



UPDES Industrial Permit Application

Part I. General Information (40 CFR 122.21(j)(1) and (9))

Permit Status: Renewal New Permit

UPDES Permit No.: _____ New Permit; UPDES Permit # Not Available

Facility Name: _____

Facility Location: _____

City _____ State _____ Zip _____

Facility Mailing Address: _____

City _____ State _____ Zip _____

Facility Contact: _____ **Title:** _____

Phone Number: _____ **Email Address:** _____

Name of Signatory: _____ **Title:** _____

Is the applicant the facility owner, operator or both? (check only one response.)

Owner Operator Both

Indicate below any existing environmental permits. (Check all that apply and type the corresponding permit number for each.)

RCRA (hazardous waste) UIC (underground injection control) PSD (air emissions)

Nonattainment program (CAA) NESHAPs (CAA) Dredge or fill (CWA Section 404)

Other (specify) _____

Nature of Business CFR (40 CFR 122.21(f)(8))

Describe the nature of your business



Division of Water Quality (DWQ) UPDES Program

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Part II. Facility Information

Design and Actual Flow Rates

Provide design and actual flow rates in designated spaces.

Design Flow Rate	
	mgd

Annual Average Flow Rates (Actual)					
Five Years Ago		Four Years Ago		Three Years Ago	
	mgd		mgd		mgd
Two Years Ago		Last Year		Current Year	
	mgd		mgd		mgd

Maximum Daily Flow Rates (Actual)					
Five Years Ago		Four Years Ago		Three Years Ago	
	mgd		mgd		mgd
Two Years Ago		Last Year		Current Year	
	mgd		mgd		mgd

Describe the treatment for each outfall*

	Outfall Number		Outfall Number		Outfall Number	
Level of Treatment						
Primary	Treatment Unit		Treatment Unit		Treatment Unit	
	Size		Size		Size	
	Flow rate		Flow rate		Flow rate	
	Retention time		Retention time		Retention time	
	Other		Other		Other	
Equivalent to secondary	Treatment Unit		Treatment Unit		Treatment Unit	
	Size		Size		Size	
	Flow rate		Flow rate		Flow rate	
	Retention time		Retention time		Retention time	
	Other		Other		Other	



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Part II. Facility Information *continued*

Describe the treatment for each outfall* *continued*

	Outfall #		Outfall #		Outfall #	
Secondary	Treatment Unit		Treatment Unit		Treatment Unit	
	Size		Size		Size	
	Flow rate		Flow rate		Flow rate	
	Retention time		Retention time		Retention time	
	Other		Other		Other	
Advanced	Treatment Unit		Treatment Unit		Treatment Unit	
	Size		Size		Size	
	Flow rate		Flow rate		Flow rate	
	Retention time		Retention time		Retention time	
	Other		Other		Other	
Other (specify)	Treatment Unit		Treatment Unit		Treatment Unit	
	Size		Size		Size	
	Flow rate		Flow rate		Flow rate	
	Retention time		Retention time		Retention time	
	Other		Other		Other	

* The data can be entered in the section above or an excel spreadsheet. Attached additional sheets if needed.

Production

Outfall Number	Operation, Product, or Material	Quantity per Day	Unit of Measure



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Part II. Facility Information *continued*

BLUEPRINT: Attach a line drawing that shows the water flow through your facility with a water balance.

Blueprint Attached

MAP: Attach a USGS topographic map or aerial photo extending one mile beyond the property boundaries of the site, the facility or activity boundaries, any treatment area(s), outfall(s), major drainage patterns, and the receiving surface waters stated above.

Map Attached

Are improvements to the facility scheduled?

YES If YES, explain below.

NO If NO, Skip to Part III

Briefly list and describe the schedule improvements.

1.	
2.	
3.	
4.	

Provide scheduled or actual dates of completion for improvements.

