Permit-to-Install/Plan Approval Application

WWTPs Greater Than or Equal to 100,000 GPD and All Pond Systems

FOR AGENCY USE ONLY

Application Number: __________________________ Date Received: ________ / ________ / ________

Applicant: __________________________
Facility Owner: __________________________
Application/Plans Prepared by: __________________________
Project Name: __________________________

This form has eight attachments. Complete only the attachments necessary. Check those included with this application.

☐ I. WWTP Pumping Stations  ☐ II. Preliminary Treatment  ☐ III. Biological Treatment  ☐ IV. Settling
☐ V. Filtration  ☐ VI. Disinfection  ☐ VII. Sludge Treatment and Disposal  ☐ VIII. Ponds

1. Plant Location
Receiving Stream: __________________________

2. Flood Protection
a. 100-Year Flood Elevation: __________________________ MSL  b. 25-Year Flood Elevation: __________________________ MSL

c. Design Type and Loads
a. Design Period: __________________________ years  b. Design Service Area Population: __________________________
c. Treatment Type: __________________________

d. Influent Loads
e. Design BOD Load: __________________________ lb/day  f. Design SS Load: __________________________ lb/day
g. Design Ammonia-Nitrogen Load: __________________________ lb/day  h. Others: __________________________

5. Effluent Loads and Concentration (30-day avg.)

<table>
<thead>
<tr>
<th></th>
<th>Summer</th>
<th></th>
<th>Winter</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. CBOD₅</td>
<td>mg/l</td>
<td>lb/day</td>
<td>mg/l</td>
</tr>
<tr>
<td>b. Suspended Solids</td>
<td>mg/l</td>
<td>lb/day</td>
<td>mg/l</td>
</tr>
<tr>
<td>c. Ammonia-Nitrogen</td>
<td>mg/l</td>
<td>lb/day</td>
<td>mg/l</td>
</tr>
<tr>
<td>d. Fecal Coliform</td>
<td>/100 ml</td>
<td></td>
<td>/100 ml</td>
</tr>
<tr>
<td>e. Dissolved Oxygen (minimum)</td>
<td>mg/l</td>
<td></td>
<td>mg/l</td>
</tr>
<tr>
<td>f. Residual Chlorine</td>
<td>mg/l</td>
<td></td>
<td>mg/l</td>
</tr>
<tr>
<td>g. Others:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
6. Submittals:

This application must include the following unless otherwise directed by Ohio EPA:

- Four sets of detailed plans which include a site plan, vicinity map, schematic diagrams, hydraulic profiles, plan views, elevation views, municipality approval, and cross-sectional views necessary to evaluate the processes.
- Two copies of the Application including Form A, pertinent B & C form(s), and antidegradation addendum (if applicable)
- Either the design engineer's or Ohio EPA's basis of design attachments should be submitted with this application. The basis of design should include, at a minimum, dimensions, sizes, hydraulic and organic loading under average and critical flow conditions, etc.

7. The foregoing data is a true statement of facts pertaining to this proposed sanitary system installation.

Date:   /   /   Signed: ____________________________ P.E.

Plans prepared by: ____________________________