically-based local limits? _____ Yes _____ No

V. Remediation Waste Clean Up Information

A. RCRA/CERCLA/BUSTR/VAP Wastes. Does the treatment works currently receive (or is it expected during the life of the permit to receive) RCRA hazardous waste, CERCLA (Superfund) site remediation waste, RCRA corrective action waste, BUSTR waste or VAP waste?

_____ Yes (Complete the following table. Attach additional pages as needed.)

_____ No

Type of Action	Waste Origin	Waste Description

VI. Contract Laboratory Information

A. Contract Laboratory Analysis Information. Are any of the analyses used to obtain effluent quality information or toxicity test data performed by a contract laboratory or consulting firm?

_____ Yes (Complete the following table. Attach additional pages as needed.)

_____ No

Name	Address	Telephone Number	Pollutants Analyzed

VII. Biological Toxicity Test Data

POTWs with a design flow rate greater than 1 mgd or POTWs with an approved pretreatment program must provide the results of whole effluent biological toxicity tests for acute or chronic toxicity for each discharge. The tests must have been performed during the last three years and must have followed Ohio EPA testing protocol. **See instructions for minimum test requirements.**

Is a Whole Effluent Biological Toxicity Test being submitted? _____ Yes _____ No

If answered *no* above, but required to submit, provide explanation:

VIII. 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 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.

A. NAME AND OFFICIAL TITLE (type or print)	B. PHONE NO. (area code & no.)
C. SIGNATURE	D. DATE SIGNED