Scheduled or Actual Dates of Completion for Improvements

Scheduled Improvement (from above)	Affected Outfalls (list outfall number)	Begin Construction (MM/DD/YYYY)	End Construction (MM/DD/YYYY)	Begin Discharge (MM/DD/YYYY)	Attainment of Operational Level (MM/DD/YYYY)
1.					
2.					
3.					
4.					

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Part III. Sampling Information

Provide all parameter sampling data with analytical results, reporting limit and any laboratory flags on an Excel spreadsheet. *An Excel Spreadsheet will be provided upon request.*

Has WET testing been conducted during the last 5 years? YES NO

Indicate the acute and chronic WET tests (PASS or FAIL) results for the past 5 years. If no WET testing for the quarter, then leave blank (e.g., for semi-annual or annual testing or missed testing events).

Year	Outfall No. _____		Outfall No. _____		Outfall No. _____									
	Acute	Chronic	Acute	Chronic	Acute	Chronic								
	Qtr 1	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Qtr 1	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Qtr 1	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Qtr 1	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Qtr 1	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Qtr 1	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL		
	Qtr 2	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Qtr 2	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Qtr 2	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Qtr 2	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Qtr 2	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Qtr 2	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL		
	Qtr 3	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Qtr 3	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Qtr 3	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Qtr 3	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Qtr 3	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Qtr 3	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL		
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	Qtr 2	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Qtr 2	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Qtr 2	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Qtr 2	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Qtr 2	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Qtr 2	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Qtr 2	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
	Qtr 3	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Qtr 3	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Qtr 3	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Qtr 3	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Qtr 3	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Qtr 3	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Qtr 3	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
	Qtr 4	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Qtr 4	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Qtr 4	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Qtr 4	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Qtr 4	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Qtr 4	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	Qtr 4	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL

Describe any cause(s) of toxicity:

Were the above WET analysis submitted to Utah DWQ? YES NO



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Part V. Outfalls and Receiving Water(s)

Provide the latitude and longitude to the nearest second for each dewatering outfall. The specified location should be after all treatment and before release to the receiving water. Provide the name of the initial receiving water. If the initial receiving water is unnamed, please also indicate the closed named drainage the receiving water flows into (i.e. unnamed tributary of City Creek). Attach additional sheets if necessary for more outfalls.

Each outfall to a different receiving water segment is subject to additional application fees and annual fees.

Outfall No.	Average daily flow rate	Latitude	Longitude	Receiving Surface Waters (Name)
	mgd	O ° ‘ “	O ° ‘ “	
	mgd	O ° ‘ “	O ° ‘ “	
	mgd	O ° ‘ “	O ° ‘ “	

Do any of the outfalls described above have a season or periodic discharges?

YES NO

If so, provide the following information for each applicable outfall.

	Outfall No.	Outfall No.	Outfall No.
Number of times per year discharges occurs			
Average duration of each discharge (specify units)			
Average flow of each discharge	mgd	mgd	mgd
Months in which discharge occurs			



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Part VI. Effluent and Intake Characteristics

**Table A.
 Conventional and Non-Conventional Pollutants**

Are you requesting a waiver for one or more pollutants listed Table A for any of your outfalls? YES NO

If yes, indicate the applicable outfalls below. Attach the waiver request and other required information to the application.

Outfall Number		Outfall Number		Outfall Number	
----------------	--	----------------	--	----------------	--

Have you completed monitoring for all Table A pollutants at each of your outfalls for which a waiver has not been requested and attached the results to this application?
 YES NO; a waiver has been requested for all pollutants at all outfalls

**Table B.
 Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants**

Do any of the facility's processes that contribute wastewater fall into one or more of the primary industry categories listed in Appendix A? YES NO Not applicable

Have you checked "Testing Required" for all toxic metals, cyanide, and total phenols in Section 1 of Table B? YES NO

List the applicable primary industry categories and check the boxes indicating the required Gas Chromatography/Mass Spectrometry (GS/MS) Fraction(s) identified in Appendix A.

Primary Industry Category	Required Gas Chromatography/Mass Spectrometry (GS/MS) Fraction(s)
	<input type="checkbox"/> Volatile <input type="checkbox"/> Acid <input type="checkbox"/> Base/Neutral <input type="checkbox"/> Pesticide
	<input type="checkbox"/> Volatile <input type="checkbox"/> Acid <input type="checkbox"/> Base/Neutral <input type="checkbox"/> Pesticide
	<input type="checkbox"/> Volatile <input type="checkbox"/> Acid <input type="checkbox"/> Base/Neutral <input type="checkbox"/> Pesticide

Have you checked "Testing Required" for all required pollutants in Sections 2 through 5 of Table B for each of the GC/MS fractions? YES NO

Have you checked "Believe Present" or "Believed Absent" for all pollutants listed in Sections 1 through 5 of Table B where testing is not required? YES NO

Have you provided (1) quantitative data for those Section 1, Table B, pollutants for which you have indicated testing is required or (2) quantitative data or other required information for those Section 1, Table B, pollutants that you have indicated are "Believe Present" in your discharge? YES NO

Have you provided (1) quantitative data for those Sections 2 through 5, Table B, pollutants for which you have determined testing is required or (2) quantitative data or an explanation for those Sections 2 through 5, Table B, pollutants you have indicated are "Believed Present" in your discharge? YES NO



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Part VI. Effluent and Intake Characteristics *continued*

**Table C.
 Certain Conventional and Non-Conventional Pollutants**

Have you indicated whether pollutants are “Believed Present” or “Believed Absent” for all pollutants listed on Table C for all outfalls?
 YES NO

Have you completed Table C by providing (1) quantitative data for those pollutants that are limited either directly or indirectly in an Effluent Limitation Guidelines and/or (2) quantitative data or an explanation for those pollutants for which you have indicated “Believe Present”?
 YES NO

**Table D.
 Certain Hazardous Substances and Asbestos**

Have you indicated whether pollutants are “Believed Present” or “Believed Absent” for all pollutants listed on Table D for all outfalls?
 YES NO

Have you completed Table D by (1) describing the reasons the applicable pollutants are expected to be discharged and (2) by providing quantitative data, if available?
 YES NO

**Table E.
 2,3,7,8-Tetrachlorodibenzo-p-Dioxin (2,3,7,8-TCDD)**

Does the facility use or manufacture one or more of the 2,3,7,8-TCDD congeners listed below:
 2,4,5-trichlorophenoxy acetic acid (2,4,5-T)
 2-(2,4,5-trichlorophenoxy) propanoic acid (Silvex, 2,4,5-TP)
 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloro-propionate (Erbon)
 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate (Ronnel)
 2,4,5,-trichlorophenol (TCP)
 hexachlorophene (HCP).
 Or do you know of have reason to believe that TCDD is or may be present in the effluent?
 YES, Complete Table E NO, Skip to Part VII

Have you completed Table E by reporting qualitative data for TCDD?
 YES NO

Were any of the analyses reported in this section performed by a contract laboratory or consulting firm?
 YES NO, Skip to Part VII

Provide information for each contract laboratory or consulting firm below.

	Laboratory Number 1	Laboratory Number 2	Laboratory Number 3
Name of laboratory/firm			
Laboratory address			
Phone Number			
Pollutant(s) analyzed			



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Part VII. Used or Manufactured Toxics

Is any pollutant listed in Table B a substance or a component of a substance used or manufactured at your facility as an intermediate or final product or byproduct?

YES NO, Skip to Part VIII

List the pollutants below.

- | | | |
|----------|----------|----------|
| 1. _____ | 4. _____ | 7. _____ |
| 2. _____ | 5. _____ | 8. _____ |
| 3. _____ | 6. _____ | 9. _____ |



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Part IX. Biosolids Information

Was the Biosolids Annual Report submitted? YES NO

Attach a Biosolids Management Plan with application

Serve Connections?

Provide the total dry metric tons per the latest 365-day period of sewage sludge generated, treated, used and disposed of:

Practice	Dry Metric Tons per 365-day Period
Amount generated at the facility	
Amount treated at the facility	
Amount used (i.e., received from offsite) at the facility	
Amount disposed of at the facility	

Treatment Provided at Your Facility

Identify the treatment process(es) used at your facility to reduce pathogens in sewage sludge

- | | |
|--|---|
| <input type="checkbox"/> Preliminary operations (e.g., sludge grinding and degritting) | <input type="checkbox"/> Thickening (concentration) |
| <input type="checkbox"/> Stabilization | <input type="checkbox"/> Anaerobic digestion |
| <input type="checkbox"/> Composting | <input type="checkbox"/> Conditioning |
| <input type="checkbox"/> Disinfection | <input type="checkbox"/> Dewatering (e.g. centrifugation, sludge drying beds, sludge lagoons) |
| <input type="checkbox"/> Heat drying | <input type="checkbox"/> Thermal reduction |
| <input type="checkbox"/> Methane or biogas capture and recovery | |

Sewage Sludge Disposal Method

Land Application of Bulk Sewage Sludge

Is sewage sludge from your facility applied to the land? YES NO If No, Skip to next section

Total dry metric tons per 365-day period of sewage sludge applied to all land sites: _____

Surface Disposal

Is sewage sludge from your facility placed on a surface disposal site?

YES NO If No, Skip to next section

Total dry metric tons of sewage sludge from your facility placed on all surface disposal sites per 365-day period: _____

Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?

YES NO If No, complete the below information

Surface disposal site *you do not operate*

Site name _____

Mailing address _____

City _____ State _____ Zip _____

Contact Name _____ Title _____

Phone Number _____ Email Address _____



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Part IX. Bisolids Information *continued*

Incineration

Is sewage sludge from your facility fired in a sewage sludge incinerator?
 YES NO If No, Skip to next section

Total dry metric tons of sewage sludge from your facility fired in all sewage sludge incinerators per 365-day period: _____

Do you own or operate all sewage sludge incinerators in which sewage sludge from facility is fired?
 YES NO If No, complete the below information

Incinerator location *you do not operate*

Site name _____

Mailing address _____

City _____ State _____ Zip _____

Contact Name _____ Title _____

Phone Number _____ Email Address _____

Disposal in a Municipal Solid Waste Landfill

Is sewage sludge from your facility placed on a municipal solid waste landfill?
 YES NO If No, Skip to next section

Total dry metric tons of sewage sludge from your facility placed in this municipal solid waste landfill per 365-day period: _____

Do you own or operate the municipal solid waste landfill in which sewage sludge is disposed?
 YES NO If No, complete the below information

Municipal Solid Waste Landfill *you do not operate*

Site name _____

Mailing address _____

City _____ State _____ Zip _____

Contact Name _____ Title _____

Phone Number _____ Email Address _____



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Part X. Reuse Information

Is wastewater applied to land?

YES NO If YES, complete the below information.

Land Application Site and Discharge Data			
Location	Size	Average Daily Volume Applied	How often
	acres	gpd	<input type="checkbox"/> Seasonal <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	acres	gpd	<input type="checkbox"/> Seasonal <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent
	acres	gpd	<input type="checkbox"/> Seasonal <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent

Seasonal land application.

Indicate months of seasonal land application

- | | | | |
|-----------------------------------|--------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> April | <input type="checkbox"/> July | <input type="checkbox"/> October |
| <input type="checkbox"/> February | <input type="checkbox"/> May | <input type="checkbox"/> August | <input type="checkbox"/> November |
| <input type="checkbox"/> March | <input type="checkbox"/> June | <input type="checkbox"/> September | <input type="checkbox"/> December |

Where is the Reuse water distributed

- Residential irrigation
- Urban uses
 - Non-residential landscape irrigation
 - Golf course irrigation
 - Toilet flushing
 - Fire protection
- Irrigation of food crops (direct contact with edible part) – spray irrigation
- Irrigation of food crops (*Non direct contact with edible part*) – no spray irrigation
- Irrigation
 - Sod farms
 - Silviculture
 - Limited access highway rights of way
 - Other areas where human access is restrict or unlikely to occur
- Irrigation of animal feed crops other than pasture for milking animals
- Impoundment of wastewater where direct human contact is not allowed or is unlikely to occur
- Cooling water
- Soil compaction or duct control in construction areas
- Other

Attached an updated Reuse Project Plan

An updated Reuse Project Plan is required during every permit renewal.



Division of Water Quality (DWQ) UPDES Program

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Part X. Antidegradation Review

The objective of antidegradation rules and policies is to protect existing high quality waters and set forth a process for determining where and how much degradation is allowable for socially and/or economically important reasons. In accordance with Utah Administrative Code (UAC R317-2-3), an antidegradation review (ADR) is a permit requirement for any project that will increase the level of pollutants in waters of the state. The rule outlines requirements for both Level I and Level II ADRs, as well as public comment procedures. This review form is intended to assist the applicant and Division of Water Quality (DWQ) staff in complying with the rule but is not a substitute for the complete rule in R317-2-3.5. Additional details can be found in the *Utah Antidegradation Implementation Guidance* and relevant sections of the guidance are cited in this review form.

ADRs should be among the first steps of an application for a UPDES permit because the review helps establish treatment expectations. The level of effort and amount of information required for the ADR depends on the nature of the project and the characteristics of the receiving water. To avoid unnecessary delays in permit issuance, DWQ recommends that the process be initiated at least one year prior to the date a final approved permit is required.

DWQ will determine if the project will impair beneficial uses (Level I ADR) using information provided by the applicant and whether a Level II ADR is required. The applicant is responsible for conducting the Level II ADR. For the permit to be approved, the Level II ADR must document that all feasible measures have been undertaken to minimize pollution for socially, environmentally or economically beneficial projects resulting in an increase in pollution to waters of the state.

For permit requiring a Level II ADR, this antidegradation form must be completed and approved by DWQ before any UPDES permit can be issued. Typically, the ADR form is completed in an iterative manner in consultation with DWQ. The applicant should first complete the statement of social, environmental and economic importance (SEEI) in Section C and determine the parameters of concern (POC) in Section D. Once the POCs' are agreed upon by DWQ, the alternatives analysis and selection of preferred alternative Section E can be conducted based on minimizing degradation resulting from discharge of the POCs. Once the applicant and DWQ agree upon the preferred alternative, the review is considered complete, and the form is submitted to DWQ.

What are the designated uses of the receiving water (R317-2-6)?

- Domestic Water Supply
- Recreation
- Aquatic Life
- Agricultural Water Supply
- Great Salt Lake

Antidegradation Category 1, 2 or 3 of receiving water (R317-2-3.2, -3.3, and -3.4):



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Part X. Antidegradation Review *continued*

Effluent flow reviewed: *typically, this should be the maximum daily discharge at the design capacity of the facility. Exceptions should be noted.*

What is the application for? (Check all that apply)

- A UPDES permit for a new facility, project, or outfall.
- A UPDES permit renewal with an expansion or modification of an existing wastewater treatment works.
- A UPDES permit renewal requiring limits for a pollutant not covered by the previous permit and/or an increase to existing permit limits.
- A UPDES permit renewal with no changes in facility operations.

Section B. Is a Level II ADR required?

This section of the form is intended to help applicants determine if a Level II ADR is required for specific permitted activities. In addition, the Executive Secretary may require a Level II ADR for an activity with the potential for major impact on the quality of waters of the state (R317-2-3.5a.1).

B1. The UPDES permit is new or is being renewed and the proposed effluent concentration and loading limits are higher than the concentration and loading limits in the previous permit and any previous antidegradation review(s).

- YES – (Proceed to B3 of the Form)
- NO – No Level II ADR is required and there is no need to proceed further with the review questions.
Continue to the Certification Statement and Signature page.

B2. Will any pollutants use assimilative capacity of the receiving water, i.e. do the pollutant concentrations in the effluent exceed those in the receiving waters at critical conditions? For most pollutants, effluent concentrations that are higher than the ambient concentrations require an antidegradation review? For a few pollutants such as dissolved oxygen, and antidegradation review is required if the effluent concentrations are less than the ambient concentrations in the receiving water. (Section 3.3.3 of Implementation Guidance)

- YES – (Proceed to B4 of the Form)
- NO – No Level II ADR is required and there is no need to proceed further with the review questions.
Continue to the Certification Statement and Signature page.



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Part X. Antidegradation Review *continued*

B3. Are water quality impacts of the proposed project temporary and limited (Section 3.3.4 of Implementation Guidance)? Proposed projects that will have temporary and limited effects on water quality can be exempted from a Level II ADR.

- YES – Identify the reason used to justify this determination if B4.1 and proceed to Section G. No Level II ADR is required.
- NO – A Level II ADR is required (Proceed to Section C)

B3.1 Complete this question only if the applicant is requesting a Level II review exclusion for temporary and limited projects (See R317-2-3.5(b)(3) and R317-2-3.5(b)(4)). For projects requesting a temporary and limited exclusion please indicate the factor(s) used to justify this determination (check all that apply and provide details as appropriate) (Section 3.3.4 of Implementation Guidance):

- Water quality impacts will be temporary and related exclusively to sediment or turbidity and fish spawning will not be impaired.

Factors to be considered in determining whether water quality impacts will be temporary and limited:

- a) The length of time during which water quality will be lowered:
- b) The perfect change in ambient concentrations of pollutants:
- c) Pollutants affected:
- d) Likelihood for long-term water quality benefits:
- e) Potential for any residual long-term influences on existing uses:
- f) Impairment of fish spawning, survival and development of aquatic fauna excluding fish removal efforts:

Additional justification, as needed:



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Part X. Antidegradation Review *continued*

Level II ADR

Section C, D, E, and F of the form constitute the Level II ADR Review. The applicant must provide as much detail as necessary for DWQ to perform the antidegradation review. Questions are provided for the convenience of applicants; however, for more complex permits it may be more effective to provide the required information in a separate report. Applicants that prefer a separate report should record the report name here and proceed to Section G of the form.

Option Report Name: _____

Section C. Is the degradation from the project socially and economically necessary to accommodate important social or economic development in the area in which the waters are located? *The applicant must provide as much detail as necessary for DWQ to concur that the project is socially and economically necessary when answering the questions in the section. More information is available in Section 6.2 of the Implementation Guidance.*

C1. Describe the social and economic benefits that would be realized through the proposed project, including the number and nature of jobs created and anticipated tax revenues.

C2. Describe any environmental benefits to be realized through implementation of the proposed project.

C3. Describe any social and economic losses that may result from the project, including impacts to recreation or commercial development.

C4. Summarize any supporting information from the affected communities on preserving assimilative capacity to support future growth and development.



UPDES Industrial Permit Application

Part X. Antidegradation Review *continued*

C5. Please describe any structures or equipment associated with the project that will be placed within or adjacent to the receiving water.

C6. Will the discharge potentially impact a drinking water source, e.g., Class 1C waters? Depending upon the locations of the discharge and its proximity to downstream drinking water diversions, additional treatment or more stringent effluent limits or additional monitoring, beyond that which may otherwise be required to meet minimum technology standards or in stream water quality standards, may be required by the Director in order to adequately protect public health and the environment (R317-2-3.5 d.).

- YES
- NO

Section D. Identify and rank (from increasing to decreasing potential threat to designated uses) the parameters of concern. Parameters of concern are parameters in the effluent at concentrations greater than ambient concentrations in the receiving water. The applicant is responsible for identifying parameter concentrations in the effluent and DWQ will provide parameter concentrations for the receiving water. More information is available in Section 3.3.3 of the Implementation Guidance.

Parameters of Concern:			
Rank	Pollutant	Ambient Concentration	Effluent Concentration
1.			
2.			
3.			
4.			
5.			



UPDES Industrial Permit Application

Part X. Antidegradation Review *continued*

Pollutants Evaluated that are not Considered Parameters of Concern:			
Pollutant	Ambient Concentration	Effluent Concentration	Justification
1.			
2.			
3.			
4.			
5.			

Section E. Alternative Analysis Requirements of Level II Antidegradation Review. *Level II ADRs require the applicant to determine whether there are feasible less-degrading alternatives to the proposed project. More information is available in Section 5.5 and 5.6 of the Implementation Guidance.*

E1. The UPDES permit is being renewed without any changes to flow or concentrations. Alternative treatment and discharge options including changes to operations and maintenance were considered and compared to the current processes. NO economically feasible treatment or discharge alternatives were identified that were not previously considered for any previous antidegradation review(s).

- YES – (Proceed to Section F)
- NO or Does Not Apply (Proceed to E2)

E2. Attach as an appendix to this form a report that describes that following factors for all alternative treatment options (see 1) a technical descriptions of the treatment process, including construction costs and continued operation and maintenance expenses, 2) the mass and concentration of discharge constituents, and 3) a description of the reliability of the system, including the frequency where recurring operation and maintenance may lead to temporary increases in discharged pollutants. Most of this information is typically available from a Facility Plan, if available.

Report Name: _____

E3. Describe the proposed method and cost of the baseline treatment alternative. The baseline treatment alternative is the minimum treatment required to meet water quality based effluent limits (WQBEL) as determined by the preliminary or final wasteload analysis (WLC) and any secondary or categorical effluent limits.



UPDES Industrial Permit Application

Part X. Antidegradation Review *continued*

E4. Were any of the following alternatives feasible and affordable?

Alternative	Feasible	Reason Not Feasible/Affordable
Pollutant Trading	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Water Recycling/Reuse	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Land Application	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Connection to Other Facilities	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Upgrade to Existing Facility	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Total Containment	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Improved O&M of Existing Systems	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Seasonal or Controlled Discharge	<input type="checkbox"/> YES <input type="checkbox"/> NO	
New Construction	<input type="checkbox"/> YES <input type="checkbox"/> NO	
No Discharge	<input type="checkbox"/> YES <input type="checkbox"/> NO	

E5. From the applicant's perspective, what is the preferred treatment option?



UPDES Industrial Permit Application

Part X. Antidegradation Review *continued*

E6. Is the preferred option also the least polluting feasible alternative?

YES NO

If No, what were less degrading feasible alternative(s)?

If No, provide a summary of the justification for not selecting the least polluting feasible alternative and if appropriate, provide a more detailed justification as an attachment.

Section F. Optional Information

F1. Does the applicant want to conduct optional public review(s) in addition to the mandatory public review? Level II ADRs are public noticed for a thirty day comment period. More information is available in Section 3.7.1 of the Implementation Guidance.

YES NO

F2. Does the project include an optional mitigation plan to compensate for the proposed water quality degradation?

YES NO

Report Name: _____



Division of Water Quality (DWQ) UPDES Program

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Part XI. Certification Statement and Signature

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with 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 of knowing violations.

PRINT Signatory Authority	Signature	Title	Date
<i>The Division of Water Quality may request addition information.</i>			

Important: The UPDES Permit Application will not be considered complete unless you answer every question. If an item does not apply to you, enter "Not Applicable" to show that you considered the question.

The UPDES Permit Application, must be signed as follows:

- 1) For a corporation, a responsible corporate officer shall sign the NOT, a responsible corporate officer means:
 - a. A President, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation; or
 - b. The manager of one or more manufacturing, production, or operating facilities, if
 - i. The manager is authorized to make management decisions that govern the operation of the regulated facility, including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental statutes and regulations;
 - ii. The manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and
 - iii. Authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- 2) For a partnership of sole proprietorship, the general partner or the proprietor, respectively; or
- 3) For a municipality, state or other public agency, either a principal executive officer or ranking elected official shall sign the application; in this subsection, a principal executive officer of any agency means:
 - a. The chief executive officer of the agency; or
 - b. A senior executive officer having responsibility for the overall operations of a principal geographic unit or division of the agency.

Where to File the UPDES Permit Application form:

Please submit the original form with a signature in ink to the below address. Remember to retain a copy for your records.

UPDES sent by mail:

Division of Water Quality
195 North 1950 West
PO Box 144870
Salt Lake City, UT 84114-4870

OFFICE USE ONLY

Date received: ____ / ____ / ____ Received by: _____ Document No: _____
 via: Email Fax Webportal Mail Hand Delivery



UPDES Industrial Permit Application

**Appendix A. Testing Requirements for Organic Toxic Pollutants
Industry Categories***

Industry Category		Volatile	Gas Chromatography/Mass Spectrometry (GS/MS) Fraction(s)†		Pesticide
			Acid	Base/Neutral	
1.	Adhesives and sealants	X	X	X	□
2.	Aluminum forming	X	X	X	□
3.	Auto and other laundries	X	X	X	X
4.	Battery manufacturing	X	□	X	□
5.	Coal mining	□	□	□	□
6.	Coil coating	X	X	X	□
7.	Copper forming	X	X	X	□
8.	Electric and electronic compounds	X	X	X	X
9.	Electroplating	X	X	X	□
10.	Explosives manufacturing	□	X	X	□
11.	Foundries	X	X	X	□
12.	Gum and wood chemicals (all subparts except D and F)	X	X	□	□
13.	Gum and wood chemicals, Subpart D (tall oil rosin)	X	X	X	□
14.	Gum and wood chemicals, Subpart F (rosin-based derivatives)	X	X	X	□
15.	Inorganic chemicals manufacturing	X	X	X	□
16.	Iron and steel manufacturing	X	X	X	□
17.	Leather tanning and finishing	X	X	X	□
18.	Mechanical products manufacturing	X	X	X	□
19.	Nonferrous metals manufacturing	X	X	X	X
20.	Ore mining, Subpart B (base and precious metals)	□	X	□	□
21.	Organic chemicals manufacturing	X	X	X	X
22.	Paint and ink formulation	X	X	X	□
23.	Pesticides	X	X	X	X
24.	Petroleum refining	X	□	□	□
25.	Pharmaceutical preparations	X	X	X	□
26.	Photographic equipment and supplies	X	X	X	□
27.	Plastic and synthetic materials manufacturing	X	X	X	X
28.	Plastic processing	X	□	□	□
29.	Printing and publishing	X	X	X	X
30.	Pulp and paperboard mills	X	X	X	X
31.	Rubber processing	X	X	X	□
32.	Soap and detergent manufacturing	X	X	X	□
33.	Steam electric power plants	X	X	□	□
34.	Textile mills (except Subpart C, Greige Mills)	X	X	X	□
35.	Timber products processing	X	X	X	X

Key
 * See note at conclusion of 40 CFR 122, Appendix D (1983) for explanation of effect of suspensions on testing requirements for primary industry categories
 † The pollutants in each fraction are listed in Table B
 X Testing is required
 □ Testing is not required